# CHAMPVA POLICY MANUAL

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| 73225 | 2 | 26.7 | MRA (Magnetic Resonance Angiography) |
| 73620 | 2 | 19.1 | Musculoskeletal System |
| 73700-73706 | 2 | 26.3 | CT (Computerized Tomography) |
| 73718-73723 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 73725 | 2 | 26.7 | MRA (Magnetic Resonance Angiography) |
| 74150-74175 | 2 | 26.3 | CT (Computerized Tomography) |
| 74181-74183 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 74185 | 2 | 26.7 | MRA (Magnetic Resonance Angiography) |
| 74210-74249 | 2 | 6.2 | Upper-Gastrointestinal Tract Fluoroscopic Study |
| 74230 | 2 | 6.1 | Digestive System |
| 74260 | 2 | 6.3 | Upper-Gastrointestinal Tract Fluoroscopic Study |
| 74710 | 2 | 14.9 | X-Ray Pelvimetry in Maternity Care |
| 75552 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 75556 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 75635 | 2 | 26.3 | CT (Computerized Tomography) |
| 75872 | 2 | 19.1 | Musculoskeletal System |
| 75894 | 2 | 26.12 | Therapeutic Embolization |
| 75962-75968 | 2 | 4.6 | PTA (Percutaneous Transluminal Angioplasty) |
| 75898 | 2 | 26.12 | Therapeutic Embolization |
| 75989 | 2 | 26.3 | CT (Computerized Tomography) |
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| 76012-76013 | 2 | 19.1 | Musculoskeletal System |
| 76013 | 2 | 26.3 | CT (Computerized Tomography) |
| 76070 | 2 | 26.3 | CT (Computerized Tomography) |
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| 76093-76094 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 76120-76125 | 2 | 6.1 | Digestive System |
| 76350 | 2 | 26.5 | DSA (Digital Subtraction Angiography) |
| 76355-76380 | 2 | 26.3 | CT (Computerized Tomography) |
| 76390 | 2 | 26.7 | MRS (Magnetic Resonance Spectroscopy) |
| 76393-76394 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 76400 | 2 | 26.7 | MRI (Magnetic Resonance Imaging) |
| 76506-76999 | 2 | 26.14 | Ultrasound (General) |
| 76511-76536 | 2 | 10.6 | Ophthalmological Services |
| 76801-76805 | 2 | 14.8 | Ultrasound (Maternity) |
| 76810-76811 | 2 | 14.8 | Ultrasound (Maternity) |
| 76815-76819 | 2 | 14.8 | Ultrasound (Maternity) |
| 76825-76828 | 2 | 14.8 | Ultrasound (Maternity) |
| 76977 | 2 | 26.1 | Bone Density Studies |
| 76986-76999 | 2 | 26.15 | Ultrasound Guided Sclerotherapy |
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| 77600-77615 | 2 | 3.6 | Hyperthermia for Treatment of Cancer |
| 77620 | 2 | 3.6 | Hyperthermia for Treatment of Cancer |
| 78000-79999 | 2 | 26.10 | Radionuclide Imaging Procedures |
| 78205 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78320 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78350-78351 | 2 | 26.1 | Bone Density Studies |
| 78459 | 2 | 26.9 | PET (Positron Emission Tomography) |
| 78464-78465 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78469-78472 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78491-78492 | 2 | 26.9 | PET (Positron Emission Tomography) |
| 78494-78496 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78607 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78608-78609 | 2 | 26.9 | PET (Positron Emission Tomography) |
| 78647 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
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| 78710 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78803 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78807 | 2 | 26.11 | SPECT (Single Photon Emission Computed Tomography) |
| 78811-78816 | 2 | 26.9 | PET (Positron Emission Tomography) |
| 79440 | 2 | 30.12 | Radiation Therapy |
| 80048-87592 | 2 | 21.1 | Pathology and Surgical Pathology |
| 80055 | 2 | 14.1 | Maternity Care |
| 80061 | 2 | 23.1 | Preventive Services |
| 81000-81015 | 2 | 12.1 | Well-Child Care |
| 81099 | 2 | 12.1 | Well-Child Care |
| 82105-82106 | 2<br>2 | 14.1<br>21.3 | Maternity Care<br>Maternal Serum AFP (Alpha-Fetoprotein) and Multiple Marker Screen |
| 82270 | 2 | 23.1 | Preventive services |
| 82270-82274 | 2 | 3.2 | Colorectal Cancer |
| 82677 | 2<br>2 | 14.1<br>21.3 | Maternity Care<br>Maternal Serum AFP (Alph-Fetoprotein) and Multiple Maker Screen |
| 82731 | 2<br>2 | 14.1<br>21.2 | Maternity Care<br>Fetal Fibronectin Enzyme Immunoassay |
| 83013-83014 | 2 | 21.4 | Meretek UBT™ Breath Test With Pranactin™ Diagnostic Drug |
| 83655 | 2 | 12.1 | Well-Child Care |
| 83718-83719 | 2 | 23.1 | Preventive Services |
| 83890-83894 | 2<br><br>2 | 2.3<br><br>23.1 | Prophylactic Mastectomy and Prophylactic Oophorectomy<br>Preventive Services |
| 83898 | 2<br><br>2 | 2.3<br><br>23.1 | Prophylactic Mastectomy and Prophylactic Oophorectomy<br>Preventive Services |
| 83912 | 2<br><br>2 | 2.3<br><br>23.1 | Prophylactic Mastectomy and Prophylactic Oophorectomy<br>Preventive Services |
| 84030 | 2 | 12.1 | Well-Child Care |
| 84035 | 2 | 12.1 | Well-Child Care |
| 84152-84153 | 2 | 23.1 | Preventive Services |
| 84152-84154 | 2 | 3.5 | Prostate Cancer |
| 84156-84157 | 2 | 23.1 | Preventive Services |
| 84436-84443 | 2 | 9.1 | Endocrine System |
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| 84702 | 2<br>2 | 14.1<br>21.3 | Maternity Care<br>Maternal Serum AFP (Alph-Fetoprotein) and Multiple Maker Screen |
| 85014 | 2 | 12.1 | Well-Child Care |
| 85018 | 2 | 12.1 | Well-Child Care |
| 85055 | 2 | 23.1 | Preventive Services |
| 85396 | 2 | 23.1 | Preventive Services |
| 86003 | 2 | 16.1 | Allergy Testing And Treatment |
| 86077-86079 | 2 | 11.3 | Transfusion Services for Whole Blood, Blood Components, and Blood Derivatives |
| 86580 | 2<br>2 | 12.1<br>23.1 | Well-Child Care<br>Preventive Services |
| 86585 | 2<br>2 | 12.1<br>23.1 | Well-Child Care<br>Preventive Services |
| 86689 | 2<br>2 | 14.1<br>16.3 | Maternity Care<br>HIV (Human Immunodeficiency Virus) Testing |
| 86701-86703 | 2<br>2 | 14.1<br>16.3 | Maternity Care<br>HIV (Human Immunodeficiency Virus)Testing |
| 86762 | 2<br>2 | 12.1<br>23.1 | Well-Child Care<br>Preventive Services |
| 86812-86822 | 2 | 31.10 | High Dose Chemotherapy and Stem Cell Transplantation |
| 86890-86891 | 2 | 11.3 | Transfusion Services for Whole Blood, Blood Components, and Blood Derivatives |
| 86900-86906 | 2 | 11.3 | Transfusion Services for Whole Blood, Blood Components, and Blood Derivatives |
| 86920-86922 | 2 | 11.3 | Transfusion Services for Whole Blood, Blood Components, and Blood Derivatives |
| 87269 | 2 | 23.1 | Preventive Services |
| 87329 | 2 | 23.1 | Preventive Services |
| 87340 | 2 | 23.1 | Preventive Services |
| 87534-87539 | 2<br>2 | 14.1<br>16.3 | Maternity Care<br>HIV (Human Immunodeficiency Virus) Testing |
| 87620-87621 | 2 | 35.2 | PAP (Papanicolaou) Tests |
| 87650-87999 | 2 | 21.1 | Pathology and Surgical Pathology |
| 87660 | 2 | 23.1 | Preventive Services |
| 88112 | 2 | 23.1 | Preventive Services |
| 88104-89264 | 2 | 21.1 | Pathology and Surgical Pathology |
| 88141-88155 | 2<br>2 | 23.1<br>35.2 | Preventive Services<br>PAP (Papanicolaou) Tests |
| 88160-88162 | 2<br>2 | 23.1<br>35.2 | Preventive Services<br>PAP (Papanicolaou) Tests |
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| 88164-88167 | 2<br>2 | 23.1<br>35.2 | Preventive Services<br>PAP (Papanicolaou) Tests |
| 88174-88175 | 2<br>2 | 23.1<br>35.2 | Preventive Services<br>PAP (Papanicolaou) Tests |
| 88240-88241 | 2 | 31.10 | High Dose Chemotherapy and Stem Cell Transplantation |
| 88299 | 2<br><br>2 | 2.3<br><br>23.1 | Prophylactic Mastectomy and Prophylactic Oophorectomy<br>Preventive services |
| 88361 | 2 | 23.1 | Preventive Services |
| 89220-89240 | 2 | 23.1 | Preventive Services |
| 89300-89325 | 2 | 21.1 | Pathology and Surgical Pathology |
| 89330 | 2 | 21.1 | Pathology and Surgical Pathology |
| 90281-90283 | 2<br>2 | 23.1<br>23.3 | Preventive Services<br>Immunization Injections |
| 90287-90399 | 2 | 23.3 | Immunization injections |
| 90296-90396 | 2 | 23.1 | Preventive Services |
| 90378 | 2 | 23.3 | Immunization Injections |
| 90465-90468 | 2 | 12.1 | Well-Child Care |
| 90471-90748 | 2 | 12.1 | Well-Child Care |
| 90585-90586 | 2 | 23.1 | Preventive Services |
| 90632-90660 | 2 | 23.3 | Immunization Injections |
| 90632-90665 | 2 | 23.1 | Preventive Services |
| 90669 | 2 | 23.3 | Immunization Injections |
| 90669-90680 | 2 | 23.1 | Preventive Services |
| 90700-90716 | 2 | 23.3 | Immunization Injections |
| 90700-90748 | 2 | 23.1 | Preventive Services |
| 90718-90723 | 2 | 23.3 | Immunization Injections |
| 90732-90734 | 2 | 23.3 | Immunization Injections |
| 90740 | 2 | 23.3 | Immunization Injections |
| 90743-90744 | 2 | 23.3 | Immunization Injections |
| 90746-90749 | 2 | 23.3 | Immunization Injections |
| 90760-90765 | 2 | 16.12 | Hydration, Therapeutic, prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy) |
| 90768-90779 | 2 | 16.12 | Hydration, Therapeutic, prophylactic, and Diagnostic Injections and Infusions (Excludes Chemotherapy) |
| 90772 | 2<br>2 | 16.11<br>22.5 | Vitamin B-12 Injections<br>Botulinum Toxin Injections |
| 90774 | 2 | 30.7 | Chelation Therapy |
| 90779 | 2<br>2 | 3.4<br>22.5 | Immunotherapy for Malignant Disease<br>Botulinum Toxin Injections |
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| 90801-90899 | 2 | 18.1 | Treatment of Mental Disorders |
| 90804-90809 | 2 | 15.11 | Telemedicine/Telehealth |
| 90804-90815 | 2 | 15.3 | Home Visits |
| 90804-90857 | 2 | 18.3 | Psychotherapy |
| 90846-90847 | 2 | 18.5 | Family Therapy |
| 90847 | 2 | 15.3 | Home Visits |
| 90849 | 2 | 18.5 | Family Therapy |
| 90862 | 2<br>2<br>2<br>2 | 15.3<br>15.11<br>18.3<br>18.4 | Home Visits<br>Telemedicine/Telehealth<br>Psychotherapy<br>Psychotropic Pharmacologic Management |
| 90875-90876 | 2 | 30.5 | Biofeedback |
| 90887 | 2<br>2 | 15.2<br>18.3 | Collateral Visits<br>Psychotherapy |
| 90901 | 2 | 30.5 | Biofeedback |
| 90911 | 2 | 30.5 | Biofeedback |
| 91000-91299 | 2 | 6.2 | Gastroenterology |
| 91032-91033 | 2 | 7.4 | (CAEpHM)<br>Continuous Esophageal pH Monitoring |
| 91123 | 2<br>2 | 6.1<br>17.27 | Digestive System<br>PIE (Pulsed Irrigation Evacuation) |
| 91299 | 2 | 6.1 | Digestive System |
| 92002-92015 | 2 | 12.1 | Well-Child Care |
| 92002-92060 | 2 | 10.6 | Ophthalmological Services |
| 92070 | 2 | 10.4 | Lenses (Intraocular or Contact) and Eye Glasses |
| 92070-92499 | 2 | 10.6 | Ophthalmological Services |
| 92225-92235 | 2 | 10.6 | Ophthalmological Services |
| 92240-92287 | 2 | 10.6 | Ophthalmological Services |
| 92265 | 2 | 22.5 | Botulinum Toxin Injections |
| 92310-92326 | 2 | 10.4 | Lenses (Introcular or Contact) and Eye Glasses |
| 92390-92392 | 2 | 10.4 | Lenses (Intraocular or Contact) and Eye Glasses |
| 92394-92396 | 2 | 10.4 | Lenses (Intraocular or Contact) and Eye Glasses |
| 92499 | 2 | 10.7 | Orthokeratology |
| 92502-92504 | 2 | 7.6 | Otorhinolaryngologic Services |
| 92506-92508 | 2<br>2 | 7.1<br>30.3 | Audiological Services<br>Speech Services |
| 92510 | 2 | 7.3 | Cochlear Implantation |
| 92511 | 2 | 28.1 | Obstructive Sleep Apnea Syndrome |
| 92511-92547 | 2 | 7.6 | Otorhinolaryngologic Services |
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| 92541-92547 | 2 | 10.14 | ENG (Electronstagmography) |
| 92551 | 2 | 12.1 | Well-Child Care |
| 92551-92565 | 2<br>2 | 7.1<br>7.6 | Audiological Services<br>Otorhinolaryngologic Services |
| 92567-92572 | 2<br>2 | 7.1<br>7.6 | Audiological Services<br>Otorhinolaryngologic Services |
| 92575-92577 | 2<br>2 | 7.1<br>7.6 | Audiological Services<br>Otorhinolaryngologic Services |
| 92567-92573 | 2 | 7.6 | Otorhinolaryngologic Services |
| 92579 | 2<br>2 | 7.1<br>7.6 | Audiological Services<br>Otorhinolaryngologic Services |
| 92582-92588 | 2 | 7.1 | Audiological Services |
| 92582-92597 | 2 | 7.6 | Otorhinolaryngologic Services |
| 92585 | 2 | 20.2 | Intraoperative Neurophysiology Testing |
| 92585-92588 | 2 | 12.1 | Well-Child Care |
| 92596-92597 | 2 | 7.1 | Audiological Services |
| 92601-92604 | 2 | 7.3 | Cochlear Implantation |
| 92601-92617 | 2 | 7.6 | Othorhinolaryngologic Services |
| 92605 | 2 | 24.1 | Prosthetic Devices And Supplies |
| 92607-92608 | 2 | 24.1 | Prosthetic Devices And Supplies |
| 92620-92625 | 2 | 7.2 | Auditory System |
| 92626-92633 | 2<br>2 | 7.1<br>7.6 | Audiological Services<br>Otorhinolaryngologic Services |
| 92700 | 2 | 7.6 | Otorhinolaryngologic Services |
| 92950-93272 | 2 | 4.1 | Cardiovascular System |
| 92960-92961 | 2 | 4.2 | AICD (Automatic Implantable Cardioverter-Defibrillator) |
| 92980-92981 | 2 | 4.5 | Intracoronary Stents |
| 92982-92984 | 2<br>2 | 4.6<br>4.10 | PTA (Percutaneous Transluminal Angioplasty)<br>PTCA (Percutaneous Transluminal Coronary Angioplasty) |
| 92982 | 2 | 29.2 | Assistant Surgeons |
| 92984 | 2 | 29.2 | Assistant Surgeons |
| 92986-92987 | 2 | 29.13 | Percutaneous Transluminal Balloon Valvuloplasty |
| 92990 | 2 | 29.13 | Percutaneous Transluminal Balloon Valvuloplasty |
| 92995-92996 | 2 | 4.3 | Coronary Atherectomy |
| 92995-92998 | 2 | 29.2 | Assistant Surgeons |
| 92997-92998 | 2 | 4.6 | PTA (Percutaneous Transluminal Angioplasty) |
| 93000-93014 | 2 | 4.4 | ECG (Electrocardiogram) |
| 93012 | 2 | 32.1 | Ambulance Services |
| 93040-93272 | 2 | 4.4 | ECG (Electrocardiogram) |
| 93224-93227 | 2 | 12.4 | Infantile Apnea |

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| 93270 | 2 | 32.1 | Ambulance Services |
| 93270-93272 | 2 | 23.1 | Preventive Services |
| 93303-93350 | 2<br><br>2 | 26.6<br><br>26.14 | Echocardiogram For Dental and Invasive Procedures<br>Ultrasound (General) |
| 93303-93745 | 2 | 4.1 | Cardiovascular System |
| 93640-93642 | 2 | 4.2 | AICD (Automatic Implantable Cardioverter-Defibrillator) |
| 93650-93652 | 2 | 4.7 | Ablation of Aberrant Conducting Pathways of the Heart |
| 93668 | 2 | 30.1 | Physical Medicine/Therapy |
| 93731-93736 | 2 | 4.8 | Transtelephonic Monitoring of Pacemakers |
| 93762 | 2 | 34.3 | Non-Invasive Vascular Diagnostic Studies: Extremity Venous Studies (including digits) |
| 93770-93799 | 2 | 4.1 | Cardiovascular System |
| 93797-93798 | 2 | 4.9 | Cardiac Rehabilitation |
| 93799 | 2 | 16.8 | Questionable Procedures and Tests |
| 93875-93990 | 2 | 34.2 | Non-Invasive Peripheral Vascular Diagnostic Studies: Cerebrovascular Arterial Studies |
| 93922-93931 | 2 | 34.1 | Non-Invasive Vascular Diagnostic Studies: Extremity Arterial Studies (including digits) |
| 93965-93971 | 2 | 34.3 | Non-Invasive Vascular Diagnostic Studies: Extremity Venous Studies (including digits) |
| 94010-94799 | 2 | 25.2 | Pulmonary Services |
| 94640 | 2 | 25.4 | IPPB (Intermittent Positive Pressure Breathing) Treatment |
| 94650-94652 | 2 | 25.4 | IPPB (Intermittent Positive Pressure Breathing) Treatment |
| 94660 | 2 | 28.1 | Obstructive Sleep Apnea Syndrome |
| 94772 | 2 | 12.4 | Infantile Apnea |
| 95004-95075 | 2 | 16.1 | Allergy Testing and Treatment |
| 95028 | 2 | 33.3 | Collegen Implantation for Incontinence |
| 95115-95199 | 2 | 16.1 | Allergy Testing and Treatment |
| 95805 | 2 | 28.1 | Obstructive Sleep Apnea Syndrome |
| 95807-95811 | 2 | 28.1 | Obstructive Sleep Apnea Syndrome |
| 95812-95999 | 2 | 20.3 | Neurology and Neuromuscular Services |
| 95829 | 2 | 20.5 | Electrocorticography |
| 95860-95861 | 2 | 22.5 | Botulinum Toxin Injections |
| 95860-95872 | 2 | 20.2 | Intra-operative Neurophysiology Testing |
| 95867-95870 | 2 | 22.5 | Botulinum Toxin Injections |
| 95920 | 2 | 20.2 | Inter-operative Neurophysiology Testing |
| 95925-95930 | 2 | 20.2 | Intra-operative Neurophysiology Testing |
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| 95950 | 2 | 20.6 | 24-Hour Ambulatory EEG (Electroencephalographic) Monitoring |
| 95951 | 2 | 20.7 | EEG (Electroencephalographic) Video Monitoring |
| 95961-95962 | 2 | 20.1 | Nervous System |
| 95961-95962 | 2 | 20.8 | Functional Cortical Mapping |
| 95965-95967 | 2 | 20.1 | Nervous System |
| 95970-95975 | 2<br>2<br>2 | 20.4<br>20.9<br>20.12 | Stereotactic Implantation of Depth Electrodes<br>Central Nervous System Stimulation<br>NMES (Neuromuscular Electrical Stimulation) Devices |
| 95970-95979 | 2 | 20.1 | Nervous System |
| 96000-96004 | 2 | 30.1 | Physical Medicine/Therapy |
| 96100 | 2 | 18.6 | Psychological Testing |
| 96150-96154 | 2 | 15.10 | Health and Behavior Assessment/Intervention |
| 96521-96522 | 2 | 17.24 | External and Implantable Infusion Pump |
| 96567-96571 | 2 | 30.11 | PDT(Photodynamic Therapy) and PUVA (Photochemotherapy) |
| 96570-96571 | 2<br>2 | 6.1<br>25.1 | Digestive System<br>Respiratory System |
| 96900 | 2<br>2 | 27.2<br>30.11 | Dermatological Procedures<br>PDT(Photodynamic Therapy) and PUVA (Photochemotherapy) |
| 96902 | 2 | 21.1 | Pathology and Surgical Pathology |
| 96910-96913 | 2<br>2 | 27.2<br>30.11 | Dermatological Procedures<br>PDT(Photodynamic Therapy) and PUVA (Photochemotherapy) |
| 96999 | 2 | 27.2 | Dermatological Procedures |
| 97001-97002 | 2 | 30.1 | Physical Medicine/Therapy |
| 97003-97004 | 2 | 30.2 | Occupational Therapy |
| 97010-97533 | 2 | 30.1 | Physical Medicine/Therapy |
| 97014 | 2<br>2 | 20.11<br>20.12 | Electrical Stimulation of the Peripheral Nerve<br>NMES (Neuromuscular Electrical Stimulation) Devices |
| 97032 | 2<br><br>2 | 20.12<br><br>27.1 | NMES (Neuromuscular Electrical Stimulation) Devices<br>Integumentary System |
| 97116 | 2 | 20.12 | NMES (Neuromuscular Electrical Stimulation) Devices |
| 97150 | 2 | 30.2 | Occupational Therapy |
| 97530-97533 | 2 | 30.2 | Occupational Therapy |
| 97535 | 2<br>2 | 30.2<br>30.15 | Occupational Therapy<br>Rehabilitation (General) |

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| 97597-97598 | 2 | 27.1 | Integumentary System |
| 97602 | 2 | 27.1 | Integumentary System |
| 97755 | 2 | 24.1 | Prosthetic Devices and Supplies |
| 97760-97761 | 2 | 30.2 | Occupational Therapy |
| 97799 | 2<br>2 | 30.1<br>30.2 | Physical Medicine/Therapy<br>Occupational Therapy |
| 97802-97804 | 2 | 9.2 | Outpatient DSMT (Diabetes Self-Management Training) |
| 98925-98929 | 2 | 30.9 | Osteopathic Manipulative Therapy |
| 99000 | 2 | 13.6 | Inpatient Concurrent Care |
| 99050 | 2 | 15.1 | E&M (Evaluation and Management) Services-Office Visits-General |
| 99058 | 2 | 8.2 | ED (Emergency Department) Services |
| 99070 | 2 | 33.3 | Collagen Implantation For Incontinence |
| 99172-99173 | 2 | 12.1 | Well-Child Care |
| 99173 | 2 | 23.1 | Preventive Services |
| 99183 | 2 | 30.14 | Hyperbaric Oxygen Therapy |
| 99201-99205 | 2<br>2 | 23.2<br>30.9 | Routine Physical Examinations<br>Osteopathic Manipulative Therapy |
| 99201-99215 | 2<br>2<br>2<br>2<br><br>2 | 13.3<br>13.6<br>15.11<br>29.17<br><br>35.2 | Pre and Post Surgical Hospital Visits<br>Inpatient Concurrent Care<br>Telemedicine/Telehealth<br>E&M (Evaluation and Management) (Office Visits) with Surgery<br>PAP (Papanicolaou) Tests |
| 99201-99255 | 2 | 10.6 | Ophthalmological Services |
| 99211 | 2 | 36.1 | Male Genital System |
| 99211-99215 | 2<br><br>2<br>2<br>2<br>2 | 15.1<br><br>20.1<br>20.4<br>23.2<br>30.9 | E&M (Evaluation and Management) Services Office Visits General<br>Nervous System<br>Stereotactic Implantation of Depth Electrodes<br>Routine Physical Examinations<br>Osteopathic Manipulative Therapy |
| 99217-99220 | 2 | 15.9 | Outpatient Observation Stays |
| 99221-99223 | 2 | 13.1 | Initial Hospital Visits |
| 99221-99233 | 2 | 13.3 | Pre and Post Surgical Hospital Visits |
| 99231-99233 | 2 | 13.2 | Follow-Up Hospital Visits |
| 99234-99236 | 2 | 15.9 | Outpatient Observation Stays |
| 99238-99239 | 2 | 13.2 | Follow-Up Hospital Visits |
| 99241-99255 | 2 | 29.17 | E&M (Evaluation and Management) (Office-Visits) with Surgery |

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| 99241-99255 | 2 | 15.7 | Consultations |
| 99241-99275 | 2 | 15.11 | Telemedicine/Telehealth |
| 99281-99285 | 2 | 8.2 | ED (Emergency Department) Services |
| 99291-99292 | 2<br>2 | 8.1<br>8.2 | Critical Care<br>ED (Emergency Department) Services |
| 99293-99299 | 2 | 8.3 | Neonatal and Pediatric Critical Care Services |
| 99301-99313 | 2 | 15.6 | PAP (Papanicolaou) Tests |
| 99304-99310 | 2 | 15.5 | Nursing Home Visits |
| 99304-99340 | 2 | 15.6 | SNF (Skilled Nursing Facility) Visits |
| 99315-99316 | 2 | 15.5 | Nursing Home Visits |
| 99318 | 2 | 15.5 | Nursing Home Visits |
| 99321-99333 | 2 | 15.1 | E&M (Evaluation and Management ) Services-Office Visits-General |
| 99324-99328 | 2 | 15.5 | Nursing Home Visits |
| 99334-99337 | 2 | 15.5 | Nursing Home Visits |
| 99339-99340 | 2 | 15.5 | Nursing Home Visits |
| 99341-99350 | 2<br>2<br>3 | 15.1<br>15.3<br>5.7 | E&M (Evaluation and Management) Services-Office Visits-General<br>Home Visits<br>Skilled Nursing Reimbursement (Home Health) |
| 99358 | 2 | 15.1 | E&M (Evaluation and Management) Services-Office Visits-General |
| 99374-99375 | 2 | 15.1 | E&M (Evaluation and Management) Services Office-Visits General |
| 99381-99383 | 2 | 12.1 | Well-Child Care |
| 99381-99397 | 2 | 15.1 | E&M (Evaluation and Management) Services Office-Visits General |
| 99382-99386 | 2 | 23.1 | Preventive Services |
| 99382-99387 | 2 | 23.2 | Routine Physical Examinations |
| 99391-99393 | 2 | 12.1 | Well-Child Care |
| 99392-99396 | 2 | 23.1 | Preventive Services |
| 99392-99397 | 2 | 23.2 | Routine Physical Examinations |
| 99431-99433 | 2 | 12.1 | Well-Child Care |
| 99440 | 2 | 8.2 | ED (Emergency Department) Services |
| 99499 | 2 | 12.1 | Well-Child Care |
| 99500-99507 | 2 | 15.3 | Home Visits |
| 99511 | 2 | 17.27 | PIE (Pulsed Irrigation Evacuation) |
| 99511-99512 | 2 | 15.3 | Home Visits |
| 99600-99602 | 2 | 15.3 | Home Visits |

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| A0225-A0384 | 2<br>3 | 32.1<br>9.1 | Ambulance Services<br>Ambulance Services Reimbursement |
| A0392-A0398 | 2<br>3 | 32.1<br>9.1 | Ambulance Services<br>Ambulance Services Reimbursement |
| A0422-A0436 | 2<br>3 | 32.1<br>9.1 | Ambulance Services<br>Ambulance Services Reimbursement |
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| A4210 | 2 | 17.17 | Insulin Injectors Without a Needle |
| A4221- A4222 | 2 | 17.24 | External and Implantable Infusion Pump |
| A4265 | 2 | 17.20 | Portable Paraffin Baths |
| A4281-A4286 | 2 | 8.3 | Neonatal and Pediatric Critical Care Services |
| A4595 | 2 | 20.11 | Electrical Stimulation of the Peripheral Nerve |
| A4611-A4626 | 2 | 17.2 | Oxygen and Oxygen Supplies |
| A4628-A4629 | 2 | 17.2 | Oxygen and Oxygen Supplies |
| A4641 | 2 | 26.9 | PET (Positron Emission Tomography) |
| A5500-A5513 | 2 | 17.6 | Therapeutic Shoes For Diabetics |
| A6550-A7002 | 2 | 17.25 | V.A.C.® (Vacuum-Assisted Closure) Device |
| A8000-A8003 | 2 | 17.4 | Orthotics |
| A9500-A9567 | 2 | 26.10 | Radionuclide Imaging Procedures |
| A9526 | 2 | 26.9 | PET (Positron Emission Tomography) |
| C1300 | 2 | 30.14 | Hyperbaric Oxygen Therapy |
| C1721-C1722 | 2 | 4.2 | AICD (Automatic Implantation Cardioverter – Defibrillator) |
| C1818 | 2 | 10.9 | Refractive Keratoplasty |
| C1882 | 2 | 4.2 | AICD (Automatic Implantation Cardioverter – Defibrillator) |
| D0120 | 2 | 5.1 | Adjunctive Dental Care |
| D0140 | 2 | 5.1 | Adjunctive dental Care |
| D0150 | 2 | 5.1 | Adjunctive Dental Care |
| D0160 | 2 | 5.1 | Adjunctive Dental Care |
| D0210-D0274 | 2 | 5.1 | Adjunctive Dental Care |
| D0290-D0310 | 2 | 5.1 | Adjunctive Dental Care |
| D0321 | 2 | 5.1 | Adjunctive Dental Care |
| D0330-D0415 | 2 | 5.1 | Adjunctive Dental Care |
| D0470 | 2 | 5.1 | Adjunctive Dental Care |
| D7210-D7250 | 2 | 5.1 | Adjunctive Dental Care |
| D7260 | 2 | 5.7 | Oral Surgery |
| D7285-D7286 | 2 | 5.7 | Oral Surgery |
| D7411-D7420 | 2 | 5.7 | Oral Surgery |
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| D7440-D7441 | 2 | 5.7 | Oral Surgery |
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| D7490 | 2 | 5.7 | Oral Surgery |
| D7520 | 2<br>2 | 5.1<br>5.7 | Adjunctive Dental Care<br>Oral Surgery |
| D7530-D7560 | 2 | 5.7 | Oral Surgery |
| D7610-D7680 | 2 | 5.7 | Oral Surgery |
| D7710-D7780 | 2 | 5.7 | Oral Surgery |
| D7810-D7840 | 2 | 5.1 | Oral Surgery |
| D7860 | 2 | 5.7 | Oral Surgery |
| D7870 | 2 | 5.7 | Oral Surgery |
| D7910-D7920 | 2 | 5.7 | Oral Surgery |
| D7955 | 2 | 5.7 | Oral Surgery |
| D7980-D7983 | 2<br>2 | 5.1<br>5.7 | Adjunctive Dental Care<br>Oral Surgery |
| E0100-E2101 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| E0194 | 2 | 17.9 | Air Fluidized Bed |
| E0235 | 2 | 17.20 | Portable Paraffin Baths |
| E0350 | 2 | 17.27 | PIE (Pulsed Irrigation Evacuation) |
| E0352 | 2 | 17.27 | PIE (Pulsed Irrigation Evacuation) |
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| E0470-E0472 | 2 | 17.14 | CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Air Pressure) |
| E0480 | 2 | 17.19 | Percussors |
| E0482 | 2 | 17.2 | Oxygen and Oxygen Supplies |
| E0561-E0562 | 2 | 17.14 | CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Air Pressure) |
| E0572 | 2 | 17.14 | CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Air Pressure) |
| E0601 | 2 | 17.14 | CPAP (Continuous Positive Airway Pressure) and BiPAP (Bilevel Positive Air Pressure) |
| E0604 | 2 | 8.3 | Neonatal and Pediatric critical Care Services |
| E0607 | 2 | 17.10 | Blood Glucose Level Monitor |
| E0650-E0673 | 2 | 11.2 | Lymphedema |
| E0720-E0731 | 2 | 20.11 | Electrical Stimulation of the Peripheral Nerve |
| E0731 | 2 | 20.12 | NMES (Neuromuscular Electrical Stimulation) Devices |
| E0740 | 2 | 20.11 | Electrical Stimulation of the Peripheral Nerve |
| E0744-E0745 | 2 | 20.12 | NMES (Neuromuscular Electrical Stimulation) Devices |
| E0746 | 2 | 30.5 | Biofeedback |
| E0779-E0791 | 2 | 17.24 | External and Implantable Infusion Pump |
| E0935 | 2 | 17.13 | CPM (Continuous Passive Motion) Devices |
| E1353-E1390 | 2 | 17.2 | Oxygen and Oxygen Supplies |
| E1399 | 2 | 17.2 | Oxygen and Oxygen Supplies |

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| E1520 | 2 | 17.24 | External and Implantable Infusion Pump |
| E2402 | 2 | 17.25 | V.A.C.® (Vacuum-Assisted Closure) Device |
| E2500-E2599 | 2 | 24.1 | Prosthetic Devices and Supplies |
| G0102-G0103 | 2 | 3.5 | Prostate Cancer |
| G0104-G0106 | 2 | 3.2 | Colorectal Cancer |
| G0108-G0109 | 2 | 9.2 | Outpatient DSMT (Diabetes Self-Management Training) |
| G0120-G0121 | 2 | 3.2 | Colorectal Cancer |
| G0130 | 2 | 26.1 | Bone Density Studies |
| G0151-G0155 | 2 | 15.3 | Home Visits |
| G0154 | 3 | 5.7 | Skilled Nursing Reimbursement(Home Health) |
| G0166 | 2 | 4.1 | Cardiovascular System |
| G0179-G0181 | 2 | 15.3 | Home Visits |
| G0202 | 2 | 2.1 | X-RAY Mammography |
| G0204-G0206 | 2<br>2 | 2.1<br>23.1 | X-RAY Mammography<br>Preventive Services |
| G0236 | 2 | 2.1 | X-Ray Mammography |
| G0237-G0239 | 2 | 25.2 | Pulmonary Services |
| G0281 | 2 | 27.1 | Integumentary System |
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| G0302-G0305 | 2 | 25.1 | Respiratory System |
| G0378-G0379 | 2 | 15.9 | Outpatient Observation Stays |
| J0585 | 2 | 22.5 | Botulinum Toxin Injections |
| J0587 | 2 | 22.5 | Botulinum Toxin Injections |
| J1670 | 2 | 23.1 | Preventive Services |
| J2790 | 2 | 23.1 | Preventive Services |
| J7320 | 2 | 19.1 | Musculoskeletal System |
| K0001-K0551 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| K0538-K0540 | 2 | 17.25 | VAC (Vacuum-Assisted Closure) Device |
| K0556-K0559 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| K0561-K0562 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| K0579 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| K0581-K0597 | 2 | 17.1 | DME (Durable Medical Equipment) and Supplies |
| K0600 | 2 | 20.12 | NMES (Neuromuscular Electrical Stimulation) Devices |
| L0112-L0200 | 2 | 17.4 | Orthotics |
| L0700 | 2 | 17.4 | Orthotics |
| L0710 | 2 | 17.4 | Orthotics |
| L0970-L0999 | 2 | 17.4 | Orthotics |
| L1000-L1990 | 2 | 17.4 | Orthotics |
| L2000-L2999 | 2 | 17.4 | Orthotics |

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| L3140-L3150 | 2 | 17.7 | Denise-Browne Splint |
| L3224-L3225 | 2 | 17.5 | Orthopedic Braces and Appliances: Shoes |
| L3260 | 2 | 17.5 | Orthopedic Braces and Appliances: Shoes |
| L3600-L3640 | 2 | 17.5 | Orthopedic Braces and Appliances: Shoes |
| L3650-L3677 | 2 | 17.4 | Orthotics |
| L3700-L3762 | 2 | 17.4 | Orthotics |
| L3800-L3805 | 2 | 17.4 | Orthotics |
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| L3900-L3974 | 2 | 17.4 | Orthotics |
| L5000-L9900 | 2 | 24.1 | Prosthetic Devices and Supplies |
| M0064 | 2<br>2 | 18.3<br>18.4 | Psychotherapy<br>Psychotropic Pharmacologic Management |
| Q0081 | 2 | 17.24 | External and Implantable Infusion Pump |
| Q0084-Q0085 | 2 | 17.24 | External and Implantable Infusion Pump |
| Q0187 | 2 | 11.3 | Transfusion Services For Whole Blood, Blood Components, And Blood Derivatives |
| Q3014 | 2 | 15.11 | Telemedicine/Telehealth |
| Q4083-Q4086 | 2 | 19.1 | Musculoskeletal System |
| S0605 | 2 | 3.5 | Prostate Cancer |
| S0812 | 2 | 10.9 | Refractive Keratoplasty |
| S2053-S2055 | 2 | 31.11 | SI (Small Intestine), SI/L (Combined Small Intestine-Liver), and Multivisceral Transplantation |
| S2065 | 2 | 31.5 | SPK (Simulateous Pancreas-Kidney), PAK (Pancreas After Kidney), and PTA (Pancreas Transplant Alone) |
| S2250 | 2 | 35.1 | Female Genital System |
| S2360-S2361 | 2 | 19.1 | Musculoskeletal System |
| S3820 | 2<br>2 | 2.3<br>23.1 | Prophylactic Mastectomy and Prophylactic Oophorectomy<br>Preventive Services |
| S3822-S3823 | 2<br>2 | 2.3<br>23.1 | Prophylactic Mastectomy and Prophalactic Oophorectomy<br>Preventive Services |
| S3850 | 2 | 23.1 | Preventive Services |
| S8185 | 2 | 17.18 | Mucus Clearance Devices |
| S9126 | 2 | 16.4 | Hospice Care |
| V2623-V2629 | 2 | 24.1 | Prosthetic Devices and Supplies |
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| V2630-V2632 | 2 | 10.4 | Lenses (Intraocular or Contact) and Eye Glasses |
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| ICD-9-CM-55.61 | 2 | 31.4 | Kidney Transplantation |
| ICD-9-CM-55.69 | 2<br>2<br>2 | 31.4<br>31.8<br>31.12 | Kidney Transplantation<br>Combined Liver-Kidney Transplantation<br>Combined Heart-Kidney Transplantation |
| ICD-9-CM-74.00-74.99 | 2 | 14.4 | Cesarean Sections |
| ICD-9-CM-300.11 | 2 | 30.3 | Speech Services |
| ICD-9-CM-307.1 | 2 | 18.9 | Eating Disorders |
| ICD-9-CM-307.51 | 2 | 18.9 | Eating Disorders |
| ICD-9-CM-307.52 | 2 | 18.9 | Eating Disorders |
| ICD-9-CM-307.53 | 2 | 18.9 | Eating Disorders |
| ICD-9-CM-307.59 | 2 | 18.9 | Eating Disorders |
| ICD-9-CM-318 | 2 | 30.3 | Speech Services |
| ICD-9-CM-630 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-632 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-633.0-633.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-634.0-634.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-640.0X-640.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-641.0X-641.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-642.X-647.X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-645.X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-648.0X-648.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-650 | 2 | 14.4 | Cesarean Sections |
| ICD-9-CM-651.0X-651.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-652.0X-652.8X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-653.0X-653.8X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-654.0X-654.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-655.0X-655.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-656.0X-656.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-657.X | 2 | 14.8 | Ultrasound (Maternity) |

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| ICD-9-CM-658.0X-658.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-659.0X-659.9X | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-669.7 | 2 | 14.4 | Cesarean Sections |
| ICD-9-CM-740.0-742.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-745.0-745.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-746.0-746.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-747.0-747.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-750.3-750.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-751.0-751.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-753.0-753.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-754.0-755.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-756.0-756.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-758.0 | 2 | 30.3 | Speech Services |
| ICD-9-CM-758.0-758.9 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-760.0-760.9 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-761.5 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-764.0-764.9 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-765.0-765.1 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-766.0-766.2 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-771.0-771.8 | 2 | 14.8 | Ultrasound (Maternity) |
| ICD-9-CM-787.2 | 2 | 30.3 | Speech Services |
| ICD-9-CM-996.83 | 2 | 31.3 | Heart-Lung and Lung Transplantation |
| ICD-9-CM-996.84 | 2 | 31.3 | Heart-Lung and Lung Transplantation |
| ICD-9-CM-V42.1 | 2 | 31.3 | Heart-Lung and Lung Transplantation |
| ICD-9-CM-V42.6 | 2 | 31.3 | Heart-Lung and Lung Transplantation |
| ICD-9-CM-V43.2 | 2 | 31.3 | Heart-Lung and Lung Transplantation |

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| ICD-9-CM-V43.89 | 2 | 31.3 | Heart-Lung and Lung Transplantation |
| ICD-9-CM-V59.8 | 2 | 31.3 | Heart-Lung and Lung Transplantation |