

## TAR and Non-Benefit List: Codes 90000 thru 99999

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### Medicine

#### Immune Globulins, Serum or Recombinant Products

**Note:** Refer to the *TAR and Non-Benefit: Introduction to List* in this manual for more information about the categories of benefit restrictions.

##### Immune Globulins, Serum or Recombinant Products

Code	Description	Benefit Restrictions
90281	Immune globulin (Ig), human	Non-Benefit
90287	Botulinum antitoxin, equine	Non-Benefit
90288	Botulism immune globulin, human	Non-Benefit
90296	Diphtheria antitoxin, equine	Non-Benefit
90378	Respiratory syncytial virus immune globulin (RSV-IgIM), 50 mg, each	Requires TAR, Primary Surgeon/ Provider
90393	Vaccinia immune globulin, human	Non-Benefit
90396	Varicella-zoster immune globulin, human	Non-Benefit
90399	Unlisted immune globulin	Non-Benefit

#### Immunization Administration for Vaccines/Toxoids

##### Immunization Administration

Code	Description	Benefit Restrictions
90460	Immunization administration via any route, under 18 years of age, first vaccine	Non-Benefit
90461	Immunization administration, under 18 years of age, each additional vaccine	Non-Benefit
90472	Immunization administration; each additional vaccine	Non-Benefit
90473	Immunization administration, intranasal/oral; one vaccine	Non-Benefit
90474	Immunization administration, intranasal/oral; each additional vaccine	Non-Benefit
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	Non-Benefit

**Immunization Administration**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
91304	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, recombinant spike protein nanoparticle, saponin-based adjuvant, 5 mcg/0.5 mL dosage, for intramuscular use	Non-Benefit

**Vaccines, Toxoids****Vaccines and Toxoids**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
90476	Adenovirus vaccine, type 4, live, for oral use	Non-Benefit
90477	Adenovirus vaccine, type 7, live, for oral use	Non-Benefit
90581	Anthrax vaccine	Non-Benefit
90584	Dengue vaccine, quadrivalent, live, 2 dose schedule, for subcutaneous use	Non-Benefit
90586	BCG vaccine, intravesicular, for bladder cancer	Non-Benefit
90587	Dengue vaccine, quadrivalent, live, 3 dose schedule, for subcutaneous use	Non-Benefit
90625	Cholera vaccine, live, adult dosage, 1 dose schedule	Non-Benefit
90634	Hepatitis A vaccine, pediatric/adolescent dosage-3 dose schedule, intramuscular	Non-Benefit
90661	Influenza virus vaccine, trivalent, derived from cell cultures, subunit, preservative and antibiotic free, 0.5 ml dosage, for intramuscular use	Non-Benefit
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	Non-Benefit
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	Non-Benefit
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	Non-Benefit
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	Non-Benefit
90683	Respiratory syncytial virus vaccine, mRNA lipid nanoparticles, for intramuscular use	Non-Benefit
90738	Japanese encephalitis vac, inactivated	Non-Benefit
90749	Unlisted vaccine/toxoid	Non-Benefit

**Psychiatry****Other Psychotherapy**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
90845	Psychoanalysis	Non-Benefit

**Other Psychiatric Services or Procedures**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
90865	Narcosynthesis for psychiatric diagnostic and therapeutic purposes	Non-Benefit
90867	Therapeutic transcranial magnetic stimulation treatment; planning	Non-Benefit
90868	Therapeutic transcranial magnetic stimulation treatment; delivery and management	Non-Benefit
90875	Individual psychophysiological therapy; 20-30 minutes	Non-Benefit
90876	Individual psychophysiological therapy; 45-50 minutes	Non-Benefit
90882	Environmental intervention	Non-Benefit
90885	Psychiatric evaluation of records	Non-Benefit
90887	Interpretation of results to family	Non-Benefit
90889	Preparation of report of psychiatric status	Non-Benefit

**Biofeedback****Biofeedback**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
90901	Biofeedback training by any modality	Non-Benefit
90912	Biofeedback training, perineal muscles, initial 15 minutes	Non-Benefit
90913	Biofeedback training, perineal muscles, each additional 15 minutes	Non-Benefit

**Gastroenterology****Gastroenterology**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
91110	Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy), esophagus through ileum	Requires TAR, Primary Surgeon/ Provider
91111	Gastrointestinal tract imaging, intraluminal, esophagus	Non-Benefit
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Requires TAR, Primary Surgeon/ Provider
91117	Colon motility (manometric) study	Non-Benefit
91120	Rectal sensation, tone and compliance test	Non-Benefit

## Vestibular Function Tests

### Vestibular Function Tests

Code	Description	Benefit Restrictions
92517	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP)	Non-Benefit
92518	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; ocular (oVEMP)	Non-Benefit
92519	Vestibular evoked myogenic potential (VEMP) testing, with interpretation and report; cervical (cVEMP) and ocular (oVEMP)	Non-Benefit
92548	Computerized dynamic posturography	Non-Benefit
92549	Computerized dynamic posturography sensory organization test, 6 conditions, including interpretation and report	Non-Benefit

## Ophthalmology

### Special Ophthalmological Services

Code	Description	Benefit Restrictions
92065	Orthoptic training	Non-Benefit
92066	Orthoptic training	Non-Benefit
92071	Fitting of contact lens for treatment of ocular surface disease	Requires TAR, Primary Surgeon/ Provider
92072	Fitting of contact lens for management of keratoconus, initial fitting	Requires TAR, Primary Surgeon/ Provider
92145	Corneal hysteresis determination, by air impulse stimulation, unilateral or bilateral, with interpretation and report	Non-Benefit

**Other Specialized Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92285	External ocular photography	Non-Benefit
92286	Special anterior segment photography	Non-Benefit
92287	Anterior segment photography with fluorescein	Non-Benefit

**Contact Lens Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92326	Replacement of contact lens	Non-Benefit

**Spectacle Services (Including Prosthesis for Aphakia)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92340	Fitting of glasses, monofocal	Non-Benefit
92341	Fitting of glasses, bifocal	Non-Benefit
92342	Fitting of glasses, multifocal	Non-Benefit
92352	Fitting of spectacle prosthesis for aphakia, monofocal	Non-Benefit
92353	Fitting of spectacle prosthesis for aphakia, multifocal	Non-Benefit
92354	Fitting of spectacle mounted low vision aid	Non-Benefit
92355	Fitting of spectacle mounted low vision aid; telescopic or other compound lens system	Non-Benefit
92358	Prosthesis service for aphakia, temporary	Non-Benefit

**Otorhinolaryngologic Services****Audiologic Function Tests with Medical Diagnostic Evaluation**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92567	Tympanometry (impedance testing)	Non-Benefit
92583	Select picture audiometry	Non-Benefit
92584	Electrocochleography	Non-Benefit
92592	Hearing aid check, monaural	Non-Benefit
92593	Hearing aid check, binaural	Non-Benefit
92596	Ear protector attenuation measurements	Non-Benefit

**Evaluative and Therapeutic Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92620	Auditory function, initial 60 minutes	Requires TAR, Primary Surgeon/ Provider
92621	Auditory function, each additional 15 minutes	Requires TAR, Primary Surgeon/ Provider
«92622	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; first 60 minutes	Non-Benefit»
«92623	Diagnostic analysis, programming, and verification of an auditory osseointegrated sound processor, any type; each additional 15 minutes (List separately in addition to code for primary procedure)	Non-Benefit»
92625	Tinnitus assessment	Requires TAR, Primary Surgeon/ Provider
92626	Evaluation of auditory rehabilitation status; first hour	Requires TAR, Primary Surgeon/ Provider
92627	Evaluation of auditory rehabilitation status; each additional 15 minutes	Requires TAR, Primary Surgeon/ Provider
92630	Auditory rehabilitation; pre-lingual hearing loss	Requires TAR, Primary Surgeon/ Provider
92633	Auditory rehabilitation; post-lingual hearing loss	Requires TAR, Primary Surgeon/ Provider

**Special Diagnostic Procedures**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92640	Diagnostic analysis with programming of auditory brainstem implant, per hour	Non-Benefit

**Other Procedures**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92700	Unlisted otorhinolaryngological service/procedure	Requires TAR, Primary Surgeon/ Provider

**Cardiovascular****Therapeutic Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92920	Percutaneous transluminal coronary angioplasty; single major artery or branch	Requires TAR, Primary Surgeon/ Provider
92921	Percutaneous transluminal coronary angioplasty; each additional branch	Non-Benefit
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty; single major artery or branch	Requires TAR, Primary Surgeon/ Provider
92925	Percutaneous transluminal coronary atherectomy, with coronary angioplasty; each additional branch	Non-Benefit
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty, single major artery or branch	Requires TAR, Primary Surgeon/ Provider
92929	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty; each additional branch	Non-Benefit
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty, single major artery or branch	Requires TAR, Primary Surgeon/ Provider
92934	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty; each additional branch	Non-Benefit
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft, any combination of intracoronary stent, atherectomy and angioplasty; single vessel	Requires TAR, Primary Surgeon/ Provider
92938	Percutaneous transluminal revascularization of or through coronary artery bypass graft, each additional branch subtended by the bypass graft	Non-Benefit
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction; single vessel	Requires TAR, Primary Surgeon/ Provider



**Therapeutic Services (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
92943	Percutaneous transluminal revascularization of chronic total occlusion; single vessel	Requires TAR, Primary Surgeon/ Provider
92944	Percutaneous transluminal revascularization of chronic total occlusion, each additional artery, coronary artery branch or bypass graft	Non-Benefit
92973	Percutaneous transluminal coronary thrombectomy	Requires TAR, Primary Surgeon/ Provider
92974	Catheter placement for cardio brachytherapy	Requires TAR, Primary Surgeon/ Provider
92997	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	Requires TAR, Primary Surgeon/ Provider
92998	Percutaneous transluminal pulmonary artery balloon angioplasty; single vessel	Requires TAR, Primary Surgeon/ Provider

**Echocardiography**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93313	Echocardiography, placement of transesophageal probe only	Non-Benefit
93314	Echocardiography, interpretation and report only	Non-Benefit
93316	Transesophageal echocardiography; placement of transesophageal probe only	Non-Benefit
93317	Transesophageal echocardiography; image acquisition, interpretation and report only	Non-Benefit

## Cardiac Catheterization

### Cardiac Catheterization

Code	Description	Benefit Restrictions
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output	Requires TAR, Primary Surgeon/ Provider
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation	Requires TAR, Primary Surgeon/ Provider
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation	Requires TAR, Primary Surgeon/ Provider
93454	Catheter placement in coronary artery(s) for coronary angiography	Requires TAR, Primary Surgeon/ Provider
93455	Catheter placement in coronary artery(s) for coronary angiography, with catheter placement(s) in bypass graft(s) for bypass graft angiography	Requires TAR, Primary Surgeon/ Provider
93456	Catheter placement in coronary artery(s) for coronary angiography, with right heart catheterization	Requires TAR, Primary Surgeon/ Provider
93457	Catheter placement in coronary artery(s) for coronary angiography, with catheter placement(s) in bypass graft(s) for bypass graft angiography and right heart catheterization	Requires TAR, Primary Surgeon/ Provider
93458	Catheter placement in coronary artery(s) for coronary angiography, with left heart catheterization	Requires TAR, Primary Surgeon/ Provider
93459	Catheter placement in coronary artery(s) for coronary angiography, with left heart catheterization, catheter placement(s) in bypass graft(s) with bypass graft angiography	Requires TAR, Primary Surgeon/ Provider
93460	Catheter placement in coronary artery(s) for coronary angiography, with right and left heart catheterization	Requires TAR, Primary Surgeon/ Provider

**Cardiac Catheterization (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93461	Catheter placement in coronary artery(s) for coronary angiography, with right and left heart catheterization, catheter placement(s) in bypass graft(s) with bypass graft angiography	Requires TAR, Primary Surgeon/ Provider
93462	Left heart catheterization by transeptal puncture through intact septum or by transapical puncture	Requires TAR, Primary Surgeon/ Provider
93505	Endomyocardial biopsy	Requires TAR, Primary Surgeon/ Provider
93593	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; normal native connections	Requires TAR, Primary Surgeon/ Provider
93594	Right heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone; abnormal native connections	Requires TAR, Primary Surgeon/ Provider
93595	Left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone, normal or abnormal native connections	Requires TAR, Primary Surgeon/ Provider
93596	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); normal native connections	Requires TAR, Primary Surgeon/ Provider
93597	Right and left heart catheterization for congenital heart defect(s) including imaging guidance by the proceduralist to advance the catheter to the target zone(s); abnormal native connections	Requires TAR, Primary Surgeon/ Provider
93598	Cardiac output measurement(s), thermodilution or other indicator dilution method, performed during cardiac catheterization for the evaluation of congenital heart defects (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider

**Injection Procedures**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93563	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective coronary angiography during congenital heart catheterization	Requires TAR, Primary Surgeon/ Provider
93564	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective opacification of aortocoronary venous or arterial bypass graft(s)	Requires TAR, Primary Surgeon/ Provider
93565	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective left ventricular or left atrial angiography	Requires TAR, Primary Surgeon/ Provider
93566	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective right ventricular or right atrial angiography	Requires TAR, Primary Surgeon/ Provider
93567	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for supra-avalvular aortography	Requires TAR, Primary Surgeon/ Provider
93568	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for pulmonary angiography	Requires TAR, Primary Surgeon/ Provider

**Injection Procedures (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93569	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, unilateral (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider
93573	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary arterial angiography, bilateral (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider
93574	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary venous angiography of each distinct pulmonary vein during cardiac catheterization (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider
93575	Injection procedure during cardiac catheterization including imaging supervision, interpretation, and report; for selective pulmonary angiography of major aortopulmonary collateral arteries (MAPCAs) arising off the aorta or its systemic branches, during cardiac catheterization for congenital heart defects, each distinct vessel (List separately in addition to code for primary procedure)	Requires TAR, Primary Surgeon/ Provider

**Repair of Septal Heart Defect**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93582	Percutaneous transcatheter closure of patent ductus arteriosus	Requires TAR, Primary Surgeon/ Provider
93583	Percutaneous transcatheter septal reduction therapy including temporary pacemaker insertion when performed	Requires TAR, Primary Surgeon/ Provider

## Intracardiac Electrophysiological Procedures

### Intracardiac Electrophysiological Procedures

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93600	Bundle of His recording	Requires TAR, Primary Surgeon/ Provider
93602	Intra-atrial recording	Requires TAR, Primary Surgeon/ Provider
93603	Right ventricular recording	Requires TAR, Primary Surgeon/ Provider
93610	Intra-atrial pacing	Requires TAR, Primary Surgeon/ Provider
93612	Intraventricular pacing	Requires TAR, Primary Surgeon/ Provider
93613	Intracardiac electrophysiologic 3-dimensional mapping	Requires TAR, Primary Surgeon/ Provider
93618	Induction of arrhythmia by electrical pacing	Requires TAR, Primary Surgeon/ Provider
93619	Comprehensive electrophysiologic evaluation without induction or attempted induction of arrhythmia	Requires TAR, Primary Surgeon/ Provider
93620	Comprehensive electrophysiologic evaluation with induction or attempted induction of arrhythmia	Requires TAR, Primary Surgeon/ Provider
93621	Comprehensive electrophysiologic evaluation with induction or attempted induction of arrhythmia; with left atrial pacing and recording	Requires TAR, Primary Surgeon/ Provider
93622	Comprehensive electrophysiologic evaluation with induction or attempted induction of arrhythmia; with left ventricular pacing and recording	Requires TAR, Primary Surgeon/ Provider

**Intracardiac Electrophysiological Procedures (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry	Requires TAR, Primary Surgeon/ Provider
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atrial pacing and recording and catheter ablation of arrhythmogenic focus, including intracardiac electrophysiologic 3-dimensional mapping, right ventricular pacing and recording, left atrial pacing and recording from coronary sinus or left atrium, and His bundle recording, when performed; with treatment of ventricular tachycardia or focus of ventricular ectopy including left ventricular pacing and recording, when performed	Requires TAR, Primary Surgeon/ Provider
93656	Comprehensive electrophysiologic evaluation including transeptal catheterizations, insertion and repositioning of multiple electrode catheters with intracardiac catheter ablation of atrial fibrillation by pulmonary vein isolation, including intracardiac electrophysiologic 3-dimensional mapping, intracardiac echocardiography including imaging supervision and interpretation, induction or attempted induction of an arrhythmia including left or right atrial pacing/recording, right ventricular pacing/recording, and His bundle recording, when performed	Requires TAR, Primary Surgeon/ Provider
93668	Peripheral arterial disease (PAD) rehabilitation, per session	Non-Benefit

### Non-Invasive Physiologic Studies and Procedures

Code	Description	Benefit Restrictions
93701	Bioimpedance, thoracic, electrical	Non-Benefit
93740	Temperature gradient studies	Non-Benefit
93760	Thermogram, cephalic	Non-Benefit
93762	Thermogram, peripheral	Non-Benefit
93770	Determination of venous pressure	Non-Benefit

### Home and Outpatient International Normalized Ratio (INR) Monitoring Services

Code	Description	Benefit Restrictions
93792	Patient/caregiver training for initiation of home international normalized ratio (INR) monitoring under the direction of a physician or other qualified health care professional, face-to-face, including use and care of the INR monitor, obtaining blood sample, instructions for reporting home INR test results, and documentation of patient's/caregiver's ability to perform testing and report results	Non-Benefit

### Non-Invasive Vascular Diagnostic Studies

#### Cerebrovascular Arterial Studies

Code	Description	Benefit Restrictions
93895	Quantitative carotid intima media thickness and carotid atheroma evaluation, bilateral	Non-Benefit

#### Visceral and Penile Vascular Studies

Code	Description	Benefit Restrictions
93980	Duplex scan of arterial inflow and venous outflow, penile vessels; complete study	Requires TAR, Primary Surgeon/ Provider
93981	Duplex scan of arterial inflow and venous outflow, penile vessels; follow-up or limited study	Requires TAR, Primary Surgeon/ Provider
93982	Non-invasive physiologic study of implanted wireless pressure sensor in aneurysmal sac following endovascular repair, complete study	Non-Benefit

#### Other Non-Invasive Vascular Diagnostic Studies

Code	Description	Benefit Restrictions
93998	Unlisted non-invasive vascular diagnostic study	Requires TAR, Primary Surgeon/ Provider



## Pulmonary

### Ventilator Management

Code	Description	Benefit Restrictions
94004	Ventilation assist and management; nursing facility, per day	Non-Benefit
94005	Home ventilator management care plan oversight of a patient in home, domiciliary or rest home, 30 minutes or more	Non-Benefit

### Pulmonary Diagnostic Testing and Therapies

Code	Description	Benefit Restrictions
94070	Bronchospasm provocation evaluation, multiple spirometric determinations as in 94010, with administered agents (eg, antigen(s), cold air, methacholine)	Non-Benefit
94452	High altitude simulation test (HAST), with physician interpretation and report	Non-Benefit
94453	High altitude simulation test (HAST), with supplemental oxygen titration	Non-Benefit
94610	Interpulmonary surfactant administration by a physician through endotracheal tube	Non-Benefit
94761	Ear or pulse oximetry; multiple	Non-Benefit
94762	Ear or pulse oximetry; continuous	Non-Benefit
94774	Pediatric home apnea monitoring; includes all services	Non-Benefit
94775	Pediatric home apnea monitor attachment only	Non-Benefit
94776	Pediatric home apnea monitoring, download of information receipt of transmissions and analyses by computer only	Non-Benefit
94777	Pediatric home apnea physician review, interpretation and preparation of report only	Non-Benefit
94780	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; 60 minutes	Non-Benefit
94781	Car seat/bed testing for airway integrity, for infants through 12 months of age, with continual clinical staff observation and continuous recording of pulse oximetry, heart rate and respiratory rate, with interpretation and report; each additional full 30 minutes	Non-Benefit

## Allergy and Clinical Immunology

### Allergy Immunotherapy

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95120	Professional services for allergen immunotherapy; single injection	Non-Benefit
95125	Professional services for allergen immunotherapy; multiple injections	Non-Benefit
95130	Professional services for allergen immunotherapy; single stinging insect venom	Non-Benefit
95131	Professional services for allergen immunotherapy; two stinging insect venom	Non-Benefit
95132	Professional services for allergen immunotherapy; three stinging insect venom	Non-Benefit
95133	Professional services for allergen immunotherapy; four stinging insect venom	Non-Benefit
95134	Professional services for allergen immunotherapy; five stinging insect venom	Non-Benefit
95145	Professional services for the supervision/provision of antigens for allergen immunotherapy; single stinging insect venom	Non-Benefit
95146	Professional services for the supervision/provision of antigens for allergen immunotherapy; two single stinging insect venom	Non-Benefit
95147	Professional services for the supervision/provision of antigens for allergen immunotherapy; three single stinging insect venom	Non-Benefit
95148	Professional services for the supervision/provision of antigens for allergen immunotherapy; four	Non-Benefit
95149	Professional services for the supervision/provision of antigens for allergen immunotherapy; five single stinging insect venom	Non-Benefit
95165	Professional services for the supervision/provision of antigens for allergen immunotherapy; single or multiple dose antigens	Non-Benefit

**Endocrinology****Endocrinology**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95249	Ambulatory continuous glucose monitoring of interstitial tissue fluid via a subcutaneous sensor for a minimum of 72 hours; patient-provided equipment, sensor placement, hook-up, calibration of monitor, patient training, and printout of recording	Non-Benefit

**Neurology and Neuromuscular Procedures****Sleep Testing**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95803	Actigraphy testing, recording, analysis, interpretation and report	Non-Benefit

**Nerve Conduction Studies**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95921	Testing of autonomic nervous system function; cardiovagal innervation	Non-Benefit
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation	Non-Benefit
95923	Testing of autonomic nervous system function; sudomotor	Non-Benefit
95933	Orbicularis oculi reflex	Non-Benefit
95954	Pharmacological or physical activation requiring physician attendance during EEG recording of activation phase	Non-Benefit
95961	Functional cortical mapping; initial hour of physician attendance	Non-Benefit
95962	Functional cortical mapping; each additional hour of physician attendance	Non-Benefit

**Magnetoencephalography**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95965	Magnetoencephalography (MEG); spontaneous	Requires TAR, Primary Surgeon/ Provider
95966	MEG; evoked, single modality	Requires TAR, Primary Surgeon/ Provider
95967	MEG; evoked, each additional modality	Requires TAR, Primary Surgeon/ Provider

**Neurostimulators**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
95980	Electronic analysis of implanted neurostimulator pulse generator system	Non-Benefit
95981	Electronic analysis of implanted neurostimulator pulse generator system; subsequent, without reprogramming	Non-Benefit
95982	Electronic analysis of implanted neurostimulator pulse generator system; subsequent, with reprogramming	Non-Benefit

### Motion Analysis

Code	Description	Benefit Restrictions
96000	Motion analysis, video/3-D	Non-Benefit
96001	Motion test with dynamic plantar measurements	Non-Benefit
96002	Dynamic surface EMG	Non-Benefit
96003	Dynamic fine wire EMG	Non-Benefit
96004	Physician review of motion tests	Non-Benefit

### Medicine Genetics and Genetic Counseling

#### Medicine Genetics and Genetic Counseling

Code	Description	Benefit Restrictions
96040	Medical genetic and genetic counseling services, each 30 minutes	Non-Benefit

### Health and Behavioral Assessment/Intervention

#### Health and Behavioral Assessment/Intervention

Code	Description	Benefit Restrictions
96160	Administration of patient-focused health risk assessment instrument	Non-Benefit
96161	Administration of caregiver-focused health risk assessment instrument	Non-Benefit

### Intravenous Injections or Infusions

#### Intravenous Injections or Infusions

Code	Description	Benefit Restrictions
96379	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	Requires TAR, Primary Surgeon/ Provider

**«Respiratory Syncytial Virus Injection****Respiratory Syncytial Virus Injection**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
96380	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection, with counseling by physician or other qualified health care professional	Non-Benefit
96381	Administration of respiratory syncytial virus, monoclonal antibody, seasonal dose by intramuscular injection	Non-Benefit»

**Photodynamic Therapy****Photodynamic Therapy**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
96570	Photodynamic therapy; first 30 minutes	Non-Benefit
96571	Photodynamic therapy; each additional 15 minutes	Non-Benefit

## Special Dermatological Procedures

### Special Dermatological Procedures

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
96902	Microscopic examination of hairs	Non-Benefit
96904	Whole body integumentary photography	Non-Benefit
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Non-Benefit
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Non-Benefit
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Non-Benefit
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion	Non-Benefit
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion	Non-Benefit
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion	Non-Benefit
96999	Dermatological procedure, unlisted	Requires TAR, Primary Surgeon/ Provider

## Physical Medicine and Rehabilitation

### Modalities, Supervised

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97010	Application of a modality; hot or cold packs	Requires TAR, Primary Surgeon/ Provider
97012	Traction, mechanical	Requires TAR, Primary Surgeon/ Provider
97014	Electrical stimulation	Requires TAR, Primary Surgeon/ Provider
97016	Vasopneumatic devices	Requires TAR, Primary Surgeon/ Provider
97018	Paraffin bath	Requires TAR, Primary Surgeon/ Provider
97022	Whirlpool	Requires TAR, Primary Surgeon/ Provider
97024	Diathermy	Requires TAR, Primary Surgeon/ Provider
97026	Infrared	Requires TAR, Primary Surgeon/ Provider
97028	Ultraviolet	Requires TAR, Primary Surgeon/ Provider



**Modalities, Constant Attendance**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97032	Application of modality; electrical stimulation	Requires TAR, Primary Surgeon/ Provider
97033	Application of modality; iontophoresis	Requires TAR, Primary Surgeon/ Provider
97034	Application of modality; contrast baths	Requires TAR, Primary Surgeon/ Provider
97035	Application of modality; ultrasound	Requires TAR, Primary Surgeon/ Provider
97036	Application of modality; Hubbard tank	Requires TAR, Primary Surgeon/ Provider
«97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction	Non-Benefit»
97039	Unlisted modality	Requires TAR, Primary Surgeon/ Provider

**Therapeutic Procedures**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97110	Therapeutic procedure, one or more areas, each 15 minutes; therapeutic exercises	Requires TAR, Primary Surgeon/ Provider
97112	Therapeutic procedure, one or more areas, each 15 minutes; neuromuscular re-education	Requires TAR, Primary Surgeon/ Provider
97113	Therapeutic procedure, one or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	Requires TAR, Primary Surgeon/ Provider
97116	Therapeutic procedure, one or more areas, each 15 minutes; gait training (includes stair climbing)	Requires TAR, Primary Surgeon/ Provider

**Therapeutic Procedures (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97124	Therapeutic procedure, one or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement	Requires TAR, Primary Surgeon/
97139	Therapeutic procedure, one or more areas, each 15 minutes; unlisted procedure	Requires TAR, Primary Surgeon/ Provider
97140	Manual therapy techniques, one or more regions, each 15 minutes	Requires TAR, Primary Surgeon/ Provider
97150	Therapeutic procedure(s), group	Requires TAR, Primary Surgeon/ Provider
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care professional's time face-to-face with patient and/or guardian(s)/caregiver(s) administering assessments and discussing findings and recommendations, and non-face-to-face analyzing past data, scoring/interpreting the assessment, and preparing the report/treatment plan	Non-Benefit
97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes	Non-Benefit
97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes	Non-Benefit
97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes	Non-Benefit

**Therapeutic Procedures (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of technician, face-to-face with one patient, each 15 minutes	Non-Benefit
97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes	Non-Benefit
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes	Non-Benefit
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes	Non-Benefit
97504	Orthotics fitting and training, upper and/or lower extremity(ies), and/or trunk, each 15 minutes	Non-Benefit
97520	Prosthetic training; upper and/or lower extremities, each 15 minutes	Non-Benefit
97530	Therapeutic activities, direct (one-on-one) patient contact by provider, each 15 minutes	Requires TAR, Primary Surgeon/ Provider
97535	Self care/home management training, direct one-on-one contact by provider, each 15 minutes	Non-Benefit
97537	Community/work reintegration training, direct one-on-one contact by provider, each 15 minutes	Non-Benefit
97542	Wheelchair management/propulsion training, each 15 minutes	Non-Benefit
97545	Work hardening/conditioning; initial two hours	Non-Benefit
97546	Work hardening/conditioning; each additional hour	Non-Benefit

**Physical Therapy Evaluations**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97161	Physical therapy evaluation: low complexity	Non-Benefit
97162	Physical therapy evaluation: moderate complexity	Non-Benefit
97163	Physical therapy evaluation: high complexity	Non-Benefit
97164	Re-evaluation of physical therapy established plan of care	Non-Benefit

**Occupational Therapy Evaluations**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97165	Occupational therapy evaluation, low complexity	Non-Benefit
97166	Occupational therapy evaluation, moderate complexity	Non-Benefit
97167	Occupational therapy evaluation, high complexity	Non-Benefit
97168	Re-evaluation of occupational therapy established plan of care	Non-Benefit

**Athletic Training Evaluations**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97169	Athletic training evaluation, low complexity	Non-Benefit
97170	Athletic training evaluation, moderate complexity	Non-Benefit
97171	Athletic training evaluation, high complexity	Non-Benefit
97172	Re-evaluation of athletic training established plan of care	Non-Benefit

**«Caregiver Training**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; initial 30 minutes	Non-Benefit
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face; each additional 15 minutes (List separately in addition to code for primary service)	Non-Benefit»

**«Caregiver Training (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [ADLs], instrumental ADLs [iADLs], transfers, mobility, communication, swallowing, feeding, problem solving, safety practices) (without the patient present), face to face with multiple sets of caregivers	Non-Benefit»

**Active Wound Care Management**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97602	Removal of devitalized tissue from wound(s); nonselective debridement	Non-Benefit
97605	Negative pressure wound therapy, 50 cm <sup>2</sup> or less	Non-Benefit
97606	Negative pressure wound therapy, greater than 50 cm <sup>2</sup>	Non-Benefit
97607	Negative pressure wound therapy, utilizing disposable medical equipment; total wound(s) surface area less than or equal to 50 cm <sup>2</sup>	Non-Benefit
97608	Negative pressure wound therapy, utilizing disposable medical equipment; total wound(s) surface area greater than 50 cm <sup>2</sup>	Non-Benefit
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), wound assessment	Non-Benefit

**Orthotic Management and Training and Prosthetic Training**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes	Non-Benefit

**Tests and Measurements**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
97750	Physical performance test or measurement, with written report, each 15 minutes	Requires TAR, Primary Surgeon/ Provider
97755	Assistive technology assessment, with written report, each 15 minutes	Non-Benefit

## Osteopathic Manipulative Treatment

### Osteopathic Manipulative Treatment

Code	Description	Benefit Restrictions
98927	OMT; five to six body regions	Non-Benefit
98928	OMT; seven to eight body regions	Non-Benefit
98929	OMT; nine to ten body regions	Non-Benefit

## Chiropractic Manipulative Treatment

### Chiropractic Manipulative Treatment

Code	Description	Benefit Restrictions
98943	Chiropractic manipulative treatment (CMT); extraspinal, one or more regions	Non-Benefit

## Non-Face-to-Face Nonphysician Services

### Telephone Services

Code	Description	Benefit Restrictions
98966	Telephone assessment and management service to an established patient, parent or guardian	Non-Benefit
98967	Telephone assessment and management service; 11-20 minutes of medical discussion	Non-Benefit
98968	Telephone assessment and management service; 21-30 minutes of medical discussion	Non-Benefit

### Online Medical Evaluation

Code	Description	Benefit Restrictions
98970	Qualified nonphysician online evaluation and management service, 5-10 minutes	Non-Benefit
98971	Qualified nonphysician online evaluation and management service, 11-20 minutes	Non-Benefit
98972	Qualified nonphysician online evaluation and management service, 21 or more minutes	Non-Benefit
98975	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); initial set-up and patient education on use of equipment	Non-Benefit

**Online Medical Evaluation (continued)**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
98976	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor respiratory system, each 30 days	Non-Benefit
98977	Remote therapeutic monitoring (eg, respiratory system status, musculoskeletal system status, therapy adherence, therapy response); device(s) supply with scheduled (eg, daily) recording(s) and/or programmed alert(s) transmission to monitor musculoskeletal system, each 30 days	Non-Benefit
98980	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; first 20 minutes	Non-Benefit
98981	Remote therapeutic monitoring treatment management services, physician or other qualified health care professional time in a calendar month requiring at least one interactive communication with the patient or caregiver during the calendar month; each additional 20 minutes	Non-Benefit

## Special Services Procedures and Reports

### Miscellaneous Services

Code	Description	Benefit Restrictions
99001	Handling and/or conveyance of lab specimen, from other than office to lab	Non-Benefit
99002	Handling, conveyance or other service involving devices	Non-Benefit
99024	Postoperative follow-up visit normally included in the surgical package	Non-Benefit
99026	Hospital mandated on call service; in hospital, each hour	Non-Benefit
99027	Hospital mandated on call service, out of hospital, each hour	Non-Benefit
99050	Services requested after posted office hours	Non-Benefit
99056	Services provided at request of patient	Non-Benefit
99058	Office services on emergency basis	Non-Benefit
99071	Educational supplies provided to patient	Non-Benefit
99075	Medical testimony	Non-Benefit
99078	Physician education services in group setting	Non-Benefit
99080	Special reports, more information than standard form	Non-Benefit
99082	Unusual travel	Requires TAR, Primary Surgeon/ Provider



## Qualifying Circumstances for Anesthesia

### Qualifying Circumstances for Anesthesia

Code	Description	Benefit Restrictions
99100	Anesthesia for patient of extreme age	Non-Benefit
99116	Anesthesia complicated by total body hypothermia	Non-Benefit
99135	Anesthesia complicated by controlled hypotension	Non-Benefit
99140	Anesthesia complicated by emergency conditions	Non-Benefit

### Other Services

Code	Description	Benefit Restrictions
99172	Visual function screening	Non-Benefit
99173	Screening test of visual acuity	Non-Benefit
99174	Instrument-based ocular screening, bilateral; with remote analysis and report	Non-Benefit
99175	Ipecac or similar administration for emesis	Non-Benefit
99177	Instrument-based ocular screening, bilateral; with on-site analysis	Non-Benefit
99183	Physician attendance and supervision of hyperbaric oxygen therapy, per session	Requires TAR, Primary Surgeon/ Provider
99190	Assembly and operation of pump with oxygenator or heat exchanger, each hour	Non-Benefit
99191	Assembly and operation of pump with oxygenator or heat exchanger, 3/4 hour	Non-Benefit
99192	Assembly and operation of pump with oxygenator or heat exchanger, 1/2 hour	Non-Benefit

## Evaluation and Management of Emergency Department Services

### Other Emergency Services

Code	Description	Benefit Restrictions
99288	Physician direction of advance life support	Non-Benefit

**Inpatient Pediatric Critical Care****Inpatient Pediatric Critical Care**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99293	Initial, 29 days through 24 months of age, per day	Non-Benefit
99294	Subsequent, 29 days through 24 months of age, per day	Non-Benefit

**Inpatient Neonatal Critical Care****Inpatient Neonatal Critical Care**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99295	Neonatal critical care, initial, 28 days of age or less, per day	Non-Benefit
99296	Neonatal critical care, subsequent, 28 days of age or less, per day	Non-Benefit

**Intensive (Non-Critical) Low Birth Weight Services****Intensive (Non-Critical) Low Birth Weight Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99298	Subsequent intensive care, per day, low birth weight infant (<1,500 grams)	Non-Benefit
99299	Subsequent intensive care, per day, low birth weight infant (1,500 to 2,500 grams)	Non-Benefit

## Case Management Services

### Team Conferences

Code	Description	Benefit Restrictions
99367	Team conf, without direct face-to-face contact with patient and/or family, 30 minutes or more, participation by physician	Non-Benefit

## Care Plan Oversight Services

### Care Plan Oversight Services

Code	Description	Benefit Restrictions
99374	Physician supervision of a patient under care of home health agency (patient not present); 15 to 29 minutes	Non-Benefit
99375	Physician supervision of a patient under care of home health agency (patient not present); 30 minutes or more	Non-Benefit
99377	Physician supervision of a hospice patient (patient not present); 15 to 29 minutes	Non-Benefit
99378	Physician supervision of a hospice patient (patient not present); 30 minutes or more	Non-Benefit
99379	Physician supervision of a nursing facility patient (patient not present); 15 to 29 minutes	Non-Benefit
99380	Physician supervision of a nursing facility patient (patient not present); 30 minutes or more	Non-Benefit

## Counseling and/or Risk Factor Reduction Intervention

### Preventive Medicine, Individual Counseling

Code	Description	Benefit Restrictions
99401	Preventive medicine counseling, individual; approximately 15 minutes	Non-Benefit
99402	Preventive medicine counseling, individual; approximately 30 minutes	Non-Benefit
99403	Preventive medicine counseling, individual; approximately 45 minutes	Non-Benefit
99404	Preventive medicine counseling, individual; approximately 60 minutes	Non-Benefit
99408	Alcohol and/or substance other than tobacco, abuse structured screening, and brief intervention (SBI) services, 15 to 30 min	Non-Benefit
99409	Alcohol and/or substance other than tobacco, abuse structured screening, and brief intervention (SBI) services, greater than 30 min	Non-Benefit

### Preventive Medicine, Group Counseling

Code	Description	Benefit Restrictions
99411	Preventive medicine counseling; approximately 30 minutes	Non-Benefit
99412	Group counseling; 60 minutes	Non-Benefit

### Online Digital Evaluation

Code	Description	Benefit Restrictions
99421	Online digital evaluation and management service, 5 to 10 minutes	Non-Benefit
99422	Online digital evaluation and management service, 11 to 20 minutes	Non-Benefit
99423	Online digital evaluation and management service, 21 or more minutes	Non-Benefit

### Other Preventive Medicine Services

Code	Description	Benefit Restrictions
99429	Unlisted preventive medicine services	Requires TAR, Primary Surgeon/ Provider

**Non-Face-to-Face Physician Services****Telephone Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99441	Phone e/m by physician 5 to 10 min	Non-Benefit
99442	Phone e/m by physician 11 to 20 min	Non-Benefit
99443	Phone e/m by physician 21 to 30 min	Non-Benefit
99444	Online e/m by physician	Non-Benefit

**Interprofessional Telephone/ Internet Consultations**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99446	Telephone/Internet e/m by physician 5 to 10 min	Non-Benefit
99447	Telephone/Internet e/m by physician 11 to 20 min	Non-Benefit
99448	Telephone/Internet e/m by physician 21 to 30 min	Non-Benefit
99449	Telephone/Internet e/m by physician 31 min or more	Non-Benefit

## Special Evaluation and Management Services

### Basic Life and/or Disability Evaluation Services

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99450	Basic life and/or disability examination	Non-Benefit
99452	Interprofessional telephone/Internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 minutes	Non-Benefit

### Work Related or Medical Disability Evaluation Services

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99455	Work related or medical disability examination by the treating physician	Non-Benefit
99456	Work related or medical disability examination by other than the treating physician	Non-Benefit

## Inpatient Neonatal Intensive Care Services and Pediatric and Neonatal Critical Care

### Inpatient Neonatal and Pediatric Critical Care

Code	Description	Benefit Restrictions
99473	Self-measured blood pressure, patient education/training and device calibration	Non-Benefit
99474	Self-measured blood pressure, separate self-measurements, communication of treatment plan to the patient	Non-Benefit

## General Behavioral Health Integration Care Management

### General Behavioral Health Integration Care Management

Code	Description	Benefit Restrictions
99484	Care management services for behavioral health conditions, at least 20 minutes of clinical staff time, directed by a physician or other qualified health care professional, per calendar month	Non-Benefit
99487	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; first 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month	Non-Benefit
99489	Complex chronic care management services with the following required elements: multiple (two or more) chronic conditions expected to last at least 12 months, or until the death of the patient, chronic conditions that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline, comprehensive care plan established, implemented, revised, or monitored, moderate or high complexity medical decision making; each additional 30 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month.	Non-Benefit

**Transitional Care Management Services****Transitional Care Management Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99495	Transitional care management services, moderate complexity	Non-Benefit
99496	Transitional care management services, high complexity	Non-Benefit

**Other Evaluation and Management Services****Other Evaluation and Management Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99499	Unlisted evaluation and management service	Requires TAR, Primary Surgeon/ Provider

**Home Health Procedures/Services****Home Health Procedures/Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99500	Home visit, prenatal	Non-Benefit
99503	Home visit, respiratory therapy	Non-Benefit
99504	Home visit, mechanical ventilation care	Non-Benefit
99505	Home visit, stoma care	Non-Benefit
99506	Home visit, intramuscular injections	Non-Benefit
99507	Home visit, catheter maintenance	Non-Benefit
99509	Home visit, activities of daily living	Non-Benefit
99510	Home visit, individual, family, marriage counseling	Non-Benefit
99511	Home visit, fecal/enema management	Non-Benefit
99512	Home visit, hemodialysis	Non-Benefit

**Home Infusion Procedures/Services**

<b>Code</b>	<b>Description</b>	<b>Benefit Restrictions</b>
99601	Home infusion, up to 2 hours	Non-Benefit
99602	Home infusion, each additional hour	Non-Benefit



## **Legend**

Symbols used in the document above are explained in the following table.

<b>Symbol</b>	<b>Description</b>
«	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
»	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.