

CARTA CIRCULAR # M2512113

23 de diciembre de 2025

A TODOS LOS PROVEEDORES PARTICIPANTES DE TRIPLE-S ADVANTAGE

Re: Lista de Servicios/Procedimientos que requerirán una Pre-autorización (PA) en 2026

Gracias por ser parte del cuidado de la salud de nuestros afiliados. Como parte de nuestros esfuerzos por mantenerle informado y para garantizar el acceso continuo a los servicios para nuestros afiliados, compartimos la lista de servicios y procedimientos que requerirán una pre-autorización (PA) para aquellos servicios que se presten a partir del 1 de enero de 2026 (ver Anejo A). Los códigos específicos con requisitos de PA se incluyen en el Anejo B y también se encuentran en nuestro portal de proveedores <https://advantage.grupotriples.com/en/providers/>.

Los cambios más significativos para el 2026 son los siguientes:

1. Estamos **incluyendo** ciertos códigos de imágenes de resonancia magnética (MRI, por sus siglas en inglés) como parte del listado de códigos que requerirán una PA. **Estos requisitos no aplican para salas de emergencia, centros de urgencia ni durante una admisión hospitalaria.** Actualmente, el único MRI que requiere de pre-autorización es el “Bilateral Breast MRI with and without contrast” (77049). A este código se le añadirían los siguientes:

Código	Descripción	Cambio
70551	A magnetic resonance imaging (MRI) of the brain without contrast material	Requisito de PA
70552	MRI brain brain stem w/contrast material	Requisito de PA
70553	An MRI of the brain performed with and without contrast material	Requisito de PA
72141	An MRI of the cervical spinal canal and its contents without contrast material	Requisito de PA
72142	MRI spinal canal cervical w/contrast matrl	Requisito de PA
72146	MRI spinal canal thoracic w/o contrast matrl	Requisito de PA
72147	MRI spinal canal thoracic w/contrast matrl	Requisito de PA
72148	MRI of the lumbar spinal canal and its contents without contrast material	Requisito de PA
72149	MRI spinal canal lumbar w/contrast material	Requisito de PA
72156	MRI spinal canal cervical w/o & w/contr matrl	Requisito de PA
72157	MRI spinal canal thoracic w/o & w/contr matrl	Requisito de PA
72158	MRI spinal canal lumbar w/o &w/contr matrl	Requisito de PA

2. Estamos **eliminando** los siguientes códigos del listado de requisito de PA:

Código	Descripción	Cambio
A9561	Technetium tc-99m oxidronate, diagnostic, per study dose, up to 30 millicuries	Eliminación de requisito de PA
A9562	Technetium tc-99m mertiatide, diagnostic, per study dose, up to 15 millicuries	Eliminación de requisito de PA



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93298	Interrogation device evaluation(s), (remote) up to 30 days; subcutaneous cardiac rhythm monitor system, including analysis of recorded heart rhythm data, analysis, review(s) and report(s) by a physician or other qualified health care qualified professional	Eliminación de requisito de PA
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Se espera que todos los servicios cubiertos sean prestados por proveedores contratados por Triple-S Advantage. Los servicios provistos fuera de la red de Triple-S Advantage (en Puerto Rico) estarán sujetos a evaluación previa al servicio, excepto cuando dichos servicios son parte de un Servicio de Emergencia o estén relacionados a un proceso posterior a la estabilización de una emergencia, conforme a la normativa aplicable.

Favor someter las solicitudes completas, incluyendo la documentación que respalde la necesidad médica, a fin de minimizar retrasos en la evaluación de las solicitudes.

Es indispensable recibir las órdenes médicas con la siguiente información:

1. Nombre de paciente
2. Fecha en la cual orden fue emitida
3. Diagnóstico ICD-10
4. CPT o descripción del servicio
5. Información del médico (nombre, licencia, NPI y firma).

A continuación, se detallan algunos de los servicios solicitados con mayor frecuencia y los requisitos clínicos mínimos necesarios para la evaluación y determinación de una PA:

Servicio	Documentación Clínica Necesaria Para Evaluación
CPAP	Estudios de polisomnografía con parte diagnóstica, tipo de mascarilla y parámetros requeridos.
Oxígeno	Orden médica en la cual se incluya el litraje, horas de uso y vías (ej. por cánula nasal o mascarilla). Adicional, resultados (de no más de 30 días) de gases arteriales u oximetría de 6 minutos.
Sillas de Ruedas Customizadas y Motorizadas	Documento Face to Face completado en la cual se sustenta la recomendación médica y uso seguro del equipo.
Alimentación Enteral	Orden médica que incluya diagnóstico correspondiente (ej. Gastrostomía Z93.1), vía de administración, cantidad de latas, y equipo requerido (ej. IV Pump, IV Stand, Bolsas).
Bandeja de Implantes	Resultados de estudios previos como radiologías, CT, MRI e historial. Debe contener el proveedor que brindará el implante, el código y cotización.
Laboratorios de Genética	Historial médico personal y familiar, laboratorios o estudios previamente realizados (ej., bone scan), y reporte de patologías.
Radiologías (MRI)	Estudios previos (ej., X-rays, sonografía, CT), tratamientos y respuesta a los mismos.
PET Scan <i>Pet Scans Oncológicos para adultos (≥18 años) son manejados por OncoHealth</i>	Reportes de estudios (MRI, CT) notas de progreso y pruebas de laboratorios (biomarcadores).



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Cirugía Bariátrica	Consultas con los siguientes especialistas: psicólogo, nutricionista y medicina interna. Evidencia de utilizar una máquina de CPAP o evidencia de estudio de sueño donde indique que no necesita una. Adicional, índice de masa corporal (BMI), estatura del paciente, resultados de laboratorios y documentación médica que sustenta la recomendación del procedimiento.
Blefaroplastia	Fotos de ojos y prueba de campo visual.
Entyvio & Infliximab Injection	Notas de progreso indicando estabilidad en el tratamiento con el medicamento.
Botox**	Documentación de la respuesta al Botox en comparación con el nivel previo al tratamiento y/o justificación médica.
Tratamientos Osteoporosis: (Prolia**, Reclast, Evenity**)	Resultados de estudio DEXA Scan (vigencia 2 años) y laboratorios química.
Tratamientos Hematológicos: (Epogen**, Retacrit**, Infed, Ferrlecit)	Se requiere laboratorios recientes de CBC, hierro (TIBC), y ferritina.

** Estos medicamentos se trabajarán por la Parte D a partir de enero 2026.

Aprovechamos esta comunicación para recordarles lo siguiente:

1. **Es importante que utilicen la categoría de “Expedito” únicamente en aquellos casos verdaderamente urgentes, en los que exista un riesgo real e inminente para la salud del afiliado.**

Esta clasificación debe reservarse para situaciones en las que:

- La condición clínica del paciente pueda deteriorarse significativamente si la solicitud no se evalúa de inmediato; o
- Existe la posibilidad de una admisión o readmisión hospitalaria dentro de las próximas 24 horas si el servicio solicitado no se atiende con urgencia.

El uso correcto de la categoría de “Expedito” permite priorizar efectivamente los casos críticos y garantizar una respuesta oportuna a los pacientes que verdaderamente lo necesitan. Por lo tanto, les solicitamos revisar cuidadosamente cada caso antes de someterlo como urgente, asegurándose de que cumpla con estos criterios.

2. Contamos con las siguientes entidades delegadas. Les solicitamos enviar las peticiones de los servicios indicados directamente a dichas entidades, según aplique:

Compañía	Servicios	Fax
Clinical Medical Services (CMS)	Equipo médico durable (DME, por sus siglas en inglés) – Solo para afiliados con cubierta HMO.	787-474-2800
	Para afiliados con cubierta PPO, por favor enviar las peticiones a los faxes de Triple-S, Medicare Advantage.	787-620-0925 787-620-0926
Onco Health	Servicios de oncología para pacientes adultos (≥ 18 años) son manejados por OncoHealth con diagnósticos de cáncer: quimioterapias, radioterapias, PET CT, y laboratorios de molecular & genética	1-844-964-7707
Therapy Network (TNPR)	Terapias ambulatorias	1-800-615-0148



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3. Para la **coordinación de la visita inicial** de los siguientes servicios de Home Care, **terapia física (PT)**, **terapia ocupacional (OT)** y **terapia del habla (ST)**, pueden coordinarlos directamente con nuestros proveedores según la región geográfica:

Región	Nombre	Teléfono	Número de Fax
Norte	Corporación Las Vegas Home Care	787-854-1426	787-884-3757
Norte	Clinical Medical Services	787-626-1861	787-544-0057
Oeste	Clinical Medical Services	787-833-2899	787-833-2855
Este	Advanced Home Care	787-783-2245	787-781-8384
Sur	Metro Pavía @Home	787-466-0224	787-395-7837

4. Contamos con proveedores de **Prótesis y Ortóticos** también por región. Favor someter la petición directamente a los proveedores designados; el detalle del proveedor por municipio lo pueden conseguir en el Anejo C.

Región	Nombre	Teléfono	Número de Fax
Metro	RPS Medical #6924	787-854-1479	787-854-1124
Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Oeste	Diabetic Solutions Corp. #3444	787-854-6700 787-854-8040 787-854-8045	787-854-2000 787-854-4936
Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449 787-474-2800

Triple-S Advantage aplica los criterios médicos de CMS según se definen en las Determinaciones de Cobertura Nacional (NCD) y las Determinaciones de Cobertura Local (LCD) aplicables a PR. En ausencia de NCD o LCD, Triple-S Advantage aplica Políticas Médicas (disponibles en el Portal de Proveedores de Medicare Advantage de Triple-S en la siguiente dirección: <https://advantage.grupotriples.com/en/providers/>), o Criterios Clínicos InterQual©.

Agradecemos su compromiso y dedicación con el bienestar de nuestra población. Si necesita información adicional o tiene alguna pregunta, puede comunicarse con su Ejecutivo de Relaciones con el Proveedor o el Centro de Servicio al Proveedor al 1-855-886-7474, de lunes a viernes de 8:00 a.m. a 5:00 p.m. y sábados de 8:00 AM a 2:00 PM - AST (tiempo estándar del Atlántico).

Cordialmente,

Griselle Bigio González
Directora Senior
Departamento de Manejo de Utilización



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Anejo A: Servicios/procedimientos por categorías que requerirán autorización previa en 2026 para Triple-S Medicare Advantage.

Service Category	Service / Procedure
DME	▪ Automated external defibrillators and supplies ▪ Hospital beds mattress or accessories ▪ Infusion pumps and supplies ▪ Certain medical and surgical supplies ○ Composite Dressing, Sterile, Pad Size 16 Sq. In. Or Less, With Any Size Adhesive Border, Each Dressing ○ Face Mask Interface, Replacement For Full Face Mask, Each ○ Full Face Mask Used With Positive Airway Pressure Device, Each ○ "Gauze, Non-Impregnated, Sterile, Pad Size 16 Sq. In. Or Less, With ○ Any Size Adhesive Border, Each Dressing" ○ "High Frequency Chest Wall Oscillation System Vest, Replacement For ○ Use With Patient Owned Equipment, Each" ○ Hydrogel Dressing, Wound Cover, Sterile, Pad Size 16 Sq. In. Or Less, Without Adhesive Border, Each Dressing ○ Intermittent Urinary Catheter; Coude (Curved) Tip, With Or Without Coating (Teflon, Silicone, Silicone Elastomeric, Or Hydrophilic, Etc.), Each ○ Skin Barrier; Solid, 6 X 6 Or Equivalent, Each ▪ Certain Monitoring Equipment ○ External Defibrillator with Integrated Electrocardiogram Analysis ○ Skin Piercing Device for Collection Of Capillary Blood, Laser, Each ▪ Oxygen and Related equipment and/or respiratory assist device ▪ Patient lifts and support system ▪ Pneumatic compressors and appliances ▪ Certain pumps and monitors ○ Blood Glucose Monitor with Integrated Voice Synthesizer ○ Gastric Suction Pump, Home Model, Portable or Stationary, Electric ○ Infusion Pump Used For Uninterrupted Parenteral Administration Of Medication, (For example, Epoprostenol or Treprostinol) ▪ Certain stimulation devices ○ Electrical Stimulation Device Used for Cancer Treatment, Includes All Accessories, Any Type ○ "Functional Neuromuscular Stimulation, Transcutaneous Stimulation of Sequential Muscle Groups Of Ambulation With Computer Control, Used for Walking By Spinal Cord Injured, Entire System, After Completion Of Training Program"



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Service Category	Service / Procedure
	○ Neuromuscular Stimulator for Scoliosis ○ Neuromuscular Stimulator, Electronic Shock Unit ○ Non-Implanted Pelvic Floor Electrical Stimulator, Complete System ○ Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications ○ Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications ○ Osteogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive ▪ Certain traction and other orthopedic supplies ○ Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete with Grab Bar ▪ Wheelchairs and accessories ○ Nonstandard wheelchairs: heavy or extra heavy wheelchairs and accessories; lightweight wheelchairs and accessories; pediatric sizes wheelchairs and accessories ○ Power Wheelchairs and accessories ○ Power operated vehicles
Services at Home	▪ Any services through a Home Health Agency including Wound Care and Therapies (physical, occupational, speech) ▪ Home Infusion Services ▪ Other Services rendered at home
Therapy Services	▪ Outpatient Therapy Services may require prior Authorization ▪ Physical Therapies and Modalities ▪ Speech Therapies ▪ Comprehensive Rehabilitation Therapy Services (CORF) require PA
Transition of Care Facilities / Services	▪ Skill Nursing Facilities ▪ Inpatient Rehab Facilities
Cardiac Rehabilitation Services	▪ Cardiac Rehabilitation Services
Ambulance Services	▪ Non-Emergency ambulance transportation
Medical Part B Drugs and Home Infusion Drugs	▪ Certain contrast material (Radiopharmaceutical Drugs) ▪ Certain treatments for Cancer (chemotherapies) ▪ Certain drugs that are infused (administered intravenous) ▪ Certain drugs may be subject for evaluation to determine its benefit coverage (through Pharmacy Benefit or through Medical Benefit) (for example, nebulized medications) ▪ Vision associated drugs ▪ Clotting Factors Drugs ▪ Immunosuppressive Drugs ▪ Infusion Albumin Human ▪ Inhalation Solutions ▪ Skin Substitutes and biological


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Service Category	Service / Procedure
	Anemia treatments
Treatments	- Certain injections and infusions (including those for cancer treatments) may require prior authorization. - Hyperbaric Oxygen - Wound Care services
Cardiac Procedures	- EECP (Enhanced External Counter Pulsation) - External defibrillators - Implantable loop recording (ILR))
Musculoskeletal Procedures (MSK)	- Cervical fusion with disc removal - Face joints interventions - Implanted neurostimulators
Prosthetics and Orthotics	Prosthetics and Orthotics require Prior Authorization
Imaging	- Anatomic Model 3D - PET Scans - Only the following MRIs require a PA: - Breast (77049), Brain (70551, 70552, 70553), Spinal canal lumbar (72148, 72149, 72158), Spinal canal cervical (72141, 72142, 72156), and Spinal canal thoracic (72146, 72147, 72157).
Laboratory Services	- Certain molecular/genetic laboratory tests may require prior authorization - Gene therapies
Behavioral (Mental Health)	Partial Hospitalization
Reconstructive/ Cosmetic Procedures (these services are usually non-covered services; medical necessity is limited)	- Allografts - All types of procedures in eye lids - Botox Injections - Chemical Peel, dermabrasion - Dermal filler and Injections - Destructions Skin Lesion - Ear canal - Electrolysis - Hair Transplant - Mastectomy for Gynecomastia - Neck Surgery - Panniculectomy, excision of Excess Skin and subcutaneous tissue and related services - Removal of breast implants - Reduction Mammoplasty - Rhinoplasty/Nasal - Rhytidectomy - Tattooing


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Service Category	Service / Procedure
	▪ Vein Ablation and related services
Transplant Services	▪ Heart ▪ Lung ▪ Gastrointestinal ▪ Kidney ▪ Liver ▪ Pancreas ▪ Combination of organs (example, heart and lung transplants)
Bariatric Surgeries	▪ All types of bariatric surgical services for morbid obesity (bariatric surgeries) require Prior Authorization
Dental Services	▪ Periodontics ○ Except Gingivectomy or gingivoplasty- one to three contiguous teeth, gingival flap procedure including root planing, and Periodontal scaling and root planning ▪ Prosthodontics (Crowns, Post and Core and Removable) ○ Except certain crowns ▪ Prosthodontics (Implants Services and Fixed Bridge)



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Anejo B: Lista de códigos que requerirán una pre-autorización en el 2026 – Medicare Advantage

Service	Codes	Description
Ambulance Services	A0426	Ambulance service, advanced life support, non-emergency transport, level 1 (ALS 1)
	A0428	Ambulance service, basic life support, non-emergency transport, (BLS)
Behavioral (Mental) Health	RC - 0912	Partial Hospitalization - Less Intensive
	RC - 0913	Partial Hospitalization -Intensive
Cardiac and Pulmonary Rehabilitation	RC - 0024	Inpatient Rehabilitation Facility (IRF) PPS
Dental	D2712	Crown – 3/4 resin- based composite (indirect)
	D2722	Crown – resin with noble metal
	D2753	Crown-porcelain fused to titanium and titanium alloys
	D2780	Crown 3/4 Cast High Noble Metal
	D2781	Crown 3/4 Cast predominantly base metal
	D2782	Crown – 3/4 cast noble metal
	D2790	Crown – full cast high noble metal
	D2791	Crown - full cast predominantly base metal
	D2792	Crown – full cast noble metal
	D2794	Crown - titanium and titanium alloys
	D4210	Gingivectomy or gingivoplasty- four or more contiguous teeth
	D4245	Apically positioned flap
	D4249	Clinical crown lengthening – hard tissue
	D4260	Osseous surgery (including elevation of a full thickness flap and closure) – four or more contiguous teeth or tooth bounded spaces per quadrant
	D4261	Osseous surgery (including elevation of a full thickness flap and closure) – one to three contiguous teeth or tooth bounded spaces per quadrant
	D4263	Bone replacement graft – retained natural tooth – first site in quadrant
	D4264	Bone replacement graft – retained natural tooth – each additional site in quadrant
	D4266	Guided tissue regeneration, natural teeth - resorbable barrier per site
	D4267	Guide tissue regeneration, natural teeth - non - resorbable barrier, per site
	D4270	Pedicle soft tissue graft procedure
	D4273	Autogenous connective tissue graft procedure, first tooth, implant, or edentulous tooth position in graft



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Service	Codes	Description
	D4277	Free soft tissue graft procedure, first tooth, implant, or edentulous tooth position in graft
	D4278	Free soft tissue graft procedure, each additional contiguous tooth, implant, or edentulous tooth position in same graft site
Dental	D4286	Removal of non-resorbable barrier
	D4322	Splint - Intra-Coronal; Natural Teeth or prosthetic Crowns
	D4323	Splint - Extra-Coronal; Natural Teeth Orprosthetic Crowns
	D6010	Surgical placement of implant body: endodteal implant
	D6011	Surgical access to an implant body: (second stage implant surgery)
	D6056	Prefabricated abutment - includes modification and placement
	D6057	Custom fabricated abutment - includes placement
	D6058	Abutment supported porcelain/ceramic crown
	D6059	Abutment supported porcelain fused to metal crown (high noble metal)
	D6060	Abutment supported porcelain fused to metal crown (predominantly base metal)
	D6061	Abutment supported porcelain fused to metal crown (noble metal)
	D6062	Abutment supported cast metal crown (high noble metal)
	D6063	Abutment supported cast metal crown (predominantly base metal)
	D6064	Abutment supported cast metal crown (noble metal)
	D6065	Implant supported porcelain/ceramic crown
	D6066	Implant supported crown - porcelain fused to high noble alloys
	D6067	Implant supported crown - high noble alloys
	D6068	Abutment supported retainer for porcelain/ceramic FPD
	D6069	Abutment supported retainer for porcelain fused to metal FPD (high noble metal)
	D6070	Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal)
	D6071	Abutment supported retainer for porcelain fused to metal FPD (noble metal)
	D6072	Abutment supported retainer for cast metal FPD (high noble metal)
	D6073	Abutment supported retainer for cast metal FPD (predominantly base metal)
	D6074	Abutment supported retainer for cast metal FPD (noble metal)
	D6075	Implant supported retainer for ceramic FPD
	D6076	Implant supported retainer for FPD - porcelain fused to high noble alloys
	D6077	Implant supported retainer for metal FPD - high noble alloys


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Service	Codes	Description
	D6082	Implant supported crown - porcelain fused to predominantly base alloys
	D6083	Implant supported crown - porcelain fused to noble alloys
	D6084	Implant supported crown - porcelain fused to titanium or titanium alloys
	D6085	Interim implant crown
	D6086	Implant supported crown - predominantly base alloys
	D6087	Implant supported crown - noble alloys
Dental	D6088	Implant supported crown - titanium and titanium alloys
	D6094	Abutment supported crown titanium and titanium alloys
	D6097	Abutment supported crown - porcelain fused to titanium or titanium alloys
	D6098	Implant supported retainer - porcelain fused to predominantly base alloys
	D6099	Implant supported retainer for FPD - porcelain fused to noble alloys
	D6105	Removal of implant body not requiring bone removal or flap elevation
	D6106	Guided tissue regeneration – resorbable barrier, per implant
	D6107	Guided tissue regeneration – non-resorbable barrier, per implant
	D6110	Implant/abutment supported removable denture for edentulous arch - maxillary
	D6111	Implant /abutment supported removable denture for edentulous arch – mandibular
	D6112	Implant/abutment supported removable denture for partially edentulous arch – maxillary
	D6113	Implant/abutment supported removable denture for partially edentulous arch - mandibular
	D6120	Implant supported retainer - porcelain fused to titanium and titanium alloys
	D6121	Implant supported retainer for metal FPD - predominantly base alloys
	D6122	Implant supported retainer for metal FPD - predominantly noble alloys
	D6123	Implant supported retainer for metal FPD - titanium and titanium alloys
	D6191	Semi-precision abutment - placement
	D6192	Semi-precision attachment - placement
	D6193	Replacement of an implant screw
	D6195	Abutment supported retainer - porcelain fused to titanium and titanium alloys


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Service	Codes	Description
	D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant
	D6210	Pontic - cast high noble metal
	D6211	Pontic - cast predominantly base metal
	D6212	Pontic - cast noble metal
	D6214	Pontic – titanium and titanium alloys
	D6240	Pontic - porcelain fused to high noble metal
	D6241	Pontic - porcelain fused to predominantly base metal
	D6242	Pontic - porcelain fused to noble metal
	D6243	Pontic - porcelain fused to titanium and titanium alloys
	D6245	Pontic - porcelain / ceramic
	D6250	Pontic resin with high noble metal
	D6545	Retainer – Cast Metal for Resin Bonded Fixed
Dental	D6606	Retainer inlay – cast noble metal, two surfaces
	D6607	Retainer inlay – cast noble metal, three or more surfaces
	D6608	Retainer onlay – porcelain /ceramic, two surfaces
	D6609	Retainer onlay – porcelain /ceramic, three or more surfaces
	D6610	Retainer onlay – cast high noble metal, two surfaces
	D6740	Retainer crown - porcelain/ceramic
	D6750	Retainer crown - porcelain fused to high noble metal
	D6751	Retainer crown - porcelain fused to predominantly base metal
	D6752	Retainer crown - porcelain fused to noble metal
	D6753	Retainer crown - porcelain fused to titanium and titanium alloys
	D6780	Retainer crown - 3/4 cast high noble metal
	D6781	Retainer crown – ¾ cast predominantly base metal
	D6782	Retainer crown – ¾ cast noble metal
	D6783	Retainer crown - 3/4 porcelain/ ceramic
	D6790	Retainer crown - full cast high noble metal
	D6791	Retainer crown – full cast predominantly base metal
	D6792	Retainer crown - full cast noble metal
	D6794	Retainer crown – titanium and titanium alloys
Durable Medical Equipment	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement for Use with Patient Owned Equipment, Each
	A7030	Full Face Mask Used with Positive Airway Pressure Device, Each
	A7031	Face Mask Interface, Replacement for Full Face Mask, Each
	E0170	Commode Chair with Integrated Seat Lift Mechanism, Electric, Any Type
	E0193	Powered air flotation bed (low air loss therapy)


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Service	Codes	Description
	E0194	Air Fluidized Bed
	E0250	Hospital Bed, Fixed Height, With Any Type Side Rails, With Mattress
	E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress
	E0255	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, with Mattress
	E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress
	E0260	Hospital Bed, Semi-Electric (Head and Foot Adjustment), With Any Type Side Rails, With Mattress
	E0261	Hospital Bed, Semi-Electric (Head and Foot Adjustment), With Any Type Side Rails, Without Mattress
	E0265	Hospital Bed, Total Electric (Head, Foot and Height Adjustments) With Any Type Side Rails, With Mattress
	E0266	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), With Any Type Side Rails, Without Mattress
	E0277	Powered pressure-reducing air mattress
Durable Medical Equipment	E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress
	E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress
	E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress
	E0294	Hospital Bed, Semi-Electric (Head and Foot Adjustment), Without Side Rails, With Mattress
	E0295	Hospital Bed, Semi-Electric (Head and Foot Adjustment), Without Side Rails, Without Mattress
	E0296	Hospital Bed, Total Electric (Head, Foot and Height Adjustments). Without Side Rails, With Mattress
	E0297	Hospital Bed, Total Electric (Head, Foot and Height Adjustments), Without Side Rails, Without Mattress
	E0300	Pediatric Crib, Hospital Grade, Fully Enclosed, With or Without Top Enclosure
	E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress
	E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress
	E0303	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than or Equal To 600 Pounds, With Any Type Side Rails, With Mattress


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Service	Codes	Description
	E0304	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, With Mattress
	E0316	Safety Enclosure Frame/Canopy for Use with Hospital Bed, Any Type
	E0371	Nonpowered advanced pressure reducing overlay for mattress, standard mattress length and width
	E0372	Powered air overlay for mattress, standard mattress length and width
	E0373	Nonpowered advanced pressure reducing mattress
	E0424	Stationary Compressed Gaseous Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, And Tubing
	E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula or Mask, And Tubing
	E0433	Portable Liquid Oxygen System, Rental; Home Liquefier Used to Fill Portable Liquid Oxygen Containers, Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula or Mask and Tubing, With or Without Supply Reservoir and Contents
	E0434	Portable Liquid Oxygen System, Rental; Includes Portable Container, Supply Reservoir, Humidifier, Flowmeter, Refill Adaptor, Contents Gauge, Cannula or Mask, And Tubing
Durable Medical Equipment	E0439	Stationary Liquid Oxygen System, Rental; Includes Container, Contents, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula or Mask, & Tubing
	E0462	Rocking Bed with Or Without Side Rails
	E0465	Home Ventilator, Any Type, Used with Invasive Interface, (For Example, Tracheostomy Tube)
	E0466	Home Ventilator, Any Type, Used with Non-Invasive Interface, (For Example, Mask, Chest Shell)
	E0467	Home Ventilator, Multi-Function Respiratory Device, Also Performs Any or All of The Additional Functions of Oxygen Concentration, Drug Nebulization, Aspiration, And Cough Stimulation, Includes All Accessories, Components and Supplies for All Functions
	E0470	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
	E0471	Respiratory Assist Device, Bi-Level Pressure Capability, With Back- Up Rate Feature, Used with Noninvasive Interface, (For


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Service	Codes	Description
		Example, Nasal or Facial Mask (Intermittent Assist Device with Continuous Positive Airway Pressure Device))
	E0472	Respiratory Assist Device, Bi-Level Pressure Capability, With Backup Rate Feature, Used with Invasive Interface, (For Example, Tracheostomy Tube (Intermittent Assist Device with Continuous Positive Airway Pressure Device))
	E0483	High Frequency Chest Wall Oscillation Air-Pulse Generator System, (Includes Hoses and Vest), Each
	E0550	Humidifier, Durable for Extensive Supplemental Humidification During Ippb Treatments Or Oxygen Delivery
	E0565	Compressor, Air Power Source for Equipment Which Is Not Self- Contained or Cylinder Driven
	E0575	Nebulizer, Ultrasonic, Large Volume
	E0600	Respiratory Suction Pump, Home Model, Portable or Stationary, Electric
	E0601	Continuous Positive Airway Pressure (Cpap) Device
	E0617	External Defibrillator with Integrated Electrocardiogram Analysis
	E0630	Patient Lift, Hydraulic or Mechanical, Includes Any Seat, Sling, Strap(s) Or Pad(s)
	E0635	Patient Lift, Electric with Seat or Sling
	E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls
	E0639	Patient Lift, Moveable from Room to Room with Disassembly and Reassembly, Includes All Components/Accessories
Durable Medical Equipment	E0640	Patient Lift, Fixed System, Includes All Components/Accessories
	E0650	Pneumatic Compressor, Non-Segmental Home Model
	E0651	Pneumatic Compressor, Segmental Home Model Without Calibrated Gradient Pressure
	E0652	Pneumatic Compressor, Segmental Home Model with Calibrated Gradient Pressure
	E0656	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Trunk
	E0657	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Chest
	E0670	Segmental Pneumatic Appliance for Use with Pneumatic Compressor, Integrated, 2 Full Legs and Trunk
	E0675	Pneumatic Compression Device, High Pressure, Rapid Inflation/Deflation Cycle, For Arterial Insufficiency (Unilateral or Bilateral System)


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Service	Codes	Description
	E0740	Non-Implanted Pelvic Floor Electrical Stimulator, Complete System
	E0744	Neuromuscular Stimulator for Scoliosis
	E0745	Neuromuscular Stimulator, Electronic Shock Unit
	E0747	Osteogenesis Stimulator, Electrical, Non-Invasive, Other Than Spinal Applications
	E0748	Osteogenesis Stimulator, Electrical, Non-Invasive, Spinal Applications
	E0760	Ostogenesis Stimulator, Low Intensity Ultrasound, Non-Invasive
	E0764	Functional Neuromuscular Stimulation, Transcutaneous Stimulation of Sequential Muscle Groups of Ambulation with Computer Control, Used for Walking by Spinal Cord Injured, Entire System, After Completion Of Training Program
	E0766	Electrical Stimulation Device Used for Cancer Treatment, Includes All Accessories, Any Type
	E0781	Ambulatory Infusion Pump, Single or Multiple Channels, Electric or Battery Operated, With Administrative Equipment, Worn by Patient
	E0784	External Ambulatory Infusion Pump, Insulin
	E0791	Parenteral Infusion Pump, Stationary, Single or Multi-Channel
	E0912	Trapeze Bar, Heavy Duty, For Patient Weight Capacity Greater Than 250 Pounds, Free Standing, Complete with Grab Bar
	E0986	Manual Wheelchair Accessory, Push-Rim Activated Power Assist System
	E0988	Manual Wheelchair Accessory, Lever-Activated, Wheel Drive, Pair
	E1002	Wheelchair Accessory, Power Seating System, Tilt Only
	E1003	Wheelchair Accessory, Power Seating System, Recline Only, Without Shear Reduction
	E1004	Wheelchair Accessory, Power Seating System, Recline Only, With Mechanical Shear Reduction
	E1005	Wheelchair Accessory, Power Seating System, Recline Only, With Power Shear Reduction
Durable Medical Equipment	E1006	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, Without Shear Reduction
	E1007	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, With Mechanical Shear Reduction
	E1008	Wheelchair Accessory, Power Seating System, Combination Tilt and Recline, With Power Shear Reduction
	E1010	Wheelchair Accessory, Addition to Power Seating System, Power Leg Elevation System, Including Leg Rest, Pair


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Service	Codes	Description
	E1012	Wheelchair Accessory, Addition to Power Seating System, Center Mount Power Elevating Leg Rest/Platform, Complete System, Any Type, Each
	E1030	Wheelchair Accessory, Ventilator Tray, Gimbalead
	E1035	Multi-Positional Patient Transfer System, With Integrated Seat, Operated by Care Giver, Patient Weight Capacity Up to And Including 300 Pounds
	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated by Caregiver, Patient Weight Capacity Greater Than 300 Pounds
	E1037	Transport Chair, Pediatric Size
	E1161	Manual Adult Size Wheelchair, Includes Tilt in Space
	E1226	Wheelchair Accessory, Manual Fully Reclining Back, (Recline Greater Than 80 Degrees), Each
	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, With Seating System
	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable, Without Seating System
	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adjustable, Without Seating System
	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating System
	E1390	Oxygen Concentrator, Single Delivery Port, Capable of Delivering 85 Percent or Greater Oxygen Concentration at The Prescribed Flow Rate
	E1391	Oxygen Concentrator, Dual Delivery Port, Capable of Delivering 85 Percent or Greater Oxygen Concentration at The Prescribed Flow Rate, Each
	E1392	Portable Oxygen Concentrator, Rental
	E1405	Oxygen And Water Vapor Enriching System with Heated Delivery
	E1406	Oxygen And Water Vapor Enriching System Without Heated Delivery
	E2000	Gastric Suction Pump, Home Model, Portable or Stationary, Electric
	E2100	Blood Glucose Monitor with Integrated Voice Synthesizer
Durable Medical Equipment	E2202	Manual Wheelchair Accessory, Nonstandard Seat Frame Width, 24-27 Inches


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Service	Codes	Description
	E2203	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 20 To Less Than 22 Inches
	E2204	Manual Wheelchair Accessory, Nonstandard Seat Frame Depth, 22 To 25 Inches
	E2227	Manual Wheelchair Accessory, Gear Reduction Drive Wheel, Each
	E2228	Manual Wheelchair Accessory, Wheel Braking System and Lock, Complete, Each
	E2312	Power Wheelchair Accessory, Hand or Chin Control Interface, Mini- Proportional Remote Joystick, Proportional, Including Fixed Mounting Hardware
	E2321	Power Wheelchair Accessory, Hand Control Interface, Remote Joystick, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
	E2322	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware
	E2325	Power Wheelchair Accessory, Sip and Puff Interface, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Manual Swingaway Mounting Hardware
	E2327	Power Wheelchair Accessory, Head Control Interface, Mechanical, Proportional, Including All Related Electronics, Mechanical Direction Change Switch, And Fixed Mounting Hardware
	E2328	Power Wheelchair Accessory, Head Control or Extremity Control Interface, Electronic, Proportional, Including All Related Electronics and Fixed Mounting Hardware
	E2329	Power Wheelchair Accessory, Head Control Interface, Contact Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
	E2330	Power Wheelchair Accessory, Head Control Interface, Proximity Switch Mechanism, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, Mechanical Direction Change Switch, Head Array, And Fixed Mounting Hardware
	E2351	Power Wheelchair Accessory, Electronic Interface to Operate Speech Generating Device Using Power Wheelchair Control Interface
	E2368	Power Wheelchair Component, Drive Wheel Motor, Replacement Only


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Service	Codes	Description
Durable Medical Equipment	E2370	Power Wheelchair Component, Integrated Drive Wheel Motor and Gear Box Combination, Replacement Only
	E2373	Power Wheelchair Accessory, Hand or Chin Control Interface, Compact Remote Joystick, Proportional, Including Fixed Mounting Hardware
	E2374	Power Wheelchair Accessory, Hand or Chin Control Interface, Standard Remote Joystick (Not Including Controller), Proportional, Including All Related Electronics and Fixed Mounting Hardware, Replacement Only
	E2375	Power Wheelchair Accessory, Non-Expandable Controller, Including All Related Electronics and Mounting Hardware, Replacement Only
	E2376	Power Wheelchair Accessory, Expandable Controller, Including All Related Electronics and Mounting Hardware, Replacement Only
	E2378	Power Wheelchair Component, Actuator, Replacement Only
	E2402	Negative pressure wound therapy electrical pump, stationary or portable
	E2613	Positioning Wheelchair Back Cushion, Posterior, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
	E2614	Positioning Wheelchair Back Cushion, Posterior, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware
	E2616	Positioning Wheelchair Back Cushion, Posterior-Lateral, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware
	E2620	Positioning Wheelchair Back Cushion, Planar Back with Lateral Supports, Width Less Than 22 Inches, Any Height, Including Any Type Mounting Hardware
	E2621	Positioning Wheelchair Back Cushion, Planar Back with Lateral Supports, Width 22 Inches or Greater, Any Height, Including Any Type Mounting Hardware
	E2626	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Adjustable
	E2627	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Adjustable Rancho Type
	E2628	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Reclining
	E2629	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support Attached to Wheelchair, Balanced, Friction Arm Support (Friction Dampening to Proximal and Distal Joints)


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Service	Codes	Description
	E2630	Wheelchair Accessory, Shoulder Elbow, Mobile Arm Support, Monosuspension Arm and Hand Support, Overhead Elbow Forearm Hand Sling Support, Yoke Type Suspension Support
	K0002	Standard Hemi (Low Seat) Wheelchair
	K0003	Lightweight Wheelchair
	K0004	High Strength, Lightweight Wheelchair
	K0005	Ultra lightweight Wheelchair
	K0006	Heavy Duty Wheelchair
	K0007	Extra Heavy-Duty Wheelchair
	K0009	Other Manual Wheelchair/Base
Durable Medical Equipment	K0455	Infusion Pump Used for Uninterrupted Parenteral Administration of Medication, (For example, Epoprostenol or Treprostinol)
	K0606	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type
	K0609	Replacement Electrodes for Use with Automated External Defibrillator, Garment Type Only, Each
	K0730	Controlled Dose Inhalation Drug Delivery System
	K0738	Portable Gaseous Oxygen System, Rental; Home Compressor Used to Fill Portable Oxygen Cylinders; Includes Portable Containers, Regulator, Flowmeter, Humidifier, Cannula or Mask, And Tubing
	K0800	Power Operated Vehicle, Group 1 Standard, Patient Weight Capacity Up to And Including 300 Pounds
	K0801	Power Operated Vehicle, Group 1 Heavy Duty, Patient Weight Capacity, 301 To 450 Pounds
	K0802	Power Operated Vehicle, Group 1 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
	K0806	Power Operated Vehicle, Group 2 Standard, Patient Weight Capacity Up to And Including 300 Pounds
	K0807	Power Operated Vehicle, Group 2 Heavy Duty, Patient Weight Capacity 301 To 450 Pounds
	K0808	Power Operated Vehicle, Group 2 Very Heavy Duty, Patient Weight Capacity 451 To 600 Pounds
	K0813	Power wheelchair, group 1 standard, portable, sling/solid seat and back, patient weight capacity up to and including 300 pounds
	K0814	Power Wheelchair, Group 1 Standard, Portable, Captains Chair, Patient Weight Capacity up to and Including 300 Pounds
	K0815	Power wheelchair, group 1 standard, sling/solid seat and back, patient weight capacity up to and including 300 pounds


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Service	Codes	Description
	K0816	Power wheelchair, group 1 standard, captains chair, patient weight capacity up to and including 300 pounds
	K0820	Power wheelchair, group 2 standard, portable, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0821	Power wheelchair, group 2 standard, portable, captains chair, patient weight capacity up to and including 300 pounds
	K0822	Power wheelchair, group 2 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0823	Power wheelchair, group 2 standard, captains chair, patient weight capacity up to and including 300 pounds
	K0824	Power wheelchair, group 2 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
Durable Medical Equipment	K0825	Power wheelchair, group 2 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	K0826	Power wheelchair, group 2 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0827	Power wheelchair, group 2 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
	K0828	Power wheelchair, group 2 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0829	Power wheelchair, group 2 extra heavy duty, captains chair, patient weight 601 pounds or more
	K0835	Power wheelchair, group 2 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0836	Power wheelchair, group 2 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	K0837	Power wheelchair, group 2 heavy duty, single power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0838	Power wheelchair, group 2 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	K0839	Power wheelchair, group 2 very heavy duty, single power option sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0840	Power wheelchair, group 2 extra heavy duty, single power option, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0841	Power wheelchair, group 2 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds


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Service	Codes	Description
	K0842	Power wheelchair, group 2 standard, multiple power option, captains chair, patient weight capacity up to and including 300 pounds
	K0843	Power wheelchair, group 2 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0848	Power wheelchair, group 3 standard, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0849	Power wheelchair, group 3 standard, captains chair, patient weight capacity up to and including 300 pounds
	K0850	Power wheelchair, group 3 heavy duty, sling/solid seat/back, patient weight capacity 301 to 450 pounds
	K0851	Power wheelchair, group 3 heavy duty, captains chair, patient weight capacity 301 to 450 pounds
	K0852	Power wheelchair, group 3 very heavy duty, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0853	Power wheelchair, group 3 very heavy duty, captains chair, patient weight capacity 451 to 600 pounds
Durable Medical Equipment	K0854	Power wheelchair, group 3 extra heavy duty, sling/solid seat/back, patient weight capacity 601 pounds or more
	K0855	Power wheelchair, group 3 extra heavy duty, captains chair, patient weight capacity 601 pounds or more
	K0856	Power wheelchair, group 3 standard, single power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0857	Power wheelchair, group 3 standard, single power option, captains chair, patient weight capacity up to and including 300 pounds
	K0858	Power wheelchair, group 3 heavy duty, single power option, sling/solid seat/back, patient weight 301 to 450 pounds
	K0859	Power wheelchair, group 3 heavy duty, single power option, captains chair, patient weight capacity 301 to 450 pounds
	K0860	Power wheelchair, group 3 very heavy duty, single power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0861	Power wheelchair, group 3 standard, multiple power option, sling/solid seat/back, patient weight capacity up to and including 300 pounds
	K0862	Power wheelchair, group 3 heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 301 to 450 pounds


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Service	Codes	Description
	K0863	Power wheelchair, group 3 very heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 451 to 600 pounds
	K0864	Power wheelchair, group 3 extra heavy duty, multiple power option, sling/solid seat/back, patient weight capacity 601 pounds or more
Home Health Services	RC - 0690	Pre-Hospice/ Palliative Care Services General Classification
	RC- 0023	Home Health PPS
	S9097	Home visit for wound care
	S9494	Home infusion therapy
Skilled Nursing Facilities	RC - 0022	Skilled Nursing Facility PPS
Inpatient Hospital Acute	RC - 0024	Inpatient Rehabilitation Facility (IRF) PPS
Medicare Part B Rx and Home Infusion Drugs	A4642	Indium in-111 satumomab pendetide, diagnostic, per study dose, up to 6 millicuries
	A9507	Indium in-111 capromab pendetide, diagnostic, per study dose, up to 10 millicuries
	A9515	Choline c-11, diagnostic, per study dose up to 20 millicuries
	A9520	Technetium tc-99m tilmanocept, diagnostic, up to 0.5 millicuries
	A9543	Yttrium y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
	A9546	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie
	A9547	Indium in-111 oxyquinoline, diagnostic, per 0.5 millicurie
Medicare Part B Rx and Home Infusion Drugs	A9548	Indium in-111 pentetate, diagnostic, per 0.5 millicurie
	A9550	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicurie
	A9551	Technetium tc-99m succimer, diagnostic, per study dose, up to 10 millicuries
	A9556	Gallium ga-67 citrate, diagnostic, per millicurie
	A9557	Technetium tc-99m bismate, diagnostic, per study dose, up to 25 millicuries
	A9558	Xenon xe-133 gas, diagnostic, per 10 millicuries
	A9559	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie
	A9563	Sodium phosphate p-32, therapeutic, per millicurie
	A9564	Chromic phosphate p-32 suspension, therapeutic, per millicurie
	A9566	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries
	A9567	Technetium tc-99m pentetate, diagnostic, aerosol, per study dose, up to 75 millicuries


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Service	Codes	Description
	A9568	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries
	A9569	Technetium tc-99m exametazime labeled autologous white blood cells, diagnostic, per study dose
	A9570	Indium in-111 labeled autologous white blood cells, diagnostic, per study dose
	A9572	Indium in-111 pentetreotide, diagnostic, per study dose, up to 6 millicuries
	A9580	Sodium fluoride f-18, diagnostic, per study dose, up to 30 millicuries
	A9582	Iodine i-123 iobenguane, diagnostic, per study dose, up to 15 millicuries
	A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries
	A9588	Fluciclovine f-18, diagnostic, 1 millicurie
	A9589	Instillation, hexaminolevulinate hydrochloride, 100 mg
	A9590	Iodine i-131, iobenguane, 1 millicurie
	A9591	Fluoroestradiol f 18, diagnostic, 1 millicurie
	A9592	Copper cu-64, dotatate, diagnostic, 1 millicurie
	A9593	Gallium ga-68 psma-11, diagnostic, (ucsf), 1 millicurie
	A9594	Gallium ga-68 psma-11, diagnostic, (ucla), 1 millicurie
	A9595	Piflufolastat f-18, diagnostic, 1 millicurie
	A9596	Gallium ga-68 gozetotide, diagnostic, (illucix), 1 millicurie
	A9597	Positron emission tomography radiopharmaceutical, diagnostic, for tumor identification, not otherwise classified
	A9598	Positron emission tomography radiopharmaceutical, diagnostic, for non-tumor identification, not otherwise classified
Medicare Part B Rx and Home Infusion Drugs	A9600	Strontium sr-89 chloride, therapeutic, per millicurie
	A9601	Flortaucipir f 18 injections, diagnostic, 1 millicurie
	A9602	Fluorodopa f-18, diagnostic, per millicurie
	A9603	Injection, pafolacianine, 0.1 mg
	A9604	Samarium sm-153 leixidronam, therapeutic, per treatment dose, up to 150 millicuries
	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
	A9697	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose
	A9698	Non-radioactive contrast imaging material, not otherwise classified, per study
	A9699	Radiopharmaceutical, therapeutic, not otherwise classified
	A9700	Supply of injectable contrast material for use in echocardiography, per study
	A9800	Gallium ga-68 gozetotide, diagnostic, (locametz), 1 millicurie


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Service	Codes	Description
	J0129	Injection, abatacept, 10 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
	J0131	Injection, acetaminophen, not otherwise specified, 10 mg
	J0172	Injection, aducanumab-avwa, 2 mg
	J0174	Injection, lecanemab-irmb, 1 mg
	J0177	Injection, aflibercept hd, 1 mg
	J0178	Injection, aflibercept, 1 mg
	J0179	Injection, brolucizumab-dbl, 1 mg
	J0180	Injection, agalsidase beta, 1 mg
	J0202	Injection, alemtuzumab, 1 mg
	J0218	Injection, olipudase alfa-rpcp, 1 mg
	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
	J0221	Injection, alglucosidase alfa, (lumizyme), 10 mg
	J0222	Injection, patisiran, 0.1 mg
	J0223	Injection, givosiran, 0.5 mg
	J0224	Injection, lumasiran, 0.5 mg
	J0225	Injection, vutrisiran, 1 mg
	J0256	Injection, alpha 1 proteinase inhibitor (human), not otherwise specified, 10 mg
	J0257	Injection, alpha 1 proteinase inhibitor (human), (glassia), 10 mg
	J0401	Injection, aripiprazole, extended release, 1 mg
	J0402	Injection, aripiprazole (abilify asimtufii), 1 mg
	J0490	Injection, belimumab, 10 mg
	J0491	Injection, anifrolumab-fnia, 1 mg
	J0517	Injection, benralizumab, 1 mg
Medicare Part B Rx and Home Infusion Drugs	J0577	Injection, buprenorphine extended-release (brixadi), less than or equal to 7 days of therapy
	J0578	Injection, buprenorphine extended release (brixadi), greater than 7 days and up to 28 days of therapy
	J0584	Injection, burosumab-twza 1 mg
	J0585	Injection, onabotulinumtoxin, 1 unit
	J0586	Injection, abobotulinumtoxin, 5 units
	J0587	Injection, rimabotulinumtoxinb, 100 units
	J0588	Injection, incobotulinumtoxin a, 1 unit
	J0592	Injection, buprenorphine hydrochloride, 0.1 mg
	J0595	Injection, butorphanol tartrate, 1 mg
	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
	J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units


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Service	Codes	Description
	J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units
	J0630	Injection, calcitonin salmon, up to 400 units
	J0638	Injection, canakinumab, 1 mg
	J0714	Injection, ceftazidime and avibactam, 0.5 g/0.125 g
	J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
	J0725	Injection, chorionic gonadotropin, per 1,000 usp units
	J0735	Injection, clonidine hydrochloride, 1 mg
	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
	J0791	Injection, crizanlizumab-tmca, 5 mg
	J0801	Injection, corticotropin (acthar gel), up to 40 units
	J0802	Injection, corticotropin (ani), up to 40 units
	J0834	Injection, cosyntropin, 0.25 mg
	J0881	Injection, darbepoetin alfa, 1 microgram (non-esrd use)
	J0882	Injection, darbepoetin alfa, 1 microgram (for esrd on dialysis)
	J0885	Injection, epoetin alfa, (for non-esrd use), 1000 units
	J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)
	J0888	Injection, epoetin beta, 1 microgram, (for non esrd use)
	J0894	Injection, decitabine, 1 mg
	J0896	Injection, luspatercept-aamt, 0.25 mg
	J0897	Injection, denosumab, 1 mg
	J1265	Injection, dopamine hcl, 40 mg
	J1270	Injection, doxercalciferol, 1 mcg
	J1290	Injection, ecallantide, 1 mg
	J1300	Injection, eculizumab, 10 mg
	J1301	Injection, edaravone, 1 mg
	J1302	Injection, sutimlimab-jome, 10 mg
Medicare Part B Rx and Home Infusion Drugs	J1303	Injection, ravulizumab-cwvz, 10 mg
	J1304	Injection, tofersen, 1 mg
	J1305	Injection, evinacumab-dgnb, 5mg
	J1306	Injection, inclisiran, 1 mg
	J1322	Injection, elosulfase alfa, 1 mg
	J1323	Injection, elranatamab-bcmm, 1 mg
	J1325	Injection, epoprostenol, 0.5 mg
	J1440	Fecal microbiota, live - jsml, 1 ml
	J1442	Injection, filgrastim (g-csf), excludes biosimilars, 1 microgram
	J1448	Injection, trilaciclib, 1mg
	J1449	Injection, eflapegrastim-xnst, 0.1 mg
	J1458	Injection, galsulfase, 1 mg


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Service	Codes	Description
	J1460	Injection, gamma globulin, intramuscular, 1 cc
	J1551	Injection, immune globulin (cutaquis), 100 mg
	J1555	Injection, immune globulin (cuvitru), 100 mg
	J1558	Injection, immune globulin (xembify), 100 mg
	J1560	Injection, gamma globulin, intramuscular, over 10 cc
	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
	J1571	Injection, hepatitis b immune globulin (hepagam b), intramuscular, 0.5 ml
	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
	J1596	Injection, glycopyrrolate, 0.1 mg
	J1602	Injection, golimumab, 1 mg, for intravenous use
	J1640	Injection, hemin, 1 mg
	J1740	Injection, ibandronate sodium, 1 mg
	J1743	Injection, idursulfase, 1 mg
	J1745	Injection, infliximab, excludes biosimilar, 10 mg
	J1746	Injection, ibalizumab-uiyk, 10 mg
	J1747	Injection, spesolimab-sbzo, 1 mg
	J1750	Injection, iron dextran, 50 mg
	J1786	Injection, imiglucerase, 10 units
	J1823	Injection, inebilizumab-cdon, 1 mg
	J1931	Injection, laronidase, 0.1 mg
	J1932	Injection, lanreotide, (cipla), 1 mg
	J1943	Injection, aripiprazole lauroxil, (aristada initio), 1 mg
	J1944	Injection, aripiprazole lauroxil, (aristada), 1 mg
	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 mg
	J1952	Leuprolide injectable, camcevi, 1 mg
Medicare Part B Rx and Home Infusion Drugs	J1954	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg
	J2182	Injection, mepolizumab, 1 mg
	J2278	Injection, ziconotide, 1 microgram
	J2323	Injection, natalizumab, 1 mg
	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
	J2329	Injection, ublituximab-xiyy, 1mg
	J2350	Injection, ocrelizumab, 1 mg
	J2356	Injection, tezepelumab-ekko, 1 mg
	J2357	Injection, omalizumab, 5 mg
	J2427	Injection, paliperidone palmitate extended release (invega hafyera, or invega trinza), 1 mg


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Service	Codes	Description
	J2430	Injection, pamidronate disodium, per 30 mg
	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
	J2507	Injection, pegloticase, 1 mg
	J2597	Injection, desmopressin acetate, per 1 mcg
	J2679	Injection, fluphenazine hcl, 1.25 mg
	J2760	Injection, phentolamine mesylate, up to 5 mg
	J2777	Injection, faricimab-svoa, 0.1 mg
	J2778	Injection, ranibizumab, 0.1 mg
	J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg
	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
	J2782	Injection, avacincaptad pegol, 0.1 mg
	J2786	Injection, reslizumab, 1 mg
	J2799	Injection, risperidone (uzedy), 1 mg
	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
	J3032	Injection, eptinezumab-jjmr, 1 mg
	J3055	Injection, talquetamab-tgvs, 0.25 mg
	J3060	Injection, taliglucerase alfa, 10 units
	J3111	Injection, romosozumab-aqqg, 1 mg
	J3121	Injection, testosterone enanthate, 1 mg
	J3145	Injection, testosterone undecanoate, 1 mg
	J3241	Injection, teprotumumab-trbw, 10 mg
	J3245	Injection, tildrakizumab, 1 mg
	J3262	Injection, tocilizumab, 1 mg
	J3315	Injection, triptorelin pamoate, 3.75 mg
	J3357	Ustekinumab, for subcutaneous injection, 1 mg
	J3358	Ustekinumab, for intravenous injection, 1 mg
	J3380	Injection, vedolizumab, intravenous, 1 mg
	J3385	Injection, velaglucerase alfa, 100 units
	J3396	Injection, verteporfin, 0.1 mg
Medicare Part B Rx and Home Infusion Drugs	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
	J3473	Injection, hyaluronidase, recombinant, 1 usp unit
	J3486	Injection, ziprasidone mesylate, 10 mg
	J3489	Injection, zoledronic acid, 1 mg
	J7170	Injection, emicizumab-kxwh, 0.5 mg
	J7175	Injection, factor x, (human), 1 i.u.
	J7177	Injection, human fibrinogen concentrate (fibryga), 1 mg
	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg


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Service	Codes	Description
	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
	J7189	Factor viia (antihemophilic factor, recombinant), (novoseven rt), 1 microgram
	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.
	J7210	Injection, factor viii, (antihemophilic factor, recombinant), (afstyla), 1 i.u.
	J7211	Injection, factor viii, (antihemophilic factor, recombinant), (kovaltry), 1 i.u.
	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
	J7214	Injection, factor viii/von willebrand factor complex, recombinant (altuviio), per factor viii i.u.
	J7308	Aminolevulinic acid HCl for topical administration, 20%, single unit dosage form (354 mg)
	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
	J7318	Hyaluronan or derivative, durolane, for intra-articular injection, 1 mg
	J7320	Hyaluronan or derivative, genvisc 850, for intra-articular injection, 1 mg
	J7321	Hyaluronan or derivative, hyalgan, supartz or visco-3, for intra-articular injection, per dose
	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
	J7323	Hyaluronan or derivative, Euflexxa, for intra-articular injection, per dose
Medicare Part B Rx and Home Infusion Drugs	J7324	Hyaluronan or derivative, Orthovisc, for intra-articular injection, per dose
	J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular injection, 1 mg
	J7326	Hyaluronan or derivative, gel-one, for intra-articular injection, per dose
	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose


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Service	Codes	Description
	J7328	Hyaluronan or derivative, gelsyn-3, for intra-articular injection, 0.1 mg
	J7329	Hyaluronan or derivative, trivisc, for intra-articular injection, 1 mg
	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
	J7336	Capsaicin 8% patch, per square centimeter
	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
	J7345	Aminolevulinic acid hcl for topical administration, 10% gel, 10 mg
	J7351	Injection, bimatoprost, intracameral implant, 1 microgram
	J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms
	J7639	Dornase alfa, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, per milligram
	J7674	Methacholine chloride administered as inhalation solution through a nebulizer, per 1 mg
	J7677	Revefenacin inhalation solution, FDA-approved final product, non-compounded, administered through DME, 1 microgram
	J7682	Tobramycin, inhalation solution, FDA-approved final product, non-compounded, unit dose form, administered through DME, per 300 milligrams
	J7684	Triamcinolone, inhalation solution, compounded product, administered through DME, unit dose form, per mg
	J8530	Cyclophosphamide; oral, 25 mg
	J8560	Etoposide; oral, 50 mg
	J8610	Methotrexate; oral, 2.5 mg
	J8700	Temozolomide, oral, 5 mg
	J8705	Topotecan, oral, 0.25 mg
	J9000	Injection, doxorubicin hydrochloride, 10 mg
	J9017	Injection, arsenic trioxide, 1 mg
	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
	J9022	Injection, atezolizumab, 10 mg
	J9023	Injection, avelumab, 10 mg
	J9025	Injection, azacitidine, 1 mg
	J9027	Injection, clofarabine, 1 mg
	J9029	Intravesical instillation, nadofaragene firadenovec-vnecg, per therapeutic dose
	J9030	Bcg live intravesical instillation, 1 mg
	J9032	Injection, belinostat, 10 mg


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Service	Codes	Description
Medicare Part B Rx and Home Infusion Drugs	J9033	Injection, bendamustine hcl (treanda), 1 mg
	J9034	Injection, bendamustine hcl (bendeka), 1 mg
	J9035	Injection, bevacizumab, 10 mg
	J9036	Injection, bendamustine hydrochloride, (belrapzo/bendamustine), 1 mg
	J9039	Injection, blinatumomab, 1 microgram
	J9040	Injection, bleomycin sulfate, 15 units
	J9041	Injection, bortezomib, 0.1 mg
	J9042	Injection, brentuximab vedotin, 1 mg
	J9043	Injection, cabazitaxel, 1 mg
	J9045	Injection, carboplatin, 50 mg
	J9047	Injection, carfilzomib, 1 mg
	J9049	Injection, bortezomib (hospira), not therapeutically equivalent to j9041, 0.1 mg
	J9050	Injection, carmustine, 100 mg
	J9052	Injection, carmustine (accord), not therapeutically equivalent to j9050, 100 mg
	J9055	Injection, cetuximab, 10 mg
	J9060	Injection, cisplatin, powder or solution, 10 mg
	J9061	Injection, amivantamab-vmjw, 2 mg
	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
	J9065	Injection, cladribine, per 1 mg
	J9071	Injection, cyclophosphamide (auromedics), 5 mg
	J9073	Injection, cyclophosphamide (ingenus), 5 mg
	J9075	Injection, cyclophosphamide, not otherwise specified, 5 mg
	J9100	Injection, cytarabine, 100 mg
	J9118	Injection, calaspargase pegol-mknl, 10 units
	J9119	Injection, cemiplimab-rwlc, 1 mg
	J9120	Injection, dactinomycin, 0.5 mg
	J9130	Dacarbazine, 100 mg
	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
	J9145	Injection, daratumumab, 10 mg
	J9150	Injection, daunorubicin, 10 mg
	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
	J9155	Injection, degarelix, 1 mg
	J9171	Injection, docetaxel, 1 mg
	J9173	Injection, durvalumab, 10 mg
	J9176	Injection, elotuzumab, 1 mg
	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
	J9178	Injection, epirubicin hcl, 2 mg


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Service	Codes	Description
Medicare Part B Rx and Home Infusion Drugs	J9179	Injection, eribulin mesylate, 0.1 mg
	J9181	Injection, etoposide, 10 mg
	J9185	Injection, fludarabine phosphate, 50 mg
	J9190	Injection, fluorouracil, 500 mg
	J9196	Injection, gemcitabine hydrochloride (accord), not therapeutically equivalent to j9201, 200 mg
	J9200	Injection, floxuridine, 500 mg
	J9201	Injection, gemcitabine hydrochloride, not otherwise specified, 200 mg
	J9202	Goserelin acetate implant, per 3.6 mg
	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
	J9204	Injection, mogamulizumab-kpkc, 1 mg
	J9205	Injection, irinotecan liposome, 1 mg
	J9206	Injection, irinotecan, 20 mg
	J9207	Injection, ixabepilone, 1 mg
	J9208	Injection, ifosfamide, 1 gram
	J9209	Injection, mesna, 200 mg
	J9210	Injection, emapalumab-lzsg, 1 mg
	J9211	Injection, idarubicin hydrochloride, 5 mg
	J9217	Leuprolide acetate (for depot suspension), 7.5 mg
	J9218	Leuprolide acetate, per 1 mg
	J9223	Injection, lurbinectedin, 0.1 mg
	J9226	Histrelin implant (supprelin la), 50 mg
	J9227	Injection, isatuximab-irfc, 10 mg
	J9228	Injection, ipilimumab, 1 mg
	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
	J9245	Injection, melphalan hydrochloride, not otherwise specified, 50 mg
	J9246	Injection, melphalan (evomela), 1 mg
	J9260	Injection, methotrexate sodium, 50 mg
	J9261	Injection, nelarabine, 50 mg
	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
	J9263	Injection, oxaliplatin, 0.5 mg
	J9264	Injection, paclitaxel protein-bound particles, 1 mg
	J9266	Injection, pegaspargase, per single dose vial
	J9267	Injection, paclitaxel, 1 mg
	J9268	Injection, pentostatin, 10 mg
	J9269	Injection, tagraxofusp-erzs, 10 micrograms
	J9271	Injection, pembrolizumab, 1 mg
	J9272	Injection, dostarlimab-gxly, 10 mg
	J9273	Injection, tisotumab vedotin-tftv, 1 mg


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Service	Codes	Description
Medicare Part B Rx and Home Infusion Drugs	J9274	Injection, tebentafusp-tebn, 1 microgram
	J9280	Injection, mitomycin, 5 mg
	J9281	Mitomycin pyelocalyceal instillation, 1 mg
	J9286	Injection, glofitamab-gxbm, 2.5 mg
	J9293	Injection, mitoxantrone hydrochloride, per 5 mg
	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
	J9295	Injection, necitumumab, 1 mg
	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
	J9299	Injection, nivolumab, 1 mg
	J9301	Injection, obinutuzumab, 10 mg
	J9303	Injection, panitumumab, 10 mg
	J9304	Injection, pemetrexed (pemfexy), 10 mg
	J9305	Injection, pemetrexed, not otherwise specified, 10 mg
	J9306	Injection, pertuzumab, 1 mg
	J9307	Injection, pralatrexate, 1 mg
	J9308	Injection, ramucirumab, 5 mg
	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
	J9311	Injection, rituximab 10 mg and hyaluronidase
	J9312	Injection, rituximab, 10 mg
	J9314	Injection, pemetrexed (teva) not therapeutically equivalent to j9305, 10 mg
	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
	J9319	Injection, romidepsin, lyophilized, 0.1 mg
	J9321	Injection, epcoritamab-bysp, 0.16 mg
	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
	J9328	Injection, temozolomide, 1 mg
	J9330	Injection, temsirolimus, 1 mg
	J9331	Injection, sirolimus protein-bound particles, 1 mg
	J9332	Injection, efgartigimod alfa-fcab, 2mg
	J9333	Injection, rozanolixizumab-noli, 1 mg
	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
	J9340	Injection, thiotepe, 15 mg
	J9345	Injection, retifanlimab-dlwr, 1 mg
	J9347	Injection, tremelimumab-actl, 1 mg
	J9348	Injection, naxitamab-gqgk, 1 mg


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Service	Codes	Description
Medicare Part B Rx and Home Infusion Drugs	J9349	Injection, tafasitamab-cxix, 2 mg
	J9350	Injection, mosunetuzumab-axgb, 1 mg
	J9351	Injection, topotecan, 0.1 mg
	J9352	Injection, trabectedin, 0.1 mg
	J9353	Injection, margetuximab-cmkb, 5 mg
	J9354	Injection, ado-trastuzumab emtansine, 1 mg
	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
	J9357	Injection, valrubicin, intravesical, 200 mg
	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
	J9360	Injection, vinblastine sulfate, 1 mg
	J9370	Vincristine sulfate, 1 mg
	J9380	Injection, teclistamab-cqyv, 0.5 mg
	J9390	Injection, vinorelbine tartrate, 10 mg
	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
	J9395	Injection, fulvestrant, 25 mg
	J9400	Injection, ziv-aflibercept, 1 mg
	Q0138	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (non-esrd use)
	Q0139	Injection, ferumoxytol, for treatment of iron deficiency anemia, 1 mg (for esrd on dialysis)
	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2042	Tisagenlecleucel, up to 600 million car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells,


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Service	Codes	Description
		including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare Part B Rx and Home Infusion Drugs	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
	Q4074	Iloprost, inhalation solution, FDA-approved final product, non-compounded, administered through DME, unit dose form, up to 20 micrograms
	Q4081	Injection, epoetin alfa, 100 units (for esrd on dialysis)
	Q4101	Apligraf, per square centimeter
	Q4102	Oasis wound matrix, per square centimeter
	Q4103	Oasis burn matrix, per square centimeter
	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter
	Q4105	Integra dermal regeneration template (drt) or integra omnigraft dermal regeneration matrix, per square centimeter
	Q4108	Integra matrix, per square centimeter
	Q4111	Gammagraft, per square centimeter
	Q4114	Integra flowable wound matrix, injectable, 1 cc
	Q4118	Matristem micromatrix, 1 mg
	Q4121	Theraskin, per square centimeter
	Q4124	Oasis ultra tri-layer wound matrix, per square centimeter
	Q4126	Memoderm, dermaspan, tranzgraft or integuply, per square centimeter
	Q4128	Flex hd, or allopatch hd, per square centimeter
	Q4132	Grafix core and grafixpl core, per square centimeter
	Q4133	Grafix prime, grafixpl prime, stravix and stravixpl, per square centimeter
	Q4137	Amnioexcel, amnioexcel plus or biodexcel, per square centimeter
	Q4141	Alloskin ac, per square centimeter
	Q4143	Repriza, per square centimeter
	Q4147	Architect, architect px, or architect fx, extracellular matrix, per square centimeter
	Q4150	Allowrap ds or dry, per square centimeter
	Q4151	Amnioband or guardian, per square centimeter
	Q4152	Dermasure, per square centimeter
	Q4153	Dermavest and plurivest, per square centimeter
	Q4154	Biovance, per square centimeter
	Q4159	Affinity, per square centimeter


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Service	Codes	Description
	Q4160	Nushield, per square centimeter
	Q4163	Woundex, bioskin, per square centimeter
	Q4164	Helicoll, per square centimeter
	Q4166	Cytal, per square centimeter
	Q4168	Amnioband, 1 mg
	Q4170	Cygnus, per square centimeter
Medicare Part B Rx and Home Infusion Drugs	Q4171	Interfyl, 1 mg
	Q4173	Palingen or palingen xplus, per square centimeter
	Q4175	Miroderm, per square centimeter
	Q4178	Floweramniopatch, per square centimeter
	Q4180	Revita, per square centimeter
	Q4184	Cellesta or cellesta duo, per square centimeter
	Q4186	Epifix, per square centimeter
	Q4187	Epicord, per square centimeter
	Q4188	Amnioarmor, per square centimeter
	Q4190	Artacent ac, per square centimeter
	Q4191	Restorigin, per square centimeter
	Q4197	Puraply xt, per square centimeter
	Q4199	Cygnus matrix, per square centimeter
	Q4203	Derma-gide, per square centimeter
	Q4205	Membrane graft or membrane wrap, per square centimeter
	Q4217	Woundfix, biowound, woundfix plus, biowound plus, woundfix xplus or biowound xplus, per square centimeter
	Q4221	Amniowrap2, per square centimeter
	Q4222	Progenamatrix, per square centimeter
	Q4231	Corplex p, per cc
	Q4232	Corplex, per square centimeter
	Q4235	Amniorepair or altipty, per square centimeter
	Q4238	Derm-maxx, per square centimeter
	Q4246	Coretext or protext, per cc
	Q4247	Amniotext patch, per square centimeter
	Q4248	Dermacyte amniotic membrane allograft, per square centimeter
	Q4258	Enverse, per square centimeter
	Q4259	Celera dual layer or celera dual membrane, per square centimeter
	Q4262	Dual layer impax membrane, per square centimeter
	Q4263	Surgraft tl, per square centimeter
	Q4267	Neostim dl, per square centimeter
	Q4271	Complete ft, per square centimeter
	Q4278	Epieffect, per square centimeter
	Q4281	Barrera sl or barrera dl, per square centimeter


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Service	Codes	Description
	Q4282	Cygnus dual, per square centimeter
	Q4283	Biovance tri-layer or biovance 3l, per square centimeter
	Q4310	Procenta, per 100 mg
	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
	Q5105	Injection, epoetin alfa-epbx, biosimilar, (retacrit) (for esrd on dialysis), 100 units
Medicare Part B Rx and Home Infusion Drugs	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
	Q5111	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg
	Q5112	Injection, trastuzumab-dttb, biosimilar, (ontruzant), 10 mg
	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
	Q5114	Injection, trastuzumab-dkst, biosimilar, (ogivri), 10 mg
	Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg
	Q5123	Injection, rituximab-arxx, biosimilar, (riabni), 10 mg
	Q5124	Injection, ranibizumab-nuna, biosimilar, (byooviz), 0.1 mg
	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
	Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg
	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
	Q9950	Injection, sulfur hexafluoride lipid microspheres, per ml
	Q9956	Injection, octafluoropropane microspheres, per ml
	Q9957	Injection, perflutren lipid microspheres, per ml
	Q9991	Injection, buprenorphine extended-release (sublocade), less than or equal to 100 mg
	Q9992	Injection, buprenorphine extended-release (sublocade), greater than 100 mg
Occupational Therapy Services / Physical Therapy and Speech-language Pathology	92507	Speech/hearing therapy
	92508	Speech/hearing therapy
	92521	Evaluation of speech fluency
	92522	Evaluate speech production
	92523	Speech sound lang comprehen
	92524	Behavral qualit analys voice
	92597	Oral speech device eval
	92607	Ex for speech device rx 1hr
	92609	Use of speech device service
	97010	Application modality 1/> areas hot/cold packs
	97012	Mechanical traction therapy


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Service	Codes	Description
Occupational Therapy Services / Physical Therapy and Speech-language Pathology	97016	Vasopneumatic device therapy
	97018	Paraffin bath therapy
	97022	Whirlpool therapy
	97024	Diathermy eg microwave
Occupational Therapy Services / Physical Therapy and Speech-language Pathology	97026	Infrared therapy
	97028	Ultraviolet therapy
	97032	Electrical stimulation
	97033	Electric current therapy
	97034	Contrast bath therapy
	97035	Ultrasound therapy
	97036	Hydrotherapy
	97110	Therapeutic exercises
	97112	Neuromuscular reeducation
	97113	Aquatic therapy/exercises
	97116	Gait training therapy
	97124	Massage therapy
	97140	Manual therapy
	97150	Group therapeutic procedures
	97161	PT EVAL LOW COMPLEX 20 MIN
	97162	PT EVAL MOD COMPLEX 30 MIN
	97163	PT EVAL HIGH COMPLEX 45 MIN
	97164	PT RE-EVAL EST PLAN CARE
	97165	OT EVAL LOW COMPLEX 30 MIN
	97166	OT EVAL MOD COMPLEX 45 MIN
	97167	OT EVAL HIGH COMPLEX 60 MIN
	97168	OT RE-EVAL EST PLAN CARE
	97530	Therapeutic activities
	97533	Sensory integration
	97535	Self care mngment training
	97537	Community/work reintegration
	97542	Wheelchair mngment training
	97750	Physical performance test
	97755	Assistive technology assess
	97760	Orthotic mgmt and training
	97761	Prosthetic training
	97763	C/o for orthotic/prosth use
	G0281	Elec stim unattend for press
	G0283	Elec stim other than wound
	G0329	Electromagntic tx for ulcers


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Service	Codes	Description
Outpatient Diagnostic Procedures / Tests and Lab	22116	Prtl exc vrt bdy bly les w/o spi cord 1 sgm ea
	22207	Osteotomy spine posterior 3 column lumbar
	22212	Osteotomy spine pst/pstlat appr 1 vrt sgm thrc
	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2
Outpatient Diagnostic Procedures / Tests and Lab	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace
	22590	Arthrodesis posterior craniocervical
	22595	Arthrodesis posterior atlas-axis c1-c2
	22800	Arthrodesis posterior spinal dfrm up 6 vrt seg
	22804	Arthrodesis posterior spinal dfrm 13/> vrt seg
	22844	Posterior segmental instrumentation 13/> vrt se
	22848	Pelvic fixation other than sacrum
	22869	Insj stablj dev w/o dcmpn lumbar single level
	22870	Insj stablj dev w/o dcmpn lumbar second level
	27137	Revj tot hip arthrp actblr w/wo agrft/algrft
	27138	Revj tot hip arthrp fem only w/wo algrft
	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
	43644	Lap gastric bypass/roux-en-y
	43645	Lap gastr bypass incl smll i
	43770	Lap place gastr adj device
	43771	Lap revise gastr adj device
	43772	Lap rmvl gastr adj device
	43773	Lap replace gastr adj device
	43774	Lap rmvl gastr adj all parts
	43775	Lap sleeve gastrectomy
	43843	Gastroplasty w/o v-band
	43845	Gastroplasty duodenal switch
	43846	Gastric bypass for obesity
	43847	Gastric bypass incl small i
	43848	Revision gastroplasty
	43880	Repair stomach-bowel fistula
	43886	Revise gastric port open
	43887	Remove gastric port open
	43888	Change gastric port open


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Service	Codes	Description
	50360	Renal altnrsplj impltj grf w/o rcp nephrectomy
	50370	Rmvl trnspld renal allograft
	55250	Vasectomy uni/bi spx w/postop semen exams
	63003	Laminectomy w/o ffd 1/2 vert seg thoracic
	63005	Laminectomy w/o ffd 1/2 vert seg lumbar
	63011	Laminectomy w/o ffd 1/2 vert seg sacral
	63012	Laminectomy w/rmvl abnormal facets lumbar
	63016	Laminectomy w/o ffd > 2 vert seg thoracic
	63017	Laminectomy w/o ffd > 2 vert seg lumbar
Outpatient Diagnostic Procedures / Tests and Lab	63052	LAM FACETC/FRMT ARTHRD LUM 1
	63053	LAM FACTC/FRMT ARTHRD LUM EA
	63276	Laminectomy bx/exc ispi neo xdrl thoracic
	63280	Lam bx/exc ispi neo idrl xmed cervical
	63281	Lam bx/exc ispi neo idrl xmed thoracic
	63650	Percutaneous implantation of neurostimulator electrode array, epidural
	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level
	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s)
	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level
	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s)
	64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint


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Service	Codes	Description
	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint
	64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint
	65710	Keratoplasty anterior lamellar
	65750	Keratoplasty penetrating aphakia
	65755	Keratoplasty penetrating pseudophakia
	65756	Keratoplasty endothelial
Outpatient Diagnostic Procedures / Tests and Lab	65780	Ocular surface reconstruction amniotic membrane
	77263	Therapeutic radiology tx planning complex
	77280	Ther rad simulaj-aided field setting simple
	77290	Ther rad simulaj-aided field setting complex
	77293	RESPIRATORY MOTION MANAGEMENT SIMULATION
	77295	3-D RADIOTHERAPY PLAN DOSE-VOLUME HISTOGRAMS
	77300	Basic radiation dosimetry calculation
	77301	Ntsty modul radthx pln dose-vol histos
	77307	TELETHX ISODOSE PLN CPLX W/BASIC DOSIMETRY
	77316	BRACHYTX ISODOSE PLN SMPL W/DOSIMETRY CAL
	77317	BRACHYTX ISODOSE PLN INTERMED W/DOSIMETRY CAL
	77318	BRACHYTX ISODOSE PLN CPLX W/DOSIMETRY CAL
	77331	Spec dosim only prescribed treating phys
	77332	Tx devices design & construction simple
	77334	Tx devices design & construction complex
	77336	Continuing medical physics consltj pr wk
	77338	Mlc imrt design & construction per imrt plan
	77370	Spec medical radj physics consltj
	77417	Therapeutic radiology port films
	77427	Radiation treatment management 5 treatments
	77431	Radiation therapy mgmt 1/2 fractions only
	77435	Stereotactic body radiation management
	77470	Special treatment procedure
	77778	Interstitial radiation source applic complex
	77789	Surface application radiation source
	81105	Human platelet Antigen Genotyping (HPA 1), gene analysis, co


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Service	Codes	Description
	81106	Human platelet Antigen 2 Genotyping gene analysis, common va
	81107	Human Platelet Antigen 3 Genotyping gene analysis, common va
	81108	Human platelet Antigen 4 genotyping gene analysis, common v
	81109	Human platelet Antigen 5 genotyping, gen analysis
	81110	Human platelet Antigen 6 genotyping, gen analysis
	81111	Human platelet Antigen 9 genotyping, gen analysis
	81112	Human platelet Antigen 15 genotyping gen analysis common var
	81120	IDH1, common variants
	81121	IDH2, Commons variants
	81161	dmd duplication/deletion analysis
	81162	brca1&brca2 full seq analys/full dup/del analys
	81163	Tier 1 BRCA1 and BRCA2
	81164	Tier 1 BRCA1 and BRCA3
	81165	Tier 1 BRCA1 and BRCA4
Outpatient Diagnostic Procedures / Tests and Lab	81166	Tier 1 BRCA1 and BRCA5
	81167	Tier 1 BRCA1 and BRCA6
	81168	CCND1/IGH TRANSLOCATION ALYS MAJOR BP QUAL -QUAN
	81170	abl1 gene analysis kinase domain variants
	81171	AFF2 Gene
	81172	AFF2 Gene
	81173	AR Gene Series
	81175	ASXL1, Gene Analysis, full gene sequence
	81176	ASXL 1, Targeted sequence analysisG4:G4:H32
	81177	ATN1 Gene
	81178	ATXN Gene Series
	81179	ATXN Gene Series
	81180	ATXN Gene Series
	81181	ATXN Gene Series
	81182	ATXN Gene Series
	81183	ATXN Gene Series
	81184	CACNA1A Gene Series
	81185	CACNA1A Gene Series
	81186	CACNA1A Gene Series
	81187	CNPB Gene
	81188	CSTB Gene Series
	81189	CSTB Gene Series
	81190	CSTB Gene Series


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Service	Codes	Description
	81191	NTRK1 TRANSLOCATION ANALYSIS
	81192	NTRK2 TRANSLOCATION ANALYSIS
	81193	NTRK3 TRANSLOCATION ANALYSIS
	81194	NTRK TRANSLOCATION ANALYSIS
	81200	aspa gene analysis common variants
	81201	apc gene analysis full gene sequence
	81202	apc gene analysis known familial variants
	81203	apc gene analysis duplication/deletion variants
	81204	AR Gene Series
	81205	bckdhh gene analysis common variants
	81206	bcr/abl1 major breakpnt qualitative/quantitative
	81207	bcr/abl1 minor breakpnt qualitative/quantitative
	81208	bcr/abl1 other breakpnt qualitative/quantitative
	81209	blm gene analysis 2281del6ins7 variant
	81210	braf gene analysis v600e variant
	81212	brca1&brca2 anal 185delag5385insc/6174delt
	81215	brca1 gene analysis known familial variant
Outpatient Diagnostic Procedures / Tests and Lab	81216	brca2 gene analysis full sequence analysis
	81217	brca2 gene analysis known familial variant
	81218	cebpa gene analysis full gene sequence
	81219	calr gene analysis common variants in exon 9
	81220	cfr gene analysis common variants
	81221	cfr gene analysis known familial variants
	81222	cfr gene analysis duplication/deletion variants
	81223	cfr gene analysis full gene sequence
	81224	cfr gene analysis intron 8 poly-t analysis
	81225	cyp2c19 gene analysis common variants
	81226	cyp2d6 gene analysis common variants
	81227	cyp2c9 gene analysis common variants
	81228	cytogenom const microarray copy number variants
	81229	cytogenom const microarray copy number&snp var
	81230	CYP3A4, gene analysis, common variants
	81231	CYP3A5 gene anlysis, common variants
	81232	DPYD, gene anlysis , common variants
	81233	BTK Gene
	81234	DMPK Gene Series
	81235	egfr gene analysis common variants
	81236	EZH2 Gene Series
	81237	EZH2 Gene Series
	81238	F9 full gene sequence


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Service	Codes	Description
	81239	DMPK Gene Series
	81240	f2 gene analysis 20210g >a variant
	81241	f5 coagulation factor v anal leiden variant
	81242	fancc gene analysis common variant
	81243	fmr1 analysis eval to detect abnormal alleles
	81244	fmr1 gene analysis characterization of alleles
	81245	flt3 gene analysis internal tandem dup variants
	81246	FLT3 GENE ANALYSIS TYROSINE KINASE DOMAIN VARIANTS
	81247	G6PD gene analysis
	81248	G6PD known familial variants
	81249	G6PD full gene analysis
	81250	g6pc gene analysis common variants
	81251	gba glucosidase/beta/acid anal comm variants
	81252	gjb2 gene analysis full gene sequence
	81253	gjb2 gene analysis known familial variants
	81254	gjb6 gene analysis common variants
	81255	hexa gene analysis common variants
Outpatient Diagnostic Procedures / Tests and Lab	81256	hfe hemochromatosis gene anal common variants
	81257	hba1/hba2 analysis for common deletions/variant
	81258	HBA1/HBA2 gene analysis, common deletions
	81259	HBA1/HBA2, full gene sequence
	81260	ikbkp gene analysis common variants
	81261	igh@ rearrange abnormal clonal pop amplified
	81262	igh@ rearrange abnormal clonal pop direct probe
	81263	igh@ variable region somatic mutation analysis
	81264	igk@ gene rearrange detect abnormal clonal pop
	81265	comparative anal str markers patient&comp spec
	81266	comparative anal str markers ea addl specimen
	81267	chimerism w/comp to baseline w/o cell selection
	81268	chimerism w/comp to baseline w/cell selection ea
	81270	jak2 gene analysis p.val617phe variant
	81271	HTT Gene
	81272	kit gene analysis targeted sequence analysis
	81273	kit gene analysis d816 variant(s)
	81274	HTT Gene
	81275	kras gene analysis variants in codons 12 and 13
	81276	kras gene analysis additional variant(s)
	81277	Cytogenomic Neoplasia
	81278	IGH /BCL2 TLCJ ALYS MBR - MCR BP QUAL/QUAN
	81279	JAK2 TARGETED SEQUENCE ANALYSIS


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Service	Codes	Description
	81283	IFNL 3 gene analysis
	81284	FXN Gene Series
	81286	FXN Gene Series
	81287	MGMT METHYLATION ANALYSIS
	81288	MLH1 GENE ANALYSIS PROMOTER METHYLATION ANALYSIS
	81289	FXN Gene Series
	81290	mcoln1 mucolipin1 gene analysis common variants
	81291	methfr gene analysis common variants
	81292	mlh1 gene analysis full sequence analysis
	81293	mlh1 gene analysis known familial variants
	81294	mlh1 gene analysis duplication/deletion variants
	81295	msh2 gene analysis full sequence analysis
	81296	msh2 gene analysis known familial variants
	81297	msh2 gene analysis duplication/deletion variants
	81298	msh6 gene analysis full sequence analysis
	81299	msh6 gene analysis known familial variants
	81300	msh6 gene analysis duplication/deletion varia
Outpatient Diagnostic Procedures / Tests and Lab	81301	microsatellite instab anal mismatch repair def
	81302	mecp2 gene analysis full sequence
	81303	mecp2 gene analysis known familial variant
	81304	mecp2 gene analysis duplication/deletion variant
	81305	MYD88 Gene
	81306	NUDT15 Gene
	81307	PALB2 (Partner and localizer of BRCA2)
	81308	PALB2 (Partner and localizer of BRCA2)
	81309	PK3CA (phosphatidylinositol - 4, 5 -biphosphate 3 kinase, ca
	81310	npm1 nucleophosmin gene anal exon 12 variants
	81311	nras gene analysis variants in exon 2&3
	81312	PABPN1
	81313	PCA3/KLK3 PROSTATE SPECIFIC ANTIGEN RATIO
	81314	pdgfra gene analys targeted sequence analys
	81315	pml/raralpha common breakpoints qual/quant
	81316	pml/raralpha single breakpoint qual/quan
	81317	pms2 gene analysis full sequence
	81318	pms2 gene analysis known familial variants
	81319	pms2 gene analysis duplication/deletion variants
	81320	PLCG2
	81321	pten gene analysis full sequence analysis
	81322	pten gene analysis known familial variant
	81323	pten gene analysis duplication/deletion variant


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Service	Codes	Description
	81324	pmp22 gene anal duplication/deletion analysis
	81325	pmp22 gene analysis full sequence analysis
	81326	pmp22 gene analysis known familial variant
	81328	SLCO1B1 GENE ANALYSIS COMMON VARIANT
	81329	Tier 1 SMN1-SMN2
	81330	smpd1 gene analysis common variants
	81331	snrpn/ube3a methylation analysis
	81332	serpina1 gene analysis common variants
	81333	TGFBI
	81334	RUNX1 gene nalysis targeted sequence analysis
	81335	TMPT gene analysis common variants
	81336	Tier 1 SMN1-SMN3
	81337	Tier 1 SMN1-SMN4
	81338	MPL GENE ANALYSIS COMMON VARIANTS
	81339	MPL GENE ANALYSIS SEQUENCE ANALYSIS EXON 10
	81340	trb@ rearrangement anal amplification method
	81341	trb@ rearrangement anal direct probe methodology
Outpatient Diagnostic Procedures / Tests and Lab	81342	trg@ gene rearrangement analysis
	81343	PPP2R2B Gene
	81344	TBP
	81345	Tier 1 TERT
	81346	TYMS gene analysis
	81349	CYTOG ALYS CHRML ABNR LW-PS
	81350	ugt1a1 gene analysis common variants
	81351	TP53 GENE ANALYSIS FULL GENE SEQUENCE
	81352	TP53 GENE ANALYSIS TARGETED SEQUENCE ANALYSIS
	81353	TP53 GENE ANALYSIS KNOWN FAMILIAL VARIANT
	81355	vkorc1 gene analysis common variants
	81361	HBB,common variants
	81362	HBB,known familiar variants
	81364	HBB, full gene sequence
	81370	hla class i&ii low hla-a -b -c -drb1/3/4/5&dqb
	81371	HLA I&LI LOW RESOLUTION HLA-A -B&-DRB1
	81372	hla class i typing low resolution complete
	81373	hla class i typing low resolution one locus each
	81374	hla i low resolution one antigen equivalent each
	81375	hla ii low resolution hla-drb1/3/4/5 and -dqb1
	81376	hla class ii typing low resolution one locus ea
	81377	hla ii low resolution one antigen equivalent ea
	81378	hla i&ii high resolution hla-a -b -c and -drb1


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Service	Codes	Description
	81379	hla class i typing high resolution complete
	81380	hla class i typing high resolution one locus ea
	81381	hla i typing high resolution 1 allele/allele grp
	81382	hla class ii typing high resolution one locus ea
	81383	hla ii high resolution 1 allele/allele group
	81400	molecular pathology procedure level 1
	81401	molecular pathology procedure level 2
	81402	molecular pathology procedure level 3
	81403	molecular pathology procedure level 4
	81404	molecular pathology procedure level 5
	81405	molecular pathology procedure level 6
	81406	molecular pathology procedure level 7
	81407	molecular pathology procedure level 8
	81408	molecular pathology procedure level 9
	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQ ANALYS
	81432	hereditary brst ca-related gen seq analys 14 gen
	81435	HEREDITARY COLON CA GENOMIC SEQ ANALYS 7 GENES
Outpatient Diagnostic Procedures / Tests and Lab	81436	HEREDITARY COLON CA SYND DUP/DEL ANALYS 8 GENES
	81443	Panethnic genetic screen for severe conditions
	81445	TARGETED GENOMIC SEQ ANALYS DNA ANALYS 5-50 GENE
	81448	Hereditary peripheral neuropathies,related genes
	81450	GENOMIC SEQ ANALYS DNA&RNA ANALYS 5-50 GENE
	81455	GENOMIC SEQ ANALYS DNA&RNA ANALYS 51/MORE GENES
	81479	unlisted molelcular pathology procedure
	81504	ONCOLOGY TISSUE OF ORIGIN SIMILAR SCOR ALGORITHM
	81513	NFCT DS BACTERAL VAGINOSIS RNA VAGINAL-FLUID ALG
	81514	NFCT DS BCT VAGINOSIS -VAGINITIS DNA VAG FLU ALG
	81518	Oncology Breast mRNA gene expressions
	81519	ONCOLOGY BREAST MRNA GENE EXPRESSION 21 GENES
	81520	Oncology breast,utiling formalin- fixed embedded tissue, alg
	81521	Oncology breast,utilizing fresh frozen or formalin- fixed pa
	81522	Oncology breast


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Service	Codes	Description
	81523	ONC BRST MRNA 70 CNT 31 GENE
	81528	oncology colorectal screening quan 10 dna marks
	81529	ONC CUTAN MLNMA MRNA GENE XPRS PRFL 31 GENES ALG
	81541	Oncology (prostate), utilizing formalin- fixed parafin- emb
	81542	Oncology breast
	81546	ONC THYR MRNA 10,196 GENES FINE NDL ASPIRATE ALG
	81551	Oncology (prostate) as a likelihood of prostate cancer detect
	81552	Oncology (uveal melanoma)
	81554	PULM DS IPF MRNA 190 GENE TRANSBRONCHIAL BX ALG
	87631	iadna respiratory probe & rev trnscrip 3-5 targets
	87632	iadna respiratory probe & rev trnscrip 6-11 targets
	87633	iadna respiratory probe & rev trnscrip 12-25 target
	87634	Respiratory syncytial virus
	88245	chrmsm breakage baseline sister 20-25 cll
	88248	chrmsm breakage baseline breakage 50-100 cll
	88249	chrmsm breakage synds score 100 cll
	88261	chrmsm count 5 cell 1karyotype banding
	88262	chrmsm count 15-20 cll 2karyotyp banding
	88263	chrmsm count 45 cell mosaicism 2karyotype
	88264	chrmsm analyze 20-25 cells
	88267	chrmsm alys amniotic/villus 15 cell 1karyotype
	88269	chrmsm situ amniotic cll 6-12 colonies 1karyotyp
	88271	molecular cytogenetics dna probe each
	88272	molecular cytogenetics chrmmol ish 3-5 cells
	88273	molecular cytogenetics chrmmol ish 10-30 cll
Outpatient Diagnostic Procedures / Tests and Lab	88274	molecular cytogenetics interphase ish 25-99 cll
	88275	molec cytg interphase ish analyze 100-300 cll
	88280	chrmsm analysis addl karyotyp each study
	88283	chrmsm analysis addl specialized banding
	88285	chrmsm analysis addl cells counted each study
	88289	chrmsm analysis addl high resolution study
	88291	cytogenetics&molec cytogenetics interp&rep
	88299	unlisted cytogenetic study
	92960	Cardioversion, elective, electrical conversion of arrhythmia; external


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Service	Codes	Description
	93285	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional; subcutaneous cardiac rhythm monitor system
	93319	3D echocardiographic imaging and postprocessing during transesophageal echocardiography, or during transthoracic echocardiography for congenital cardiac anomalies, for the assessment of cardiac structure(s) (eg, cardiac chambers and valves, left atrial appendage, interatrial septum, interventricular septum) and function, when performed (List separately in addition to code for echocardiographic imaging)
	99183	phys/qhp attn&supvj hypobaric oxygen tx /session
	0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphism
	0006M	hepatic carcinoma tumor tissue mopath assay
	0007M	oncology gastro 51 genes nomogram disease index
	0047U	Oncology (prostate)
	0340U	ONC PAN CA ALYS MRD PLASMA
	G0166	External counterpulsation, per treatment session
	G0277	HBOT, FULL BODY CHAMBER, 30 MINUTE INTERVAL
	K0606	Automatic External Defibrillator, With Integrated Electrocardiogram Analysis, Garment Type
	K0607	Replacement battery for automated external defibrillator, garment type only, each
	K0608	Replacement garment for use with automated external defibrillator, each
	K0609	Replacement Electrodes for Use with Automated External Defibrillator, Garment Type Only, Each
Outpatient Diagnostic/ Radiological	70551	A magnetic resonance imaging (MRI) of the brain without contrast material
Outpatient Diagnostic/ Radiological	70552	Mri brain brain stem w/contrast material
	70553	An MRI of the brain performed with and without contrast material
	72141	An MRI of the cervical spinal canal and its contents without contrast material
	72142	Mri spinal canal cervical w/contrast matrl
	72146	Mri spinal canal thoracic w/o contrast matrl
	72147	Mri spinal canal thoracic w/contrast matrl
	72148	An MRI of the lumbar spinal canal and its contents without contrast material
	72149	Mri spinal canal lumbar w/contrast material
	72156	Mri spinal canal cervical w/o & w/contr matrl


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Service	Codes	Description
	72157	Mri spinal canal thoracic w/o & w/contr matrl
	72158	Mri spinal canal lumbar w/o &w/contr matrl
	77047	Bilateral breast MRI with contrast
	77048	MRI of one breast that includes both contrast and non-contrast imaging, along with computer-aided detection (CAD)
	77049	Bilateral breast MRI with and without contrast
	77078	ct bone minerl density study 1/> sits axial ske
	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability)
Outpatient Diagnostic/ Radiological	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan
	78434	Absolute quantitation of myocardial blood flow (AQMBF), positron emission tomography (PET), rest and pharmacologic stress (List separately in addition to code for primary procedure)
	78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study
	78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic)


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Service	Codes	Description
	78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic)
	78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
	78813	Positron emission tomography (PET) imaging; whole body
	78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)
	78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh
	78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body
	0559T	Anatomic model 3D-printed from image data set(s); first individually prepared and processed component of an anatomic structure
	0560T	Anatomic model 3D-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (List separately in addition to code for primary procedure)
	0561T	Anatomic guide 3D-printed and designed from image data set(s); first anatomic guide
	0562T	Anatomic guide 3D-printed and designed from image data set(s); each additional
Physician Specialist	11920	tattooing incl micropigmentation 6.0 cm/<
	11921	tattooing incl micropigmentation 6.1-20.0 cm
	11922	tattooing incl micropigmentation ea 20.0 cm
	11950	subcutaneous injection filling material 1 cc/<
	11951	subcutaneous injection filling matrl 1.1-5.0 cc
	11952	subcutaneous injection filling matrl 5.1-10.0cc
	11954	subcutaneous injection filling matrl > 10.0 cc
	15775	punch graft hair transplant 1-15 punch grafts
Physician Specialist	15776	punch graft hair transplant >15 punch grafts
	15780	dermabrasion total face
	15781	dermabrasion segmental face


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Service	Codes	Description
	15782	dermabrasion regional other than face
	15783	dermabrasion superficial any site
	15786	abrasion 1 lesion
	15787	abrasion each additional 4 lesions or less
	15788	Chemical peel facial epidermal
	15789	chemical peel facial dermal
	15792	Chemical peel nonfacial epidermal
	15793	chemical peel nonfacial dermal
	15820	blepharoplasty lower eyelid
	15821	blepharoplasty lower eyelid herniated fat pad
	15822	Blepharoplasty, upper eyelid
	15823	blepharoplasty upper eyelid w/excessive skin
	15824	rhytidectomy forehead
	15825	rhytidectomy neck w/platysmal tightening
	15826	rhytidectomy glabellar frown lines
	15828	rhytidectomy cheek chin&neck
	15829	rhytidectomy smas flap
	15830	Excision skin abd infraumbilical panniculectomy
	15832	excision excessive skin&subq tissue thigh
	15833	excision excessive skin&subq tissue leg
	15834	excision excessive skin&subq tissue hip
	15835	Excision excessive skin&subq tissue buttock
	15837	exc excessive skin&subq tissue forearm/hand
	15838	exc excsv skin&subq tissue submental fat pad
	15839	Excision excessive skin&subq tissue other area
	15847	excision excessive skin & subq tissue abdomen
	15876	suction assisted lipectomy head&neck
	15877	suction assisted lipectomy trunk
	15878	suction assisted lipectomy upper extremity
	15879	suction assisted lipectomy lower extremity
	17106	DESTRUCTION CUTANEOUS VASC PROLIFERATIVE <10CM
	17107	DSTRJ CUTANEOUS VASCULAR LESIONS 10.0-50.0 SQ CM
	17108	DSTRJ CUTANEOUS VASCULAR LESIONS >50.0 SQ CM
	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2) FOR ACNE
	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)
	17380	electrolysis epilation each 30 minutes
	19300	MASTECTOMY GYNECOMASTIA
Physician Specialist	19316	Mastopexy


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Service	Codes	Description
	19318	reduction mammaplasty
	19325	mammaplasty augmentation w/prosthetic implant
	19328	removal intact mammary implant
	19330	REMOVAL OF RUPTURED BREAST IMPLANT, INCLUDING IMPLANT CONTENTS (EG, SALINE, SILICONE GEL)
	19340	Insj breast implt sm d mast
	19342	Insj/rplcmt brst implt sep d
	19350	NIPPLE/AREOLA RECONSTRUCTION
	19355	CORRECTION OF INVERTED NIPPLES
	19357	Tiss xpndr plmt brst rcnstj
	19361	Brst rcnstj latsms drsi flap
	19364	Brst rcnstj free flap
	19367	Brst rcnstj 1 pdcl tram flap
	19368	Brst rcnstj 1pdcl tram anast
	19369	Brst rcnstj 2 pdcl tram flap
	19370	Revj peri-implt capsule brst
	19371	Peri-implt capsle brst compl
	19380	Revj reconstructed breast
	19396	Design custom breast implant
	20912	Cartilage graft; nasal septum
	20932	Allograft
	20933	Allograft
	20934	Allograft
	21210	Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)
	30400	rhinp prim lat&alar crtllgs&/elvt n nasal ti
	30410	rhinp prim complete xtrnl parts
	30420	rhinoplasty primary w/major septal repair
	30430	rhinoplasty secondary minor revision
	30435	rhinoplasty secondary intermediate revision
	30450	rhinoplasty secondary major revision
	30460	rhinp dfrm w/colum lngth tip only
	30462	rhinp dfrm colum lngth tip septum osteot
	30465	repair nasal vestibular stenosis
	30520	septoplasty/submucous resecj w/wo cartilage grf
	30540	repair choanal atresia intranasal
	30545	repair choanal atresia transpalatine
	30560	lysis intranasal synechia
	30620	septal/other intranasal dermatoplasty
	30630	repair nasal septal perforations


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Service	Codes	Description
Physician Specialist	32852	Lung transplant, single with cardiopulmonary bypass
	32854	Lung transplant, double (bilateral sequential or en bloc) with cardiopulmo
	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
	33928	Removal and replacement of total replacement heart system (artificial heart)
	33929	Removal of a total replacement heart system (artificial heart) for heart transplantation (List separately in addition to...
	33933	Backbench standard preparation of cadaver donor heart/lung allograft prior to transplantation, including dissection of a...
	33935	Heart-lung transplant with recipient cardiectomy-pneumonectomy
	33944	Backbench standard preparation of cadaver donor heart allograft prior to transplantation, including dissection of allogr...
	33945	Heart transplant, with or without recipient cardiectomy
	44137	Removal of transplanted intestinal allograft, complete
	44715	Backbench standard preparation of cadaver or living donor intestine allograft prior to transplantation, including mobili...
	44720	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation venous anastomosis, ea...
	44721	Backbench reconstruction of cadaver or living donor intestine allograft prior to transplantation arterial anastomosis, ...
	47135	Liver allotransplantation, orthotopic, partial or whole, from cadaver or living donor, any age
	47140	Donor hepatectomy (including cold preservation), from living donor left lateral segment only (segments II and III)
	47141	Donor hepatectomy (including cold preservation), from living donor total left lobectomy (segments II, III and IV)
	47142	Donor hepatectomy (including cold preservation), from living donor total right lobectomy (segments V, VI, VII and VIII)
	47143	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectom...
	47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectom...
	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectom...
	47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation arterial anastomosis, each
	48551	Backbench standard preparation of cadaver donor pancreas allograft prior to transplantation, including dissection of all...


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Service	Codes	Description
Physician Specialist	48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each
	48554	Transplantation of pancreatic allograft
	48556	Removal of transplanted pancreatic allograft
	50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic) prior to transplantation, includin...
	50380	Renal autotransplantation, reimplantation of kidney
	50547	Laparoscopy, surgical donor nephrectomy (including cold preservation), from living donor
	64612	Chemodenervation of muscle(s); muscle(s) innervated by facial nerve, unilateral (eg, for blepharospasm, hemifacial spasm)
	64615	Chemodenervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
	67900	Repair of brow ptosis (supraciliary, mid-forehead or coronal approach)
	67901	rpr blepharoptosis frontalis musc sutr/oth matr l
	67902	rpr blepharopt frontalis musc autol fascial sling
	67903	rpr blepharoptosis levator rescj/advmnt internal
	67904	rpr blepharoptosis levator rescj/advmnt xtrnl
	67906	rpr blepharoptosis superior rectus fascial sling
	67908	rpr blpos conjunctivo-tarso-musc-levator rescj
	67909	reduction overcorrection ptosis
	67911	correction lid retraction
	67912	corrj lagophthalmos impltj upr eyelid lid load
	67914	Repair eyelid defect
	67915	Repair eyelid defect
	67916	Repair eyelid defect
	67917	Repair eyelid defect
	67921	Repair eyelid defect
	67922	Repair eyelid defect
	67923	Repair eyelid defect
	67924	Repair eyelid defect
	67930	sutr wnd eyelid/margin/tarsus/conjunc prtl thick
	67935	sutr wnd eyelid/margin/tarsus/conjunc full thick
	67950	Canthoplasty
	67961	Excision & repair eyelid > one-fourth lid margin
	67966	Excision & repair eyelid one-fourth lid margin
	67971	rcnstj eyelid full thickness </two-thirds 1 stg
	67973	rcnstj eyelid full thickness lower eyelid 1 stg
	67974	rcnstj eyelid full thickness upper eyelid 1 stg


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Service	Codes	Description
	67975	rcnstj eyelid full thickness second stage
Physician Specialist	69300	otoplasty protruding ear w/wo size rdctj
	69320	rcnstj xtrnl aud canal congenital atresia 1 stg
	G0429	Dermal filler injections(s) for treatment of LDS
Prosthetic and/or Orthotic devices / procedures	L0631	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior And Posterior Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	L0635	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panel(S), Lateral Articulating Design To Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Anterior Panel, Pendulous Abdomen Design, Prefabricated, Includes Fitting And Adjustment
	L0636	Lumbar Sacral Orthosis, Sagittal-Coronal Control, Lumbar Flexion, Rigid Posterior Frame/Panels, Lateral Articulating Design to Flex The Lumbar Spine, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Anterior Panel, Pendulous Abdomen Design, Custom Fabricated
	L0637	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior And Posterior Frame/Panels, Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	L0638	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panels, Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs,


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Service	Codes	Description
		Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Custom Fabricated
Prosthetic and/or Orthotic devices / procedures	L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise
	L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	L0651	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures,


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Service	Codes	Description
		Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	L0830	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	L1005	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	L1680	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	L1685	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
Prosthetic and/or Orthotic devices / procedures	L1686	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
	L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated
	L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated


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Service	Codes	Description
	L1843	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by an Individual with Expertise
	L1844	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Custom Fabricated
	L1845	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, or Otherwise Customized to Fit a Specific Patient By An Individual with Expertise
	L1846	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Custom Fabricated
	L1847	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit A Specific Patient by an Individual with Expertise
Prosthetic and/or Orthotic devices / procedures	L1848	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf
	L1851	Knee Orthosis (Ko), Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1852	Knee Orthosis (Ko), Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1860	Knee Orthosis, Modification of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)
	L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf


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Service	Codes	Description
	L1907	Ankle Orthosis, Supramalleolar with Straps, With or Without Interface/Pads, Custom Fabricated
	L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber or Equal Material, Prefabricated, Includes Fitting and Adjustment
	L1940	Ankle Foot Orthosis, Plastic or Other Material, Custom-Fabricated
	L1945	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated
	L1950	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic, Custom-Fabricated
	L1951	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic or Other Material, Prefabricated, Includes Fitting and Adjustment
	L1960	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated
	L1970	Ankle Foot Orthosis, Plastic with Ankle Joint, Custom-Fabricated
	L2000	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	L2005	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated
	L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated
	L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
Prosthetic and/or Orthotic devices / procedures	L2034	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation Control, With or Without Free Motion Ankle, Custom Fabricated
	L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated


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	L2038	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	L2108	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated
	L2114	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi- Rigid, Prefabricated, Includes Fitting and Adjustment
	L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	L2126	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded to Patient Model, (Used for Ptb Afo Orthoses)
	L2510	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri-Lateral Brim, Molded to Patient Model
	L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded to Patient Model
	L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted
Prosthetic and/or Orthotic devices / procedures	L2570	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each
	L2580	Addition to Lower Extremity, Pelvic Control, Pelvic Sling
	L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each


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Service	Codes	Description
	L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint and Cables
	L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint and Cables
	L3330	Lift, Elevation, Metal Extension (Skate)
	L3671	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, With or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	L3720	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Free Motion, Custom-Fabricated
	L3730	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated
	L3740	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Adjustable Position Lock with Active Control, Custom-Fabricated
	L3763	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3764	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3765	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3766	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3900	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist or Finger Driven, Custom-Fabricated
	L3901	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- Fabricated
	L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom- Fabricated
Prosthetic and/or Orthotic devices / procedures	L3905	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment


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Service	Codes	Description
	L3960	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting and Adjustment
	L3961	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3962	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	L3967	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3971	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3973	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3976	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3977	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3978	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	L3981	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments
	L4010	Replace Trilateral Socket Brim
	L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model
	L4030	Replace Quadrilateral Socket Brim, Custom Fitted


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Service	Codes	Description
Prosthetic and/or Orthotic devices / procedures	L4130	Replace Pretibial Shell
	L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps And Closures, Custom Fabricated
	L5000	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	L5010	Partial foot, molded socket, ankle height, with toe filler
	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
	L5050	Ankle, symes, molded socket, sach foot
	L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	L5100	Below knee, molded socket, shin, sach foot
	L5105	Below knee, plastic socket, joints and thigh lacer, sach foot
	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
	L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	L5301	Below knee, molded socket, shin, sach foot, endoskeletal system
	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
	L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
	L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot


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Prosthetic and/or Orthotic devices / procedures	L5400	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	L5420	Immediate post surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	L5430	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl. Fitting, Alignment And Suspension, Ak Or Knee Disarticulation, Each Additional Cast Change And Realignment
	L5460	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee
	L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket
	L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5580	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket


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Service	Codes	Description
	L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model
	L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
Prosthetic and/or Orthotic devices / procedures	L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracadence system
	L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	L5613	Addition to lower extremity, endoskeletal system, above knee-knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	L5614	Addition to lower extremity, exoskeletal system, above knee-knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	L5638	Addition To Lower Extremity, Below Knee, Leather Socket
	L5639	Addition to lower extremity, below knee, wood socket
	L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket
	L5642	Addition To Lower Extremity, Above Knee, Leather Socket
	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	L5644	Addition To Lower Extremity, Above Knee, Wood Socket
	L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5647	Addition To Lower Extremity, Below Knee Suction Socket
	L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5649	Addition to lower extremity, ischial containment/narrow m-l socket


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Service	Codes	Description
	L5650	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
	L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
Prosthetic and/or Orthotic devices / procedures	L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	L5679	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not For Use With Locking Mechanism
	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
	L5682	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded
	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code L5673 or L5679)
	L5700	Replacement, socket, below knee, molded to patient model
	L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
	L5704	Custom Shaped Protective Cover, Below Knee
	L5705	Custom Shaped Protective Cover, Above Knee


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Service	Codes	Description
	L5706	Custom Shaped Protective Cover, Knee Disarticulation
	L5707	Custom shaped protective cover, hip disarticulation
	L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control
	L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control
	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
	L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
Prosthetic and/or Orthotic devices / procedures	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
	L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
	L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
	L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock
	L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	L5812	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)
	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
	L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control


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Service	Codes	Description
	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control
	L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
	L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
Prosthetic and/or Orthotic devices / procedures	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
	L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered and Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)
	L5920	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System
	L5930	Addition, endoskeletal system, high activity knee control frame
	L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic or Hydraulic Control, Rotation Control, With or Without Flexion And/Or Extension Control
	L5962	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System


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Service	Codes	Description
	L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
	L5973	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes power source
	L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)
	L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
	L5980	All lower extremity prostheses, flex foot system
	L5981	All lower extremity prostheses, flex-walk system or equal
	L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit
	L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability
Prosthetic and/or Orthotic devices / procedures	L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (Mcp Or Equal)
	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	L5990	Addition to lower extremity prosthesis, user adjustable heel height
	L7368	Lithium-Ion Battery Charger, Replacement Only
	L8035	Custom Breast Prosthesis, Post Mastectomy, Molded to Patient Model
Prosthetics / Medical Supplies	L0639	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized To Fit A Specific Patient By An Individual With Expertise


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Service	Codes	Description
	L0640	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Custom Fabricated
	L0648	Lumbar-Sacral Orthosis, Sagittal Control, With Rigid Anterior and Posterior Panels, Posterior Extends from Sacrococcygeal Junction To T-9 Vertebra, Produces Intracavitary Pressure to Reduce Load On The Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The- Shelf
	L0650	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, With Rigid Anterior and Posterior Frame/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Lateral Strength Provided By Rigid Lateral Frame/Panel(S), Produces Intracavitary Pressure To Reduce Load On Intervertebral Discs, Includes Straps, Closures, May Include Padding, Shoulder Straps, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
	L0651	Lumbar-Sacral Orthosis, Sagittal-Coronal Control, Rigid Shell(S)/Panel(S), Posterior Extends From Sacrococcygeal Junction To T-9 Vertebra, Anterior Extends From Symphysis Pubis To Xyphoid, Produces Intracavitary Pressure To Reduce Load On The Intervertebral Discs, Overall Strength Is Provided By Overlapping Rigid Material And Stabilizing Closures, Includes Straps, Closures, May Include Soft Interface, Pendulous Abdomen Design, Prefabricated, Off-The-Shelf
Prosthetics / Medical Supplies	L0830	Halo Procedure, Cervical Halo Incorporated into Milwaukee Type Orthosis
	L1005	Tension Based Scoliosis Orthosis and Accessory Pads, Includes Fitting and Adjustment
	L1680	Hip Orthosis, Abduction Control of Hip Joints, Dynamic, Pelvic Control, Adjustable Hip Motion Control, Thigh Cuffs (Rancho Hip Action Type), Custom Fabricated
	L1685	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	L1686	Hip Orthosis, Abduction Control of Hip Joint, Postoperative Hip Abduction Type, Custom Fabricated
	L1690	Combination, Bilateral, Lumbo-Sacral, Hip, Femur Orthosis Providing Adduction and Internal Rotation Control, Prefabricated, Includes Fitting And Adjustment
	L1700	Legg Perthes Orthosis, (Toronto Type), Custom-Fabricated



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Service	Codes	Description
	L1710	Legg Perthes Orthosis, (Newington Type), Custom Fabricated
	L1720	Legg Perthes Orthosis, Trilateral, (Tachdijan Type), Custom-Fabricated
	L1730	Legg Perthes Orthosis, (Scottish Rite Type), Custom-Fabricated
	L1755	Legg Perthes Orthosis, (Patten Bottom Type), Custom-Fabricated
	L1832	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient By An Individual With Expertise
	L1833	Knee Orthosis, Adjustable Knee Joints (Unicentric or Polycentric), Positional Orthosis, Rigid Support, Prefabricated, Off-The Shelf
	L1834	Knee Orthosis, Without Knee Joint, Rigid, Custom-Fabricated
	L1840	Knee Orthosis, Derotation, Medial-Lateral, Anterior Cruciate Ligament, Custom Fabricated
	L1843	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit a Specific Patient by an Individual with Expertise
	L1844	Knee Orthosis, Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Custom Fabricated
Prosthetics / Medical Supplies	L1845	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control, with or Without Varus/Valgus Adjustment, Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, or Otherwise Customized to Fit a Specific Patient By An Individual with Expertise
	L1846	Knee Orthosis, Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial-Lateral and Rotation Control, With or Without Varus/Valgus Adjustment, Custom Fabricated
	L1847	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated Item That Has Been Trimmed, Bent, Molded, Assembled, Or Otherwise Customized to Fit A Specific Patient by an Individual with Expertise


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Service	Codes	Description
	L1848	Knee Orthosis, Double Upright with Adjustable Joint, With Inflatable Air Support Chamber(S), Prefabricated, Off-The-Shelf
	L1851	Knee Orthosis (Ko), Single Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric Or Polycentric), Medial- Lateral And Rotation Control, With Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1852	Knee Orthosis (Ko), Double Upright, Thigh and Calf, With Adjustable Flexion and Extension Joint (Unicentric or Polycentric), Medial- Lateral and Rotation Control with Or Without Varus/Valgus Adjustment, Prefabricated, Off-The-Shelf
	L1860	Knee Orthosis, Modification of Supracondylar Prosthetic Socket, Custom-Fabricated (Sk)
	L1906	Ankle Foot Orthosis, Multiligamentous Ankle Support, Prefabricated, Off-The-Shelf
	L1907	Ankle Orthosis, Supramalleolar with Straps, With or Without Interface/Pads, Custom Fabricated
	L1932	Afo, Rigid Anterior Tibial Section, Total Carbon Fiber or Equal Material, Prefabricated, Includes Fitting and Adjustment
	L1940	Ankle Foot Orthosis, Plastic or Other Material, Custom-Fabricated
	L1945	Ankle Foot Orthosis, Plastic, Rigid Anterior Tibial Section (Floor Reaction), Custom-Fabricated
	L1950	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic, Custom-Fabricated
	L1951	Ankle Foot Orthosis, Spiral, (Institute of Rehabilitative Medicine Type), Plastic or Other Material, Prefabricated, Includes Fitting and Adjustment
	L1960	Ankle Foot Orthosis, Posterior Solid Ankle, Plastic, Custom-Fabricated
	L1970	Ankle Foot Orthosis, Plastic with Ankle Joint, Custom-Fabricated
	L2000	Knee Ankle Foot Orthosis, Single Upright, Free Knee, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Custom-Fabricated
	L2005	Knee Ankle Foot Orthosis, Any Material, Single Or Double Upright, Stance Control, Automatic Lock And Swing Phase Release, Any Type Activation, Includes Ankle Joint, Any Type, Custom Fabricated
Prosthetics / Medical Supplies	L2010	Knee Ankle Foot Orthosis, Single Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Single Bar Ak Orthosis), Without Knee Joint, Custom-Fabricated


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Service	Codes	Description
	L2020	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs (Double Bar Ak Orthosis), Custom- Fabricated
	L2030	Knee Ankle Foot Orthosis, Double Upright, Free Ankle, Solid Stirrup, Thigh and Calf Bands/Cuffs, (Double Bar Ak Orthosis), Without Knee Joint, Custom Fabricated
	L2034	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, Medial Lateral Rotation Control, With or Without Free Motion Ankle, Custom Fabricated
	L2036	Knee Ankle Foot Orthosis, Full Plastic, Double Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2037	Knee Ankle Foot Orthosis, Full Plastic, Single Upright, With or Without Free Motion Knee, With or Without Free Motion Ankle, Custom Fabricated
	L2038	Knee Ankle Foot Orthosis, Full Plastic, With or Without Free Motion Knee, Multi-Axis Ankle, Custom Fabricated
	L2050	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Hip Joint, Pelvic Band/Belt, Custom-Fabricated
	L2060	Hip Knee Ankle Foot Orthosis, Torsion Control, Bilateral Torsion Cables, Ball Bearing Hip Joint, Pelvic Band/ Belt, Custom-Fabricated
	L2106	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Thermoplastic Type Casting Material, Custom-Fabricated
	L2108	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Cast Orthosis, Custom-Fabricated
	L2114	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	L2116	Ankle Foot Orthosis, Fracture Orthosis, Tibial Fracture Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment
	L2128	Knee Ankle Foot Orthosis, Fracture Orthosis, Femoral Fracture Cast Orthosis, Custom-Fabricated
	L2132	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Soft, Prefabricated, Includes Fitting and Adjustment
	L2134	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Semi-Rigid, Prefabricated, Includes Fitting and Adjustment
	L2136	Kafo, Fracture Orthosis, Femoral Fracture Cast Orthosis, Rigid, Prefabricated, Includes Fitting and Adjustment


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Service	Codes	Description
	L2350	Addition To Lower Extremity, Prosthetic Type, (Bk) Socket, Molded to Patient Model, (Used for Ptb Afo Orthoses)
Prosthetics / Medical Supplies	L2510	Addition To Lower Extremity, Thigh/Weight Bearing, Quadri-Lateral Brim, Molded to Patient Model
	L2525	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim Molded to Patient Model
	L2526	Addition To Lower Extremity, Thigh/Weight Bearing, Ischial Containment/Narrow M-L Brim, Custom Fitted
	L2570	Addition To Lower Extremity, Pelvic Control, Hip Joint, Clevis Type Two Position Joint, Each
	L2580	Addition to Lower Extremity, Pelvic Control, Pelvic Sling
	L2624	Addition To Lower Extremity, Pelvic Control, Hip Joint, Adjustable Flexion, Extension, Abduction Control, Each
	L2627	Addition To Lower Extremity, Pelvic Control, Plastic, Molded To Patient Model, Reciprocating Hip Joint and Cables
	L2628	Addition To Lower Extremity, Pelvic Control, Metal Frame, Reciprocating Hip Joint and Cables
	L3330	Lift, Elevation, Metal Extension (Skate)
	L3671	Shoulder Orthosis, Shoulder Joint Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3674	Shoulder Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, With or Without Nontorsion Joint/Turnbuckle, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	L3720	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Free Motion, Custom-Fabricated
	L3730	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Extension/ Flexion Assist, Custom-Fabricated
	L3740	Elbow Orthosis, Double Upright with Forearm/Arm Cuffs, Adjustable Position Lock with Active Control, Custom-Fabricated
	L3763	Elbow Wrist Hand Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3764	Elbow Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3765	Elbow Wrist Hand Finger Orthosis, Rigid, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment


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Service	Codes	Description
	L3766	Elbow Wrist Hand Finger Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
Prosthetics / Medical Supplies	L3900	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Wrist or Finger Driven, Custom-Fabricated
	L3901	Wrist Hand Finger Orthosis, Dynamic Flexor Hinge, Reciprocal Wrist Extension/ Flexion, Finger Flexion/Extension, Cable Driven, Custom- Fabricated
	L3904	Wrist Hand Finger Orthosis, External Powered, Electric, Custom- Fabricated
	L3905	Wrist Hand Orthosis, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3960	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Airplane Design, Prefabricated, Includes Fitting and Adjustment
	L3961	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3962	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning, Erbs Palsey Design, Prefabricated, Includes Fitting and Adjustment
	L3967	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3971	Shoulder Elbow Wrist Hand Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3973	Shoulder Elbow Wrist Hand Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3975	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
	L3976	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Without Joints, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment


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Service	Codes	Description
	L3977	Shoulder Elbow Wrist Hand Finger Orthosis, Shoulder Cap Design, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting and Adjustment
Prosthetics / Medical Supplies	L3978	Shoulder Elbow Wrist Hand Finger Orthosis, Abduction Positioning (Airplane Design), Thoracic Component and Support Bar, Includes One Or More Nontorsion Joints, Elastic Bands, Turnbuckles, May Include Soft Interface, Straps, Custom Fabricated, Includes Fitting And Adjustment
	L3981	Upper Extremity Fracture Orthosis, Humeral, Prefabricated, Includes Shoulder Cap Design, With or Without Joints, Forearm Section, May Include Soft Interface, Straps, Includes Fitting And Adjustments
	L4010	Replace Trilateral Socket Brim
	L4020	Replace Quadrilateral Socket Brim, Molded To Patient Model
	L4030	Replace Quadrilateral Socket Brim, Custom Fitted
	L4130	Replace Pretibial Shell
	L4631	Ankle Foot Orthosis, Walking Boot Type, Varus/Valgus Correction, Rocker Bottom, Anterior Tibial Shell, Soft Interface, Custom Arch Support, Plastic or Other Material, Includes Straps And Closures, Custom Fabricated
	L5000	Partial Foot, Shoe Insert with Longitudinal Arch, Toe Filler
	L5010	Partial foot, molded socket, ankle height, with toe filler
	L5020	Partial foot, molded socket, tibial tubercle height, with toe filler
	L5050	Ankle, symes, molded socket, sach foot
	L5060	Ankle, symes, metal frame, molded leather socket, articulated ankle/foot
	L5100	Below knee, molded socket, shin, sach foot
	L5105	Below knee, plastic socket, joints and thigh lacer, sach foot
	L5150	Knee disarticulation (or through knee), molded socket, external knee joints, shin, sach foot
	L5160	Knee disarticulation (or through knee), molded socket, bent knee configuration, external knee joints, shin, sach foot
	L5200	Above knee, molded socket, single axis constant friction knee, shin, sach foot
	L5210	Above knee, short prosthesis, no knee joint ('stubbies'), with foot blocks, no ankle joints, each
	L5220	Above knee, short prosthesis, no knee joint ('stubbies'), with articulated ankle/foot, dynamically aligned, each
	L5230	Above knee, for proximal femoral focal deficiency, constant friction knee, shin, sach foot
	L5250	Hip disarticulation, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot


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Service	Codes	Description
Prosthetics / Medical Supplies	L5270	Hip disarticulation, tilt table type; molded socket, locking hip joint, single axis constant friction knee, shin, sach foot
	L5280	Hemipelvectomy, canadian type; molded socket, hip joint, single axis constant friction knee, shin, sach foot
	L5301	Below knee, molded socket, shin, sach foot, endoskeletal system
	L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system
	L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee
	L5331	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot
	L5400	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment, suspension, and one cast change, below knee
	L5420	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting, alignment and suspension and one cast change 'ak' or knee disarticulation
	L5430	Immediate Post Surgical Or Early Fitting, Application Of Initial Rigid Dressing, Incl. Fitting, Alignment And Suspension, Ak Or Knee Disarticulation, Each Additional Cast Change And Realignment
	L5460	Immediate Post Surgical Or Early Fitting, Application Of Non-Weight Bearing Rigid Dressing, Above Knee
	L5500	Initial, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5505	Initial, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, plaster socket, direct formed
	L5510	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5520	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
	L5530	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5535	Preparatory, below knee 'ptb' type socket, non-alignable system, no cover, sach foot, prefabricated, adjustable open end socket


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Service	Codes	Description
	L5540	Preparatory, below knee 'ptb' type socket, non-alignable system, pylon, no cover, sach foot, laminated socket, molded to model
	L5560	Preparatory, above knee- knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, plaster socket, molded to model
	L5570	Preparatory, above knee - knee disarticulation, ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, direct formed
Prosthetics / Medical Supplies	L5580	Preparatory, above knee - knee disarticulation ischial level socket, non- alignable system, pylon, no cover, sach foot, thermoplastic or equal, molded to model
	L5585	Preparatory, above knee - knee disarticulation, ischial level socket, non-alignable system, pylon, no cover, sach foot, prefabricated adjustable open end socket
	L5590	Preparatory, above knee - knee disarticulation ischial level socket, non-alignable system, pylon no cover, sach foot, laminated socket, molded to model
	L5595	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, thermoplastic or equal, molded to patient model
	L5600	Preparatory, hip disarticulation-hemipelvectomy, pylon, no cover, sach foot, laminated socket, molded to patient model
	L5610	Addition to lower extremity, endoskeletal system, above knee, hydracandence system
	L5611	Addition to lower extremity, endoskeletal system, above knee - knee disarticulation, 4 bar linkage, with friction swing phase control
	L5613	Addition to lower extremity, endoskeletal system, above knee- knee disarticulation, 4 bar linkage, with hydraulic swing phase control
	L5614	Addition to lower extremity, exoskeletal system, above knee- knee disarticulation, 4 bar linkage, with pneumatic swing phase control
	L5616	Addition to lower extremity, endoskeletal system, above knee, universal multiplex system, friction swing phase control
	L5617	Addition To Lower Extremity, Quick Change Self-Aligning Unit, Above Knee Or Below Knee, Each
	L5626	Addition To Lower Extremity, Test Socket, Hip Disarticulation
	L5628	Addition To Lower Extremity, Test Socket, Hemipelvectomy
	L5638	Addition To Lower Extremity, Below Knee, Leather Socket
	L5639	Addition to lower extremity, below knee, wood socket
	L5640	Addition To Lower Extremity, Knee Disarticulation, Leather Socket


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Service	Codes	Description
	L5642	Addition To Lower Extremity, Above Knee, Leather Socket
	L5643	Addition to lower extremity, hip disarticulation, flexible inner socket, external frame
	L5644	Addition To Lower Extremity, Above Knee, Wood Socket
	L5645	Addition To Lower Extremity, Below Knee, Flexible Inner Socket, External Frame
	L5646	Addition To Lower Extremity, Below Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5647	Addition To Lower Extremity, Below Knee Suction Socket
	L5648	Addition To Lower Extremity, Above Knee, Air, Fluid, Gel or Equal, Cushion Socket
	L5649	Addition to lower extremity, ischial containment/narrow m-l socket
Prosthetics / Medical Supplies	L5650	Additions To Lower Extremity, Total Contact, Above Knee or Knee Disarticulation Socket
	L5651	Addition to lower extremity, above knee, flexible inner socket, external frame
	L5653	Addition To Lower Extremity, Knee Disarticulation, Expandable Wall Socket
	L5661	Addition To Lower Extremity, Socket Insert, Multi-Durometer Symes
	L5665	Addition To Lower Extremity, Socket Insert, Multi-Durometer, Below Knee
	L5671	Addition To Lower Extremity, Below Knee / Above Knee Suspension Locking Mechanism (Shuttle, Lanyard or Equal), Excludes Socket Insert
	L5673	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, For Use with Locking Mechanism
	L5677	Additions To Lower Extremity, Below Knee, Knee Joints, Polycentric, Pair
	L5679	Addition To Lower Extremity, Below Knee/Above Knee, Custom Fabricated from Existing Mold or Prefabricated, Socket Insert, Silicone Gel, Elastomeric or Equal, Not For Use With Locking Mechanism
	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket inserts for congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
	L5682	Addition To Lower Extremity, Below Knee, Thigh Lacer, Gluteal/Ischial, Molded


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Service	Codes	Description
	L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert for other than congenital or atypical traumatic amputee, silicone gel, elastomeric or equal, for use with or without locking mechanism, initial only (for other than initial, use code l5673 or l5679)
	L5700	Replacement, socket, below knee, molded to patient model
	L5701	Replacement, socket, above knee/knee disarticulation, including attachment plate, molded to patient model
	L5702	Replacement, socket, hip disarticulation, including hip joint, molded to patient model
	L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only
	L5704	Custom Shaped Protective Cover, Below Knee
	L5705	Custom Shaped Protective Cover, Above Knee
	L5706	Custom Shaped Protective Cover, Knee Disarticulation
	L5707	Custom shaped protective cover, hip disarticulation
	L5711	Additions Exoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	L5716	Addition, Exoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
Prosthetics / Medical Supplies	L5718	Addition, Exoskeletal Knee-Shin System, Polycentric, Friction Swing And Stance Phase Control
	L5722	Addition, Exoskeletal Knee-Shin System, Single Axis, Pneumatic Swing, Friction Stance Phase Control
	L5724	Addition, exoskeletal knee-shin system, single axis, fluid swing phase control
	L5726	Addition, exoskeletal knee-shin system, single axis, external joints fluid swing phase control
	L5728	Addition, exoskeletal knee-shin system, single axis, fluid swing and stance phase control
	L5780	Addition, exoskeletal knee-shin system, single axis, pneumatic/hydra pneumatic swing phase control
	L5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system
	L5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty
	L5785	Addition, Exoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)
	L5790	Addition, Exoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber Or Equal)


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Service	Codes	Description
	L5795	Addition, exoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	L5810	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock
	L5811	Addition, Endoskeletal Knee-Shin System, Single Axis, Manual Lock, Ultra-Light Material
	L5812	Addition, Endoskeletal Knee-Shin System, Single Axis, Friction Swing And Stance Phase Control (Safety Knee)
	L5814	Addition, endoskeletal knee-shin system, polycentric, hydraulic swing phase control, mechanical stance phase lock
	L5816	Addition, Endoskeletal Knee-Shin System, Polycentric, Mechanical Stance Phase Lock
	L5818	Addition, endoskeletal knee-shin system, polycentric, friction swing, and stance phase control
	L5822	Addition, endoskeletal knee-shin system, single axis, pneumatic swing, friction stance phase control
	L5824	Addition, endoskeletal knee-shin system, single axis, fluid swing phase control
	L5826	Addition, endoskeletal knee-shin system, single axis, hydraulic swing phase control, with miniature high activity frame
Prosthetics / Medical Supplies	L5828	Addition, endoskeletal knee-shin system, single axis, fluid swing and stance phase control
	L5830	Addition, endoskeletal knee-shin system, single axis, pneumatic/ swing phase control
	L5840	Addition, endoskeletal knee/shin system, 4-bar linkage or multiaxial, pneumatic swing phase control
	L5845	Addition, endoskeletal, knee-shin system, stance flexion feature, adjustable
	L5848	Addition to endoskeletal knee-shin system, fluid stance extension, dampening feature, with or without adjustability
	L5856	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing and stance phase, includes electronic sensor(s), any type
	L5857	Addition to lower extremity prosthesis, endoskeletal knee-shin system, microprocessor control feature, swing phase only, includes electronic sensor(s), any type
	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only, includes electronic sensor(s), any type
	L5859	Addition To Lower Extremity Prosthesis, Endoskeletal Knee-Shin System, Powered and Programmable Flexion/Extension Assist Control, Includes Any Type Motor(S)


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Service	Codes	Description
	L5920	Addition, Endoskeletal System, Above Knee or Hip Disarticulation, Alignable System
	L5930	Addition, endoskeletal system, high activity knee control frame
	L5940	Addition, Endoskeletal System, Below Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	L5950	Addition, Endoskeletal System, Above Knee, Ultra-Light Material (Titanium, Carbon Fiber or Equal)
	L5960	Addition, endoskeletal system, hip disarticulation, ultra-light material (titanium, carbon fiber or equal)
	L5961	Addition, Endoskeletal System, Polycentric Hip Joint, Pneumatic or Hydraulic Control, Rotation Control, With or Without Flexion And/Or Extension Control
	L5962	Addition, Endoskeletal System, Below Knee, Flexible Protective Outer Surface Covering System
	L5964	Addition, endoskeletal system, above knee, flexible protective outer surface covering system
	L5966	Addition, endoskeletal system, hip disarticulation, flexible protective outer surface covering system
	L5968	Addition to lower limb prosthesis, multiaxial ankle with swing phase active dorsiflexion feature
Prosthetics / Medical Supplies	L5973	Endoskeletal ankle foot system, microprocessor-controlled feature, dorsiflexion and/or plantar flexion control, includes power source
	L5976	All Lower Extremity Prostheses, Energy Storing Foot (Seattle Carbon Copy Ii Or Equal)
	L5979	All lower extremity prosthesis, multi-axial ankle, dynamic response foot, one piece system
	L5980	All lower extremity prostheses, flex foot system
	L5981	All lower extremity prostheses, flex-walk system or equal
	L5982	All Exoskeletal Lower Extremity Prostheses, Axial Rotation Unit
	L5984	All Endoskeletal Lower Extremity Prosthesis, Axial Rotation Unit, With Or Without Adjustability
	L5986	All Lower Extremity Prostheses, Multi-Axial Rotation Unit (Mcp Or Equal)
	L5987	All lower extremity prosthesis, shank foot system with vertical loading pylon
	L5988	Addition to lower limb prosthesis, vertical shock reducing pylon feature
	L5990	Addition to lower extremity prosthesis, user adjustable heel height
	L7368	Lithium-Ion Battery Charger, Replacement Only


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Service	Codes	Description
	L8035	Custom Breast Prosthesis, Post Mastectomy, Molded to Patient Model



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Anejo C: Proveedores de Prótesis y Ortóticos por Municipio

Municipio	Región	Proveedor	Teléfono	Fax
Adjuntas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Aguada	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Aguadilla	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Aguas Buenas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Aibonito	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Añasco	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Arecibo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Arroyo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Barceloneta	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Barranquitas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Bayamón	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Cabo Rojo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Caguas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Camuy	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Canóvanas	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Carolina	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Cataño	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Cayey	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Ceiba	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Ciales	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Cidra	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Coamo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Comerio	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Corozal	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Culebra	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Dorado	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Fajardo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Florida	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Guánica	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Guayama	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Guayanilla	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449



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Guaynabo	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Gurabo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Hatillo	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Hormigueros	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Humacao	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Isabela	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Jayuya	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Juana Díaz	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Juncos	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Lajas	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Lares	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Las Marías	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Las Piedras	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Loiza	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Luquillo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Manatí	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Maricao	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Maunabo	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Mayaguez	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Moca	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Morovis	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Naguabo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Naranjito	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Orocovis	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Patillas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Peñuelas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Ponce	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Quebradillas	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Rincón	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Rio Grande	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Sabana Grande	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Salinas	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
San Germán	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000


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San Juan	Metro	RPS Medical #6924	787-854-1479	787-854-1124
San Lorenzo	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
San Sebastián	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Santa Isabel	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Toa Alta	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Toa Baja	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Trujillo Alto	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Utuado	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Vega Alta	Metro	RPS Medical #6924	787-854-1479	787-854-1124
Vega Baja	Oeste	Diabetic Solutions Corp. #3444	787-854-6700	787-854-2000
Vieques	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
Villalba	Sur	Clinical Medical Services #1844	787-620-2900	787-622-3449
Yabucoa	Este	Puerto Rico Prosthetic #2295	787-854-5055	787-854-7375 787-807-2299
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