

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 |
|---------|--|----------------------|
| <<0001A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; first dose | Non-Benefit |
| 0002A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted; second dose | Non-Benefit |
| 0003A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; third dose | Non-Benefit>> |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 0004A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, diluent reconstituted; booster dose | Non-Benefit |
| 0011A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; first dose | Non-Benefit |
| 0012A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage; second dose | Non-Benefit |
| 0013A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5 mL dosage; third dose | Non-Benefit |
| 0031A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; single dose | Non-Benefit |
| 0034A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage; booster dose | Non-Benefit |
| 0051A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; first dose | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 0052A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; second dose | Non-Benefit |
| 0053A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; third dose | Non-Benefit |
| 0054A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; booster dose | Non-Benefit |
| 0064A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, booster dose | Non-Benefit |
| 0071A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | Non-Benefit |
| 0072A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | Non-Benefit |
| 0073A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 0074A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; booster dose | Non-Benefit |
| 0081A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | Non-Benefit |
| 0082A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | Non-Benefit |
| 0083A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | Non-Benefit |
| 0091A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; first dose, when administered to individuals 6 through 11 years | Non-Benefit |
| 0092A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; second dose, when administered to individuals 6 through 11 years | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 0093A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; third dose, when administered to individuals 6 through 11 years | Non-Benefit |
| 0094A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage; booster dose, when administered to individuals 18 years and over | Non-Benefit |
| 0111A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; first dose | Non-Benefit |
| 0112A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; second dose | Non-Benefit |
| 0113A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage; third dose | Non-Benefit |
| 0121A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; single dose | Non-Benefit |
| 0124A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation; additional dose | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 0134A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, additional dose | Non-Benefit |
| 0141A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; first dose | Non-Benefit |
| 0142A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; second dose | Non-Benefit |
| 0144A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage; additional dose | Non-Benefit |
| 0151A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; single dose | Non-Benefit |
| 0154A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose | Non-Benefit |
| 0164A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, additional dose | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 0171A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; first dose | Non-Benefit |
| 0172A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; second dose | Non-Benefit |
| 0173A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; third dose | Non-Benefit |
| 0174A | Immunization administration by intramuscular injection of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation; additional dose | Non-Benefit» |

Immunization Administration (continued)

| 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 |
| «91300 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3mL dosage, diluent reconstituted, for intramuscular use | Non-Benefit |
| 91301 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 100 mcg/0.5mL dosage, for intramuscular use | Non-Benefit |
| 91303 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, DNA, spike protein, adenovirus type 26 (Ad26) vector, preservative free, 5x10 ¹⁰ viral particles/0.5mL dosage, for intramuscular use | Non-Benefit |
| 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 |
| 91305 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Non-Benefit |
| 91306 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.25 mL dosage, for intramuscular use | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 91307 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | Non-Benefit |
| 91308 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | Non-Benefit |
| 91309 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | Non-Benefit |
| 91311 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | Non-Benefit |
| 91312 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 30 mcg/0.3 mL dosage, tris-sucrose formulation, for intramuscular use | Non-Benefit |
| 91313 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 50 mcg/0.5 mL dosage, for intramuscular use | Non-Benefit |
| 91314 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 25 mcg/0.25 mL dosage, for intramuscular use | Non-Benefit |
| 91315 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, preservative free, 10 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | Non-Benefit» |

«Immunization Administration (continued)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 91316 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, spike protein, bivalent, preservative free, 10 mcg/0.2 mL dosage, for intramuscular use | Non-Benefit |
| 91317 | Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]) vaccine, mRNA-LNP, bivalent spike protein, preservative free, 3 mcg/0.2 mL dosage, diluent reconstituted, tris-sucrose formulation, for intramuscular use | Non-Benefit» |

Vaccines, Toxoids

Vaccines and Toxoids

| Code | Description | Benefit Restrictions |
|-------|---|----------------------|
| 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 |
| 90738 | Japanese encephalitis vac, inactivated | Non-Benefit |
| 90749 | Unlisted vaccine/toxoid | Non-Benefit |

Psychiatry

Other Psychotherapy

| Code | Description | Benefit Restrictions |
|-------|----------------|----------------------|
| 90845 | Psychoanalysis | Non-Benefit |

Other Psychiatric Services or Procedures

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 92285 | External ocular photography | Non-Benefit |
| 92286 | Special anterior segment photography | Non-Benefit |
| 92287 | Anterior segment photography with fluorescein | Non-Benefit |

Contact Lens Services

| Code | Description | Benefit Restrictions |
|-------------|-----------------------------|-----------------------------|
| 92326 | Replacement of contact lens | Non-Benefit |

Spectacle Services (Including Prosthesis for Aphakia)

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 92620 | Auditory function, initial 60 minutes | Requires TAR, Primary Surgeon/ Provider |
| 92621 | Auditory function, each additional 15 minutes | Requires TAR, Primary Surgeon/ Provider |
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 92640 | Diagnostic analysis with programming of auditory brainstem implant, per hour | Non-Benefit |

Other Procedures

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 92700 | Unlisted otorhinolaryngological service/procedure | Requires TAR, Primary Surgeon/ Provider |

Cardiovascular**Therapeutic Services**

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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)

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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 supraaortic 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)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 95803 | Actigraphy testing, recording, analysis, interpretation and report | Non-Benefit |

Nerve Conduction Studies

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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 |

Photodynamic Therapy

Photodynamic Therapy

| Code | Description | Benefit Restrictions |
|-------|--|----------------------|
| 96570 | Photodynamic therapy; first 30 minutes | Non-Benefit |
| 96571 | Photodynamic therapy; each additional 15 minutes | Non-Benefit |

Special Dermatological Procedures

Special Dermatological Procedures

| Code | Description | Benefit Restrictions |
|-------|--|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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 |
| 97039 | Unlisted modality | Requires TAR, Primary Surgeon/ Provider |

Therapeutic Procedures

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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)

| Code | Description | Benefit Restrictions |
|-------------|--|---|
| 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)

| Code | Description | Benefit Restrictions |
|-------------|---|---|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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 |

Active Wound Care Management

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 97602 | Removal of devitalized tissue from wound(s); nonselective debridement | Non-Benefit |
| 97605 | Negative pressure wound therapy, 50 cm ² or less | Non-Benefit |
| 97606 | Negative pressure wound therapy, greater than 50 cm ² | Non-Benefit |
| 97607 | Negative pressure wound therapy, utilizing disposable medical equipment; total wound(s) surface area less than or equal to 50 cm ² | Non-Benefit |
| 97608 | Negative pressure wound therapy, utilizing disposable medical equipment; total wound(s) surface area greater than 50 cm ² | 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

| Code | Description | Benefit Restrictions |
|-------|---|----------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------|--|---|
| 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 |
| 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 |

Online Medical Evaluation (continued)

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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**

| Code | Description | Benefit Restrictions |
|-------------|-------------------------------------|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|--|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------------|---|-----------------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------|--|----------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------|--|---|
| 99499 | Unlisted evaluation and management service | Requires TAR, Primary Surgeon/ Provider |

Home Health Procedures/Services

Home Health Procedures/Services

| Code | Description | Benefit Restrictions |
|-------|---|----------------------|
| 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

| Code | Description | Benefit Restrictions |
|-------|-------------------------------------|----------------------|
| 99601 | Home infusion, up to 2 hours | Non-Benefit |
| 99602 | Home infusion, each additional hour | Non-Benefit |

Home Infusion Procedures/Services

| Code | Description | Benefit Restrictions |
|-------|-------------------------------------|----------------------|
| 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.

| Symbol | Description |
|---------------|---|
| « | 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. |