

Prior Authorization Updates May 2021

Cook Children's Health Plan has updated the following procedure codes (s) with an effective date of 6/1/2021. Providers may contact CCHPPriorAuthorizations@cookchildrens.org for with questions specific to authorizations. For additional questions please contact Cook Children's Health Plan Provider Support Services at 888-243-3312 or email CCHPPProviderRelations@cookchildrens.org.

Procedure Code	Code Description	Added, Terminated, Revised	Effective date of change	STAR	CHIP	STAR Kids
27687	Under+B8:B380 Repair, Revision, And/Or Reconstruction Procedures On The Leg (Tibia And Fibula) And Ankle Joint	Added	6/1/2021	X	X	X
E0431	Portable Gaseous Oxygen System, Rental; Includes Portable Container, Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing Oxygen Conserving Device Is Being Used With An Portable Gaseous Oxygen System, Rental: Includes Portable Container, Regulator, Flowmeter, Humidifer	Revised	6/1/2021	X	X	X
E1390	Oxygen Concentrator, Single Delivery Port, Capable Of Delivering 85 Percent Or Greater Oxygen Concentration At The Prescribed Flow Rate	Revised	6/1/2021	X	X	X
15877	Suction Assisted Lipectomy; Trunk	Terminated	6/1/2021	X	X	X
15878	Suction Assisted Lipectomy; Upper Extremity	Terminated	6/1/2021	X	X	X
15879	Suction Assisted Lipectomy; Lower Extremity	Terminated	6/1/2021	X	X	X
47141	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Left Lobectomy (Segments Ii, Iii And Iv)	Terminated	6/1/2021	X	X	X
47142	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Total Right Lobectomy (Segments V, Vi, Vii And Viii)	Terminated	6/1/2021	X	X	X

69090	Ear Piercing	Terminated	6/1/2021	X	X	X
97811	Acupuncture, 1 Or More Needles; Without Electrical Stimulation, Each Additional 15 Minutes Of Personal One-On-One Contact With The Patient, With Re-Insertion Of Needle(S) (List Separately In Addition	Terminated	6/1/2021	X	X	X
97813	Acupuncture, 1 Or More Needles; With Electrical Stimulation, Initial 15 Minutes Of Personal One-On-One Contact With The Patient	Terminated	6/1/2021	X	X	X
E0769	Electrical Stimulation Or Electromagnetic Wound Treatment Device, Not Otherwise Classified	Terminated	6/1/2021	X	X	X
E0270	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, With Mattress	Terminated	6/1/2021	X	X	X
J7303	Contraceptive Supply, Hormone Containing Vaginal Ring, Each	Terminated	6/1/2021	X	X	X
J7304	Contraceptive Supply, Hormone Containing Patch, Each	Terminated	6/1/2021	X	X	X
S4993	Contraceptive Pills For Birth Control	Terminated	6/1/2021	X	X	X
T1502	Administration Of Oral, Intramuscular And/Or Subcutaneous Medication By Health Care Agency/Professional, Per Visit	Terminated	6/1/2021	X	X	X
T2001	Nonemergency Transportation; Patient Attendant/Escort	Terminated	6/1/2021	X	X	X
T2002	Nonemergency Transportation; Per Diem	Terminated	6/1/2021	X	X	X
T2003	Nonemergency Transportation; Encounter/Trip	Terminated	6/1/2021	X	X	X
T2004	Nonemergency Transport; Commercial Carrier, Multipass	Terminated	6/1/2021	X	X	X
T2005	Nonemergency Transportation; Stretcher Van	Terminated	6/1/2021	X	X	X
T2007	Transportation Waiting Time, Air Ambulance And Nonemergency Vehicle, One-Half (1/2) Hour Increments	Terminated	6/1/2021	X	X	X
E2231	Manual Wheelchair Accessory, Solid Seat Support Base (Replaces Sling Seat), Includes Any Type Mounting Hardware	Terminated	6/1/2021	X	X	X

E8002	Gait Trainer, Pediatric Size, Anterior Support, Includes All Accessories And Components	Terminated	6/1/2021	X	X	X
E0270	Hospital Bed, Institutional Type Includes: Oscillating, Circulating And Stryker Frame, With Mattress	Terminated	6/1/2021	X	X	X
E0231	Noncontact Wound Warming Device (Temperature Control Unit, Ac Adapter And Power Cord) For Use With Warming Card And Wound Cover	Terminated	6/1/2021	X	X	X
E0232	Warming Card For Use With The Noncontact Wound Warming Device And Noncontact Wound Warming Wound Cover	Terminated	6/1/2021	X	X	X
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect With Or Without Quantification	Terminated	6/1/2021	X	X	X
78491	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Single Study At Rest Or Stress	Terminated	6/1/2021	X	X	X
78492	Myocardial Imaging, Positron Emission Tomography (Pet), Perfusion; Multiple Studies At Rest And/Or Stress	Terminated	6/1/2021	X	X	X
55870	Electroejaculation	Terminated	6/1/2021	X	X	X
55970	Intersex Surgery; Male To Female	Terminated	6/1/2021	X	X	X
55980	Intersex Surgery; Female To Male	Terminated	6/1/2021	X	X	X
58321	Artificial Insemination; Intra-Cervical	Terminated	6/1/2021	X	X	X
58322	Artificial Insemination; Intra-Uterine	Terminated	6/1/2021	X	X	X
58323	Sperm Washing For Artificial Insemination	Terminated	6/1/2021	X	X	X
58345	Transcervical Introduction Of Fallopian Tube Catheter For Diagnosis And/Or Re-Establishing Patency (Any Method), With Or Without Hysterosalpingography	Terminated	6/1/2021	X	X	X
58350	Chromotubation Of Oviduct, Including Materials	Terminated	6/1/2021	X	X	X
58750	Tubotubal Anastomosis	Terminated	6/1/2021	X	X	X
58752	Tubouterine Implantation	Terminated	6/1/2021	X	X	X
58760	Fimbrioplasty	Terminated	6/1/2021	X	X	X
58970	Follicle Puncture For Oocyte Retrieval, Any Method	Terminated	6/1/2021	X	X	X
58974	Embryo Transfer, Intrauterine	Terminated	6/1/2021	X	X	X

58976	Gamete, Zygote, Or Embryo Intrafallopian Transfer, Any Method	Terminated	6/1/2021	X	X	X
59866	Multifetal Pregnancy Reduction(S) (Mpr)	Terminated	6/1/2021	X	X	X
97139	Unlisted Therapeutic Procedure (Specify)	Terminated	6/1/2021	X	X	X
69710	Implantation Or Replacement Of Electromagnetic Bone Conduction Hearing Device In Temporal Bone	Terminated	6/1/2021	X	X	X
97810	Acupuncture, 1 Or More Needles; Without Electrical Stimulation, Initial 15 Minutes Of Personal One-On-One Contact With The Patient	Terminated	6/1/2021	X	X	X
97814	Acupuncture, 1 Or More Needles; With Electrical Stimulation, Each Additional 15 Minutes Of Personal One-On-One Contact With The Patient, With Re-Insertion Of Needle(S) (List Separately In Addition To	Terminated	6/1/2021	X	X	X
97605	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface	Terminated	6/1/2021	X	X	X
97606	Negative Pressure Wound Therapy (Eg, Vacuum Assisted Drainage Collection), Including Topical Application(S), Wound Assessment, And Instruction(S) For Ongoing Care, Per Session; Total Wound(S) Surface	Terminated	6/1/2021	X	X	X
97607	Negative Pressure Wound Therapy, (Eg, Vacuum Assisted Drainage Collection), Utilizing Disposable, Non-Durable Medical Equipment Including Provision Of Exudate Management Collection System, Topical Application(S)Wound Assessment And Instructions For Ongoin	Terminated	6/1/2021	X	X	X
97608	Total Wound(S) Surface Area Greater Than 50 Square Centimeters	Terminated	6/1/2021	X	X	X

0042T	Cerebral Perfusion Analysis Using Computed Tomography With Contrast Administration, Including Post-Processing Of Parametric Maps With Determination Of Cerebral Blood Flow, Cerebral Blood Volume, And M	Terminated	6/1/2021	X	X	X
0071T	Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata Volume Less Than 200 Cc Of Tissue	Terminated	6/1/2021	X	X	X
0072T	Focused Ultrasound Ablation Of Uterine Leiomyomata, Including Mr Guidance; Total Leiomyomata Volume Greater Or Equal To 200 Cc Of Tissue	Terminated	6/1/2021	X	X	X
0075T	Transcatheter Placement Of Extracranial Vertebral Or Intrathoracic Carotid Artery Stent(S), Including Radiologic Supervision And Interpretation, Percutaneous; Initial Vessel	Terminated	6/1/2021	X	X	X
0076T	Transcatheter Placement Of Extracranial Vertebral Or Intrathoracic Carotid Artery Stent(S), Including Radiologic Supervision And Interpretation, Percutaneous; Each Additional Vessel (List Separately I	Terminated	6/1/2021	X	X	X
0095T	Removal Of Total Disc Arthroplasty, Anterior Approach; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
0098T	Revision Of Total Disc Arthroplasty, Anterior Approach; Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
0100T	Placement Of A Subconjunctival Retinal Prosthesis Receiver And Pulse Generator, And Implantation Of Intra-Ocular Retinal Electrode Array, With Vitrectomy	Terminated	6/1/2021	X	X	X
0101T	Extracorporeal Shock Wave Involving Musculoskeletal System, Not Otherwise Specified, High Energy	Terminated	6/1/2021	X	X	X

0102T	Extracorporeal Shock Wave, High Energy, Performed By A Physician, Requiring Anesthesia Other Than Local, Involving Lateral Humeral Epicondyle	Terminated	6/1/2021	X	X	X
0106T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Touch Pressure Stimuli To Assess Large Diameter Sensation	Terminated	6/1/2021	X	X	X
0107T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Vibration Stimuli To Assess Large Diameter Fiber Sensation	Terminated	6/1/2021	X	X	X
0108T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Cooling Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia	Terminated	6/1/2021	X	X	X
0109T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Heat-Pain Stimuli To Assess Small Nerve Fiber Sensation And Hyperalgesia	Terminated	6/1/2021	X	X	X
0110T	Quantitative Sensory Testing (Qst), Testing And Interpretation Per Extremity; Using Other Stimuli To Assess Sensation	Terminated	6/1/2021	X	X	X
0163T	Total Disc Arthroplasty (Artificial Disc), Anterior Approach, Including Discectomy To Prepare Interspace (Other Than For Decompression), Lumbar, Each Additional Interspace	Terminated	6/1/2021	X	X	X
0164T	Removal Of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	Terminated	6/1/2021	X	X	X
0165T	Revision Of Total Disc Arthroplasty, Anterior Approach, Lumbar, Each Additional Interspace	Terminated	6/1/2021	X	X	X
0174T	Computer Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization Of Fil	Terminated	6/1/2021	X	X	X

0175T	Computer Aided Detection (Cad) (Computer Algorithm Analysis Of Digital Image Data For Lesion Detection) With Further Physician Review For Interpretation And Report, With Or Without Digitization Of Fil	Terminated	6/1/2021	X	X	X
0184T	Excision Of Rectal Tumor, Transanal Endoscopic Microsurgical Approach (Ie, Tems), Including Muscular Propria (Ie,Full Thickness)	Terminated	6/1/2021	X	X	X
0191T	Insertion Of Anterior Segment Aqueous Drainage Device, Without Extraocular Reservoir; Internal Approach, Into The Trabecular Meshwork, Initial Insertion	Terminated	6/1/2021	X	X	X
0198T	Measurement Of Ocular Blood Flow By Repetitive Intraocular Pressure Sampling, With Interpretation And Report	Terminated	6/1/2021	X	X	X
0200T	Percutaneous Sacral Augmentation (Sacroplasty), Unilateral Injection(S), Including The Use Of A Balloon Or Mechanical Device, When Used, 1 Or More Needles Includes Imaging Guidance And Bone Biopsy, When Performed	Terminated	6/1/2021	X	X	X
0201T	Percutaneous Sacral Augmentation (Sacroplasty), Bilateral Injections, Including The Use Of A Balloon Or Mechanical Device, When Used, 2 Or More Needles Includes Imaging Guidance And Bone Biopsy, When Performed.	Terminated	6/1/2021	X	X	X
0202T	Posterior Vertebral Joint(S) Arthroplasty (Eg, Facet Joint[S] Replacement), Including Facetectomy, Laminectomy, Foraminotomy, And Vertebral Column Fixation, Injection Of Bone Cement, When Performed, Including Fluoroscopy, Single Level,Lumbar	Terminated	6/1/2021	X	X	X
0207T	Evacuation Of Meibomian Glands, Automated, Using Heat And Intermittent Pressure, Unilateral	Terminated	6/1/2021	X	X	X
0208T	Pure Tone Audiometry (Threshold), Automated; Air Only	Terminated	6/1/2021	X	X	X

0209T	Pure Tone Audiometry (Threshold), Automated; Air And Bone	Terminated	6/1/2021	X	X	X
0253T	Code Was Deleted	Terminated	6/1/2021	X	X	X
0210T	Speech Audiometry Threshold, Automated;	Terminated	6/1/2021	X	X	X
0211T	Speech Audiometry Threshold, Automated; With Speech Recognition	Terminated	6/1/2021	X	X	X
0212T	Comprehensive Audiometry Threshold Evaluation And Speech Recognition (0209T, 0211T Combined), Automated	Terminated	6/1/2021	X	X	X
0213T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic, Single Level	Terminated	6/1/2021	X	X	X
0214T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic, Single Level	Terminated	6/1/2021	X	X	X
0215T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Cervical Or Thoracic, Single Level	Terminated	6/1/2021	X	X	X
0216T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral, Single Level	Terminated	6/1/2021	X	X	X
0217T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral, Single Level-Second Level	Terminated	6/1/2021	X	X	X
0218T	Injection(S), Diagnostic Or Therapeutic Agent, Paravertebral Facet (Zygapophyseal) Joint (Or Nerves Innervating That Joint) With Ultrasound Guidance, Lumbar Or Sacral, Single Level-Third Level	Terminated	6/1/2021	X	X	X

0219T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level,Cervical	Terminated	6/1/2021	X	X	X
0220T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level, Thoracic	Terminated	6/1/2021	X	X	X
0221T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level, Lumbar	Terminated	6/1/2021	X	X	X
0232T	Injection(S), Platelet Rich Plasma, Any Site, Including Image Guidance, Harvesting And Preparation When Performed	Terminated	6/1/2021	X	X	X
0234T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interretation,Renal Artery	Terminated	6/1/2021	X	X	X
0235T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interretation, Visceral Artery	Terminated	6/1/2021	X	X	X
0236T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interretation, Abdominal Aorta	Terminated	6/1/2021	X	X	X
0237T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interretation, Brachiocephalic Trunk And Branches,Each Vessel	Terminated	6/1/2021	X	X	X
0238T	Transluminal Peripheral Atherectomy, Open Or Percutaneous, Including Radiological Supervision And Interretation, Iliac Artery, Each Vessel	Terminated	6/1/2021	X	X	X

0263T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest	Terminated	6/1/2021	X	X	X
0264T	Intramuscular Autologous Bone Marrow Cell	Terminated	6/1/2021	X	X	X
0265T	Intramuscular Autologous Bone Marrow Cell Therapy, With Preparation Of Harvested Cells, Multiple Injections, One Leg, Including Ultrasound Guidance, If Performed Complete Procedure Including Unilateral Or Bilateral Bone Marrow Harvest Only For Intramuscul	Terminated	6/1/2021	X	X	X
0266T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intraoperative Interrogation, Programing, And Repositioning, When Performed)	Terminated	6/1/2021	X	X	X
0267T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes Intra-Operative Interrogation, Programming And Repositioning, When Perfomed)	Terminated	6/1/2021	X	X	X
0268T	Implantation Or Replacement Of Carotid Sinus Baroreflex Activation Device; Lead Only, Unilateral (Includes Intra-Operative Interrogation, Programming And Repositioning, When Perfomed)	Terminated	6/1/2021	X	X	X
0269T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming An Repostitinig, When Performed)	Terminated	6/1/2021	X	X	X
0270T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming An Repostitinig, When Performed)	Terminated	6/1/2021	X	X	X

0271T	Revision Or Removal Of Carotid Sinus Baroreflex Activation Device; Total System (Includes Generator Placement, Unilateral Or Bilateral Lead Placement, Intra-Operative Interrogation, Programming An Repostitinig, When Performed)	Terminated	6/1/2021	X	X	X
0272T	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including Telemetric Baroreflex Activation System, Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programme	Terminated	6/1/2021	X	X	X
0273T	Interrogation Device Evaluation (In Person), Carotid Sinus Baroreflex Activation System, Including Telemetric Baroreflex Activation System, Including Telemetric Iterative Communication With The Implantable Device To Monitor Device Diagnostics And Programme	Terminated	6/1/2021	X	X	X
0274T	Percutaneous Laminotomy/Laminectomy (Intralaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Faraminotomy) Any Method, Under Indirect Image Guidance (Eg, Fluoroscopy, Ct) Single O	Terminated	6/1/2021	X	X	X
0275T	Percutaneous Laminotomy/Laminectomy (Intralaminar Approach) For Decompression Of Neural Elements, (With Or Without Ligamentous Resection, Discectomy, Facetectomy And/Or Faraminotomy) Any Method, Under Indirect Image Guidance (Eg, Fluoroscopy, Ct) Single O	Terminated	6/1/2021	X	X	X
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	Terminated	6/1/2021	X	X	X

0290T	Corneal Incisions In The Recipient Cornea Created Using A Laser, In Preparation For Penetrating Or Lamellar Keratopasty (List Separatley In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
L7900	Male Vacuum Erection System	Terminated	6/1/2021	X	X	X
L7902	Tension Ring, For Vacuum Erection Device, Any Type, Replacement Only, Each	Terminated	6/1/2021	X	X	X
L8048	Unspecified Maxillofacial Prosthesis, By Report, Provided By A Nonphysician	Terminated	6/1/2021	X	X	X
L8049	Repair Or Modification Of Maxillofacial Prosthesis, Labor Component, 15 Minute Increments, Provided By A Nonphysician	Terminated	6/1/2021	X	X	X
L8505	Artificial Larynx Replacement Battery/Accessory, Any Type	Terminated	6/1/2021	X	X	X
L8511	Insert For Indwelling Tracheoesophageal Prosthesis, With Or Without Valve, Replacement Only, Each	Terminated	6/1/2021	X	X	X
L8512	Gelatin Capsules Or Equivalent, For Use With Tracheoesophageal Voice Prosthesis, Replacement Only, Per 10	Terminated	6/1/2021	X	X	X
L8513	Cleaning Device Used With Tracheoesophageal Voice Prosthesis, Pipet, Brush, Or Equal, Replacement Only, Each	Terminated	6/1/2021	X	X	X
L8514	Tracheoesophageal Puncture Dilator, Replacement Only, Each	Terminated	6/1/2021	X	X	X
L8515	Gelatin Capsule, Application Device For Use With Tracheoesophageal Voice Prosthesis, Each	Terminated	6/1/2021	X	X	X
L8600	Implantable Breast Prosthesis, Silicone Or Equal	Terminated	6/1/2021	X	X	X
L8699	Prosthetic Implant, Not Otherwise Specified	Terminated	6/1/2021	X	X	X
T1001	Nursing Assessment/Evaluation	Terminated	6/1/2021	X	X	X
T1004	Services Of A Qualified Nursing Aide, Up To 15 Minutes	Terminated	6/1/2021	X	X	X
T1021	Home Health Aide Or Certified Nurse Assistant, Per Visit	Terminated	6/1/2021	X	X	X

T1022	Contracted Home Health Agency Services, All Services Provided Under Contract, Per Day	Terminated	6/1/2021	X	X	X
T1028	Assessment Of Home, Physical And Family Environment, To Determine Suitability To Meet Patient'S Medical Needs	Terminated	6/1/2021	X	X	X
T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem	Terminated	6/1/2021	X	X	X
T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem	Terminated	6/1/2021	X	X	X
T1503	Administration Of Medication, Other Than Oral And/Or Injectable, By A Health Care Agency/Professional, Per Visit	Terminated	6/1/2021	X	X	X
0222T	Placement Of A Posterior Intrafacet Implant(S), Unilateral Or Bilateral, Including Imaging And Placement Of Bone Graft(S) Or Synthetic Device(S), Single Level, Lumbar	Terminated	6/1/2021	X	X	X
S0122	Injection, Menotropins, 75 Iu	Terminated	6/1/2021	X	X	X
S0126	Injection, Follitropin Alfa, 75 Iu	Terminated	6/1/2021	X	X	X
S0128	Injection, Follitropin Beta, 75 Iu	Terminated	6/1/2021	X	X	X
S0132	Injection, Ganirelix Acetate, 250 Mcg	Terminated	6/1/2021	X	X	X
S0199	Medically Induced Abortion By Oral Ingestion Of Medication Including All Associated Services And Supplies (E.G., Patient Counseling, Office Visits, Confirmation Of Pregnancy By Hcg, Ultrasound To Conf	Terminated	6/1/2021	X	X	X
S5100	Day Care Services, Adult; Per 15 Minutes	Terminated	6/1/2021	X	X	X
S5101	Day Care Services, Adult; Per Half Day	Terminated	6/1/2021	X	X	X
S5102	Day Care Services, Adult; Per Diem	Terminated	6/1/2021	X	X	X
S5105	Day Care Services, Center-Based; Services Not Included In Program Fee, Per Diem	Terminated	6/1/2021	X	X	X
S5108	Home Care Training To Home Care Client, Per 15 Minutes	Terminated	6/1/2021	X	X	X
S5109	Home Care Training To Home Care Client, Per Session	Terminated	6/1/2021	X	X	X

S5110	Home Care Training, Family; Per 15 Minutes	Terminated	6/1/2021	X	X	X
S5111	Home Care Training, Family; Per Session	Terminated	6/1/2021	X	X	X
S4030	Sperm Procurement And Cryopreservation Services; Initial Visit	Terminated	6/1/2021	X	X	X
S4031	Sperm Procurement And Cryopreservation Services; Subsequent Visit	Terminated	6/1/2021	X	X	X
S4037	Cryopreserved Embryo Transfer, Case Rate	Terminated	6/1/2021	X	X	X
S4040	Monitoring And Storage Of Cryopreserved Embryos, Per 30 Days	Terminated	6/1/2021	X	X	X
S4042	Management Of Ovulation Induction (Interpretation Of Diagnostic Tests And Studies, Non-Face-To-Face Medical Management Of The Patient), Per Cycle	Terminated	6/1/2021	X	X	X
S4981	Insertion Of Levonorgestrel-Releasing Intrauterine System	Terminated	6/1/2021	X	X	X
S4989	Contraceptive Intrauterine Device (E.G., Progestacert Iud), Including Implants And Supplies	Terminated	6/1/2021	X	X	X
S2400	Repair, Congenital Diaphragmatic Hernia In The Fetus Using Temporary Tracheal Occlusion, Procedure Performed In Utero	Terminated	6/1/2021	X	X	X
S2404	Repair, Myelomeningocele In The Fetus, Procedure Performed In Utero	Terminated	6/1/2021	X	X	X
S2900	Surgical Techniques Requiring Use Of Robotic Surgical System (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
S4013	Complete Cycle, Gamete Intrafallopian Transfer (Gift), Case Rate	Terminated	6/1/2021	X	X	X
S4014	Complete Cycle, Zygote Intrafallopian Transfer (Zift), Case Rate	Terminated	6/1/2021	X	X	X
S4015	Complete In Vitro Fertilization Cycle, Not Otherwise Specified, Case Rate	Terminated	6/1/2021	X	X	X
S4016	Frozen In Vitro Fertilization Cycle, Case Rate	Terminated	6/1/2021	X	X	X
S4017	Incomplete Cycle, Treatment Cancelled Prior To Stimulation, Case Rate	Terminated	6/1/2021	X	X	X

S4018	Frozen Embryo Transfer Procedure Cancelled Before Transfer, Case Rate	Terminated	6/1/2021	X	X	X
S4020	In Vitro Fertilization Procedure Cancelled Before Aspiration, Case Rate	Terminated	6/1/2021	X	X	X
S4021	In Vitro Fertilization Procedure Cancelled After Aspiration, Case Rate	Terminated	6/1/2021	X	X	X
S4022	Assisted Oocyte Fertilization, Case Rate	Terminated	6/1/2021	X	X	X
S4023	Donor Egg Cycle, Incomplete, Case Rate	Terminated	6/1/2021	X	X	X
S4025	Donor Services For In Vitro Fertilization (Sperm Or Embryo), Case Rate	Terminated	6/1/2021	X	X	X
S4026	Procurement Of Donor Sperm From Sperm Bank	Terminated	6/1/2021	X	X	X
S4027	Storage Of Previously Frozen Embryos	Terminated	6/1/2021	X	X	X
S4028	Microsurgical Epididymal Sperm Aspiration (Mesa)	Terminated	6/1/2021	X	X	X
S2260	Induced Abortion, 17-24 Weeks, Any Surgical Method	Terminated	6/1/2021	X	X	X
S2265	Induced Abortion, 25 To 28 Weeks	Terminated	6/1/2021	X	X	X
S2266	Induced Abortion, 29 To 31 Weeks	Terminated	6/1/2021	X	X	X
S2267	Induced Abortion, 32 Weeks Or Greater	Terminated	6/1/2021	X	X	X
S2348	Decompression Procedure, Percutaneous, Of Nucleus Pulposus Of Intervertebral Disc, Using Radiofrequency Energy, Single Or Multiple Levels, Lumbar	Terminated	6/1/2021	X	X	X
S2350	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Lumbar, Single Interspace	Terminated	6/1/2021	X	X	X
S2351	Discectomy, Anterior, With Decompression Of Spinal Cord And/Or Nerve Root(S), Including Osteophytectomy; Lumbar, Each Additional Interspace (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
S0209	Wheelchair Van, Mileage, Per Mile	Terminated	6/1/2021	X	X	X
S0255	Hospice Referral Visit (Advising Patient And Family Of Care Options) Performed By Nurse, Social Worker, Or Other Designated Staff	Terminated	6/1/2021	X	X	X

S0596	Phakic Intraocular Lens For Correction Of Refractive Error	Terminated	6/1/2021	X	X	X
S0800	Laser In Situ Keratomileusis (Lasik)	Terminated	6/1/2021	X	X	X
S0810	Photorefractive Keratectomy (Prk)	Terminated	6/1/2021	X	X	X
S0812	Phototherapeutic Keratectomy (Ptk)	Terminated	6/1/2021	X	X	X
S1001	Deluxe Item, Patient Aware (List In Addition To Code For Basic Item)	Terminated	6/1/2021	X	X	X
S1002	Customized Item (List In Addition To Code For Basic Item)	Terminated	6/1/2021	X	X	X
S1030	Continuous Noninvasive Glucose Monitoring Device, Purchase (For Physician Interpretation Of Data, Use Cpt Code)	Terminated	6/1/2021	X	X	X
S1031	Continuous Noninvasive Glucose Monitoring Device, Rental, Including Sensor, Sensor Replacement, And Download To Monitor (For Physician Interpretation Of Data, Use Cpt Code)	Terminated	6/1/2021	X	X	X
S1034	Artificial Pancreas Device System (E.G., Low Glucose Suspend (Lgs) Feature) Including Continuous Glucose Monitor, Blood Glucose Device, Insulin Pump And Computer Algorithm That Communicates With All Of The Devices	Terminated	6/1/2021	X	X	X
S1035	Sensor; Invasive (E.G., Subcutaneous), Disposable, For Use With Artificial Pancreas Device System	Terminated	6/1/2021	X	X	X
S1036	Transmitter; External, For Use With Artificial Pancreas Device System	Terminated	6/1/2021	X	X	X
S1037	Receiver (Monitor); External, For Use With Artificial Pancreas Device System	Terminated	6/1/2021	X	X	X
S2055	Harvesting Of Donor Multivisceral Organs, With Preparation And Maintenance Of Allografts; From Cadaver Donor	Terminated	6/1/2021	X	X	X
S2061	Donor Lobectomy (Lung) For Transplantation, Living Donor	Terminated	6/1/2021	X	X	X

S2066	Breast Reconstruction With Gluteal Artery Perforator (Gap) Flap, Including Harvesting Of The Flap, Microvascular Transfer, Closure Of Donor Site And Shaping The Flap Into A Breast, Unilateral	Terminated	6/1/2021	X	X	X
S2067	Breast Reconstruction Of A Single Breast With "Stacked" Deep Inferior Epigastric Perforator (Diep) Flap(S) And/OR Gluteal Artery Perforator (Gap) Flap(S), Including Harvesting Of The Flap(S), Microvascular Transfer, Closure Of Donor Site(S) And Shaping Th	Terminated	6/1/2021	X	X	X
S2080	Laser-Assisted Uvulopalatoplasty (Laup)	Terminated	6/1/2021	X	X	X
S2083	Adjustment Of Gastric Band Diameter Via Subcutaneous Port By Injection Or Aspiration Of Saline	Terminated	6/1/2021	X	X	X
S2102	Islet Cell Tissue Transplant From Pancreas; Allogeneic	Terminated	6/1/2021	X	X	X
S2103	Adrenal Tissue Transplant To Brain	Terminated	6/1/2021	X	X	X
S2107	Adoptive Immunotherapy, I.E., Development Of Specific Antitumor Reactivity (E.G., Tumor-Infiltrating Lymphocyte Therapy) Per Course Of Treatment	Terminated	6/1/2021	X	X	X
S2140	Cord Blood Harvesting For Transplantation, Allogeneic	Terminated	6/1/2021	X	X	X
S2150	Bone Marrow Or Blood-Derived Stem Cells (Peripheral Or Umbilical), Allogeneic Or Autologous, Harvesting, Transplantation, And Related Complications; Including: Pheresis And Cell Preparation/Storage; M	Terminated	6/1/2021	X	X	X
S2152	Solid Organ(S), Complete Or Segmental, Single Organ Or Combination Of Organs; Deceased Or Living Donor(S), Procurement, Transplantation, And Related Complications; Including: Drugs; Supplies; Hospital	Terminated	6/1/2021	X	X	X
S2202	Echosclerotherapy	Terminated	6/1/2021	X	X	X

S2205	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Single Coronary Arterial Graft	Terminated	6/1/2021	X	X	X
S2206	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Arterial Graft(S), Two Coronary Arterial Grafts	Terminated	6/1/2021	X	X	X
S2207	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Venous Graft Only, Single Coronary Venous Graft	Terminated	6/1/2021	X	X	X
S2208	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Single Arterial And Venous Graft(S), Single Venous	Terminated	6/1/2021	X	X	X
S2209	Minimally Invasive Direct Coronary Artery Bypass Surgery Involving Mini-Thoracotomy Or Mini-Sternotomy Surgery, Performed Under Direct Vision; Using Two Arterial Grafts And Single Venous Graft	Terminated	6/1/2021	X	X	X
S2230	Implantation Of Magnetic Component Of Semi-Implantable Hearing Device On Ossicles In Middle Ear	Terminated	6/1/2021	X	X	X
Q5010	Hospice Home Care Provided In A Hospice Facility	Terminated	6/1/2021	X	X	X
Q0081	Infusion Therapy, Using Other Than Chemotherapeutic Drugs, Per Visit	Terminated	6/1/2021	X	X	X
Q0083	Chemotherapy Administration By Other Than Infusion Technique Only (E.G., Subcutaneous, Intramuscular, Push), Per Visit	Terminated	6/1/2021	X	X	X
Q0084	Chemotherapy Administration By Infusion Technique Only, Per Visit	Terminated	6/1/2021	X	X	X

Q0085	Chemotherapy Administration By Both Infusion Technique And Other Technique(S) (E.G., Subcutaneous, Intramuscular, Push), Per Visit	Terminated	6/1/2021	X	X	X
Q0091	Screening Papanicolaou Smear; Obtaining, Preparing And Conveyance Of Cervical Or Vaginal Smear To Laboratory	Terminated	6/1/2021	X	X	X
Q0092	Set-Up Portable X-Ray Equipment	Terminated	6/1/2021	X	X	X
Q0111	Wet Mounts, Including Preparations Of Vaginal, Cervical Or Skin Specimens	Terminated	6/1/2021	X	X	X
Q0112	All Potassium Hydroxide (Koh) Preparations	Terminated	6/1/2021	X	X	X
Q0113	Pinworm Examinations	Terminated	6/1/2021	X	X	X
Q0114	Fern Test	Terminated	6/1/2021	X	X	X
Q0115	Post-Coital Direct, Qualitative Examinations Of Vaginal Or Cervical Mucous	Terminated	6/1/2021	X	X	X
Q0144	Azithromycin Dihydrate, Oral, Capsules/Powder, 1 Gram	Terminated	6/1/2021	X	X	X
Q0161	Factor Ix (Antihemophilic Factor, Recombinant) Per I.U.	Terminated	6/1/2021	X	X	X
Q0162	Catherization For Collection Of Specimen(S), Single Patient, All Places Of	Terminated	6/1/2021	X	X	X
Q0174	Thiethylperazine Maleate, 10 Mg, Oral, Fda Approved Prescription Anti-Emetic, For Use As A Complete Therapeutic Substitute For An Iv Anti-Emetic At The Time Of Chemotherapy Treatment, Not To Exceed A	Terminated	6/1/2021	X	X	X
Q0478	Power Adapter For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Vehicle Type	Terminated	6/1/2021	X	X	X
Q0479	Power Module For Use With Electric Or Electric/Pneumatic Ventricular Assist Device, Replacement Only	Terminated	6/1/2021	X	X	X
Q0509	Miscellaneous Supply Or Accessory For Use With Any Implanted Ventricular Assist Device For Which Payment Was Not Made Under Medicare Part A	Terminated	6/1/2021	X	X	X

Q0510	Pharmacy Supply Fee For Initial Immunosuppressive Drug(S), First Month Following Transplant	Terminated	6/1/2021	X	X	X
Q0511	Pharmacy Supply Fee For Oral Anti-Cancer, Oral Anti-Emetic Or Immunosuppressive Drug(S); For The First Prescription In A 30-Day Period	Terminated	6/1/2021	X	X	X
Q0512	Pharmacy Supply Fee For Oral Anti-Cancer, Oral Anti-Emetic Or Immunosuppressive Drug(S); For A Subsequent Prescription In A 30-Day Period	Terminated	6/1/2021	X	X	X
Q0513	Pharmacy Dispensing Fee For Inhalation Drug(S); Per 30 Days	Terminated	6/1/2021	X	X	X
Q0514	Pharmacy Dispensing Fee For Inhalation Drug(S); Per 90 Days	Terminated	6/1/2021	X	X	X
Q0515	Injection, Sermorelin Acetate, 1 Microgram	Terminated	6/1/2021	X	X	X
Q1004	New Technology Intraocular Lens Category 4 As Defined In Federal Register Notice	Terminated	6/1/2021	X	X	X
Q1005	New Technology Intraocular Lens Category 5 As Defined In Federal Register Notice	Terminated	6/1/2021	X	X	X
Q2028	Injection, Sculptra, 0.5 Mg	Terminated	6/1/2021	X	X	X
Q2049	Injection, Doxorubicin Hydrochloride, Liposomal, Imported Lipodox, 10 Mg	Terminated	6/1/2021	X	X	X
Q3001	Radioelements For Brachytherapy, Any Type, Each	Terminated	6/1/2021	X	X	X
Q4050	Cast Supplies, For Unlisted Types And Materials Of Casts	Terminated	6/1/2021	X	X	X
Q4051	Splint Supplies, Miscellaneous (Includes Thermoplastics, Strapping, Fasteners, Padding And Other Supplies)	Terminated	6/1/2021	X	X	X
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up To 20 Micrograms	Terminated	6/1/2021	X	X	X
Q4082	Drug Or Biological, Not Otherwise Classified, Part B Drug Competitive Acquisition Program (Cap)	Terminated	6/1/2021	X	X	X
Q4117	Hyalomatrix, Per Square Centimeter	Terminated	6/1/2021	X	X	X
Q4118	Matristem Micromatrix, 1 Mg	Terminated	6/1/2021	X	X	X
Q4125	Arthroflex, Per Square Centimeter	Terminated	6/1/2021	X	X	X

47140	Donor Hepatectomy, With Preparation And Maintenance Of Allograft, From Living Donor; Left Lateral Segment Only (Segments Ii And Iii)	Terminated	6/1/2021	X	X	X
48550	Donor Pancreatectomy, With Preparation And Maintenance Of Allograft From Cadaver Donor, With Or Without Duodenal Segment For Transplantation	Terminated	6/1/2021	X	X	X
48556	Removal Of Transplanted Pancreatic Allograft	Terminated	6/1/2021	X	X	X
44132	Donor Enterectomy, Open, With Preparation And Maintenance Of Allograft; From Cadaver Donor	Terminated	6/1/2021	X	X	X
50300	Donor Nephrectomy, With Preparation And Maintenance Of Allograft; From Cadaver Donor, Unilateral Or Bilateral	Terminated	6/1/2021	X	X	X
50320	Donor Nephrectomy, With Preparation And Maintenance Of Allograft; From Living Donor	Terminated	6/1/2021	X	X	X
50547	Laparoscopy, Surgical; Donor Nephrectomy From Living Donor (Excluding Preparation And Maintenance Of Allograft)	Terminated	6/1/2021	X	X	X
54400	Insertion Of Penile Prosthesis; Non-Inflatable (Semi-Rigid)	Terminated	6/1/2021	X	X	X
54401	Insertion Of Penile Prosthesis; Inflatable (Self-Contained)	Terminated	6/1/2021	X	X	X
54405	Insertion Of Multi-Component, Inflatable Penile Prosthesis, Including Placement Of Pump, Cylinders, And Reservoir	Terminated	6/1/2021	X	X	X
54408	Repair Of Component(S) Of A Multi-Component, Inflatable Penile Prosthesis	Terminated	6/1/2021	X	X	X
54410	Removal And Replacement Of All Component(S) Of A Multi-Component, Inflatable Penile Prosthesis At The Same Operative Session	Terminated	6/1/2021	X	X	X
54411	Removal And Replacement Of All Components Of A Multi-Component Inflatable Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of Infected Ti	Terminated	6/1/2021	X	X	X

54416	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis At The Same Operative Session	Terminated	6/1/2021	X	X	X
54417	Removal And Replacement Of Non-Inflatable (Semi-Rigid) Or Inflatable (Self-Contained) Penile Prosthesis Through An Infected Field At The Same Operative Session, Including Irrigation And Debridement Of	Terminated	6/1/2021	X	X	X
55200	Vasotomy, Cannulization With Or Without Incision Of Vas, Unilateral Or Bilateral (Separate Procedure)	Terminated	6/1/2021	X	X	X
55300	Vasotomy For Vasograms, Seminal Vesiculograms, Or Epididymograms, Unilateral Or Bilateral	Terminated	6/1/2021	X	X	X
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation	Terminated	6/1/2021	X	X	X
81411	Duplication /Deletion Analysis Panel, Must Include Analyses For Tgfbr1, Tgfbr2, Myh11, And Col3A1	Terminated	6/1/2021	X	X	X
81415	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis	Terminated	6/1/2021	X	X	X
81416	Exome (Eg, Unexplained Constitutional Or Heritable Disorder Or Syndrome); Sequence Analysis, Each Comparator Exome (Leg, Parents, Siblings)	Terminated	6/1/2021	X	X	X
81430	Hearing Loss (Eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Genomic Sequence Ana	Terminated	6/1/2021	X	X	X
81431	Hearing Loss (Eg, Nonsyndromic Hearing Loss, Usher Syndrome, Pendred Syndrome); Duplication/Deletion	Terminated	6/1/2021	X	X	X
97533	Sensory Integrative Techniques To Enhance Sensory Processing And Promote Adaptive Responses To Environmental Demands, Direct (One-On-One) Patient Contact By The Provider, Each 15 Minutes	Terminated	6/1/2021	X	X	X
99507	Home Visit For Care And Maintenance Of Catheter(S) (Eg, Urinary, Drainage, And Enteral)	Terminated	6/1/2021	X	X	X
99509	Home Visit For Assistance With Activities Of Daily Living And Personal Care	Terminated	6/1/2021	X	X	X

99510	Home Visit For Individual, Family, Or Marriage Counseling	Terminated	6/1/2021	X	X	X
99511	Home Visit For Fecal Impaction Management And Enema Administration	Terminated	6/1/2021	X	X	X
99512	Home Visit For Hemodialysis	Terminated	6/1/2021	X	X	X
99600	Unlisted Home Visit Service Or Procedure	Terminated	6/1/2021	X	X	X
99601	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours);	Terminated	6/1/2021	X	X	X
99602	Home Infusion/Specialty Drug Administration, Per Visit (Up To 2 Hours); Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device	Terminated	6/1/2021	X	X	X
95079	Each Additional 60 Minutes Of Testing (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
96125	Standardized Cognitive Performance Testing (Eg, Ross Information Processing Assessment) Per Hour Of A Qualified Health Care Professional'S Time, Both Face To Face Time Administering Test To The Patient And Time Interpreting These Test Results And Preparing	Terminated	6/1/2021	X	X	X
97545	Work Hardening/Conditioning; Initial 2 Hours	Terminated	6/1/2021	X	X	X
97546	Work Hardening/Conditioning; Each Additional Hour (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
99500	Home Visit For Prenatal Monitoring And Assessment To Include Fetal Heart Rate, Non-Stress Test, Uterine Monitoring, And Gestational Diabetes Monitoring	Terminated	6/1/2021	X	X	X
99501	Home Visit For Postnatal Assessment And Follow-Up Care	Terminated	6/1/2021	X	X	X
99502	Home Visit For Newborn Care And Assessment	Terminated	6/1/2021	X	X	X

99505	Home Visit For Stoma Care And Maintenance Including Colostomy And Cystostomy	Terminated	6/1/2021	X	X	X
99506	Home Visit For Intramuscular Injections	Terminated	6/1/2021	X	X	X
E0605	Vaporizer, Room Type	Terminated	6/1/2021	X	X	X
E0620	Skin Piercing Device For Collection Of Capillary Blood, Laser, Each	Terminated	6/1/2021	X	X	X
E0765	Fda Approved Nerve Stimulator, With Replaceable Batteries, For Treatment Of Nausea And Vomiting	Terminated	6/1/2021	X	X	X
E0766	Electrical Stimulation Device Used For Cancer Treatment, Includes All Accessories	Terminated	6/1/2021	X	X	X
E0966	Manual Wheelchair Accessory, Headrest Extension, Each	Terminated	6/1/2021	X	X	X
E0968	Commode Seat, Wheelchair	Terminated	6/1/2021	X	X	X
E1406	Oxygen And Water Vapor Enriching System Without Heated Delivery	Terminated	6/1/2021	X	X	X
E2295	Manual Wheelchair Accessory, For Pediatric Size Wheelchair, Dynamic Seating Frame	Terminated	6/1/2021	X	X	X
E2301	Power Wheelchair Accessory, Power Standing System	Terminated	6/1/2021	X	X	X
E2397	Power Wheelchair Accessory, Lithium-Based Battery	Terminated	6/1/2021	X	X	X
E0200	Heat Lamp, Without Stand (Table Model), Includes Bulb, Or Infrared Element	Terminated	6/1/2021	X	X	X
E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model	Terminated	6/1/2021	X	X	X
E0205	Heat Lamp, With Stand, Includes Bulb, Or Infrared Element	Terminated	6/1/2021	X	X	X
E0215	Electric Heat Pad, Moist	Terminated	6/1/2021	X	X	X
E0221	Infrared Heating Pad System	Terminated	6/1/2021	X	X	X
E0239	Hydrocollator Unit, Portable	Terminated	6/1/2021	X	X	X
E0251	Hospital Bed, Fixed Height, With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0256	Hospital Bed, Variable Height, Hi-Lo, With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X

E0261	Hospital Bed, Semi-Electric (Head And Foot Adjustment), With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0266	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0272	Mattress, Foam Rubber	Terminated	6/1/2021	X	X	X
E0273	Bed Board	Terminated	6/1/2021	X	X	X
E0274	Over-Bed Table	Terminated	6/1/2021	X	X	X
E0290	Hospital Bed, Fixed Height, Without Side Rails, With Mattress	Terminated	6/1/2021	X	X	X
E0291	Hospital Bed, Fixed Height, Without Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0292	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, With Mattress	Terminated	6/1/2021	X	X	X
E0293	Hospital Bed, Variable Height, Hi-Lo, Without Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0294	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, With Mattress	Terminated	6/1/2021	X	X	X
E0295	Hospital Bed, Semi-Electric (Head And Foot Adjustment), Without Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0296	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Without Side Rails, With Mattress	Terminated	6/1/2021	X	X	X
E0297	Hospital Bed, Total Electric (Head, Foot, And Height Adjustments), Without Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0301	Hospital Bed, Heavy Duty, Extra Wide, With Weight Capacity Greater Than 350 Pounds, But Less Than Or Equal To 600 Pounds, With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0302	Hospital Bed, Extra Heavy Duty, Extra Wide, With Weight Capacity Greater Than 600 Pounds, With Any Type Side Rails, Without Mattress	Terminated	6/1/2021	X	X	X
E0425	Stationary Compressed Gas System, Purchase; Includes Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	Terminated	6/1/2021	X	X	X

E0430	Portable Gaseous Oxygen System, Purchase; Includes Regulator, Flowmeter, Humidifier, Cannula Or Mask, And Tubing	Terminated	6/1/2021	X	X	X
E0435	Portable Liquid Oxygen System, Purchase; Includes Portable Container, Supply Reservoir, Flowmeter, Humidifier, Contents Gauge, Cannula Or Mask, Tubing, And Refill Adapter	Terminated	6/1/2021	X	X	X
E0440	Stationary Liquid Oxygen System, Purchase; Includes Use Of Reservoir, Contents Indicator, Regulator, Flowmeter, Humidifier, Nebulizer, Cannula Or Mask, And Tubing	Terminated	6/1/2021	X	X	X
E0446	Topical Oxygen Delivery System, Not Otherwise Specified, Includes All Supplies And Accessories	Terminated	6/1/2021	X	X	X
E0455	Oxygen Tent, Excluding Croup Or Pediatric Tents	Terminated	6/1/2021	X	X	X
E0481	Intrapulmonary Percussive Ventilation System And Related Accessories	Terminated	6/1/2021	X	X	X
E0484	Oscillatory Positive Expiratory Pressure Device, Nonelectric, Any Type, Each	Terminated	6/1/2021	X	X	X
E0485	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Prefabricated, Includes Fitting And Adjustment	Terminated	6/1/2021	X	X	X
E0486	Oral Device/Appliance Used To Reduce Upper Airway Collapsibility, Adjustable Or Non-Adjustable, Custom Fabricated, Includes Fitting And Adjustment	Terminated	6/1/2021	X	X	X
E0555	Humidifier, Durable, Glass Or Autoclavable Plastic Bottle Type, For Use With Regulator Or Flowmeter	Terminated	6/1/2021	X	X	X
E0560	Humidifier, Durable For Supplemental Humidification During Ippb Treatment Or Oxygen Delivery	Terminated	6/1/2021	X	X	X
E0572	Aerosol Compressor, Adjustable Pressure, Light Duty For Intermittent Use	Terminated	6/1/2021	X	X	X
E0636	Multipositional Patient Support System, With Integrated Lift, Patient Accessible Controls	Terminated	6/1/2021	X	X	X
E2230	Manual Wheelchair Accessory, Manual Standing System	Terminated	6/1/2021	X	X	X

E2322	Power Wheelchair Accessory, Hand Control Interface, Multiple Mechanical Switches, Nonproportional, Including All Related Electronics, Mechanical Stop Switch, And Fixed Mounting Hardware	Terminated	6/1/2021	X	X	X
E2331	Power Wheelchair Accessory, Attendant Control, Proportional, Including All Related Electronics And Fixed Mounting Hardware	Terminated	6/1/2021	X	X	X
E2610	Wheelchair Seat Cushion, Powered	Terminated	6/1/2021	X	X	X
E8000	Gait Trainer, Pediatric Size, Posterior Support, Includes All Accessories And Components	Terminated	6/1/2021	X	X	X
G0027	Semen Analysis; Presence And/Or Motility Of Sperm Excluding Huhner	Terminated	6/1/2021	X	X	X
G0128	Direct (Face-To-Face With Patient) Skilled Nursing Services Of A Registered Nurse Provided In A Comprehensive Outpatient Rehabilitation Facility, Each 10 Minutes Beyond The First 5 Minutes	Terminated	6/1/2021	X	X	X
G0129	Occupational Therapy Requiring The Skills Of A Qualified Occupational Therapist, Furnished As A Component Of A Partial Hospitalization Treatment Program, Per Day	Terminated	6/1/2021	X	X	X
G0151	Services Of Physical Therapist In Home Health Setting, Each 15 Minutes	Terminated	6/1/2021	X	X	X
G0152	Services Of Occupational Therapist In Home Health Setting, Each 15 Minutes	Terminated	6/1/2021	X	X	X
G0153	Services Of Speech And Language Pathologist In Home Health Setting, Each 15 Minutes	Terminated	6/1/2021	X	X	X
G0155	Services Of Clinical Social Worker In Home Health Setting, Each 15 Minutes	Terminated	6/1/2021	X	X	X
G0157	Hhc Pt Assistant Ea 15	Terminated	6/1/2021	X	X	X
G0158	Hhc Ot Assistant Ea 15	Terminated	6/1/2021	X	X	X
G0159	Percutaneous Thrombectomy And/Or Revision, Arteriovenous Fistula, Autogenous Or	Terminated	6/1/2021	X	X	X
G0160	Cryosurgical Ablation Of Localized Prostate Cancer, Primary Treatment Only	Terminated	6/1/2021	X	X	X

G0161	Ultrasonic Guidance For Interstitial Placement Of Cryosurgical Probes; Technical	Terminated	6/1/2021	X	X	X
G0237	Therapeutic Procedures To Increase Strength Or Endurance Of Respiratory Muscles, Face-To-Face, One-On-One, Each 15 Minutes (Includes Monitoring)	Terminated	6/1/2021	X	X	X
G0238	Therapeutic Procedures To Improve Respiratory Function, Other Than Described By G0237, One-On-One, Face-To-Face, Per 15 Minutes (Includes Monitoring)	Terminated	6/1/2021	X	X	X
G0239	Therapeutic Procedures To Improve Respiratory Function Or Increase Strength Or Endurance Of Respiratory Muscles, Two Or More Individuals (Includes Monitoring)	Terminated	6/1/2021	X	X	X
G0248	Demonstration, At Initial Use, Of Home Inr Monitoring For Patient With Mechanical Heart Valve(S) Who Meets Medicare Coverage Criteria, Under The Direction Of A Physician; Includes: Demonstrating Use A	Terminated	6/1/2021	X	X	X
G0249	Provision Of Test Materials And Equipment For Home Inr Monitoring To Patient With Mechanical Heart Valve(S) Who Meets Medicare Coverage Criteria; Includes Provision Of Materials For Use In The Home An	Terminated	6/1/2021	X	X	X
G0276	Pild/Placebo Control Clin Tr	Terminated	6/1/2021	X	X	X
G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chronic Stage Iii And Stage Iv Pressure Ulcers, Arterial Ulcers, Diabetic Ulcers, And Venous Stasis Ulcers Not Demonstrating Measurable	Terminated	6/1/2021	X	X	X
G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound Care Other Than Described In G0281	Terminated	6/1/2021	X	X	X
G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indication(S) Other Than Wound Care, As Part Of A Therapy Plan Of Care	Terminated	6/1/2021	X	X	X

G0337	Hospice Evaluation And Counseling Services, Pre-Election	Terminated	6/1/2021	X	X	X
G0341	Percutaneous Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	Terminated	6/1/2021	X	X	X
G0342	Laparoscopy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	Terminated	6/1/2021	X	X	X
G0343	Laparotomy For Islet Cell Transplant, Includes Portal Vein Catheterization And Infusion	Terminated	6/1/2021	X	X	X
J0597	C-1 Esterase, Berinert	Terminated	6/1/2021	X	X	X
J2941	Injection, Somatropin, 1 Mg	Terminated	6/1/2021	X	X	X
J7100	Infusion, Dextran 40, 500 MI	Terminated	6/1/2021	X	X	X
J7110	Infusion, Dextran 75, 500 MI	Terminated	6/1/2021	X	X	X
J7191	Factor Viii (Antihemophilic Factor (Porcine)), Per Iu	Terminated	6/1/2021	X	X	X
J7306	Levonorgestrel (Contraceptive) Implant System, Including Implants And Supplies	Terminated	6/1/2021	X	X	X
J7327	Monovisc Injection Per Dose	Terminated	6/1/2021	X	X	X
J7330	White Faced (Bald-Faced) Hornet Venom Protein	Terminated	6/1/2021	X	X	X
L9900	Orthotic And Prosthetic Supply, Accessory, And/Or Service Component Of Another Hcpcs L Code	Terminated	6/1/2021	X	X	X
M0075	Cellular Therapy	Terminated	6/1/2021	X	X	X
M0076	Prolotherapy	Terminated	6/1/2021	X	X	X
M0100	Intragastric Hypothermia Using Gastric Freezing	Terminated	6/1/2021	X	X	X
M0300	Iv Chelation Therapy (Chemical Endarterectomy)	Terminated	6/1/2021	X	X	X
M0301	Fabric Wrapping Of Abdominal Aneurysm	Terminated	6/1/2021	X	X	X
V5288	Assistive Listening Device, Personal Fm/Dm Transmitter Assistive Listening Device	Terminated	6/1/2021	X	X	X
V5289	Assistive Listening Device, Personal Fm/Dm Adapter/Boot Coupling Device For Receiver, Any Type	Terminated	6/1/2021	X	X	X
V5290	Assistive Listening Device, Transmitter Microphone, Any Type	Terminated	6/1/2021	X	X	X
V5299	Hearing Service, Miscellaneous	Terminated	6/1/2021	X	X	X

J7170	Prescription, Legend, Drug, Contraceptives (Coverage Under Review)	Terminated	6/1/2021	X	X	X
J7177	Injection, Human Fibrinogen Concentrate (Fibryga), 1 Mg	Terminated	6/1/2021	X	X	X
J7203	Injection Factor Ix, (Antihemophilic Factor, Recombinant), Glycopegylated, (Rebinyn), 1 Iu	Terminated	6/1/2021	X	X	X
11440	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.5 Cm Or Less	Terminated	6/1/2021	X	X	X
11441	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.6 To 1.0 Cm	Terminated	6/1/2021	X	X	X
11442	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 1.1 To 2.0 Cm	Terminated	6/1/2021	X	X	X
11443	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 2.1 To 3.0 Cm	Terminated	6/1/2021	X	X	X
11444	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 3.1 To 4.0 Cm	Terminated	6/1/2021	X	X	X
11446	Excision, Other Benign Lesion Including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter Over 4.0 Cm	Terminated	6/1/2021	X	X	X
11719	Trimming Of Nondystrophic Nails, Any Number	Terminated	6/1/2021	X	X	X
11920	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.0 Sq Cm Or Less	Terminated	6/1/2021	X	X	X

11921	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; 6.1 To 20.0 Sq Cm	Terminated	6/1/2021	X	X	X
11922	Tattooing, Intradermal Introduction Of Insoluble Opaque Pigments To Correct Color Defects Of Skin, Including Micropigmentation; Each Additional 20.0 Sq Cm (List Separately In Addition To Code For Prim	Terminated	6/1/2021	X	X	X
11950	Subcutaneous Injection Of Filling Material (Eg, Collagen); 1 Cc Or Less	Terminated	6/1/2021	X	X	X
11951	Subcutaneous Injection Of Filling Material (Eg, Collagen); 1.1 To 5.0 Cc	Terminated	6/1/2021	X	X	X
11952	Subcutaneous Injection Of Filling Material (Eg, Collagen); 5.1 To 10.0 Cc	Terminated	6/1/2021	X	X	X
11954	Subcutaneous Injection Of Filling Material (Eg, Collagen); Over 10.0 Cc	Terminated	6/1/2021	X	X	X
11976	Removal, Implantable Contraceptive Capsules	Terminated	6/1/2021	X	X	X
11981	Insertion, Non-Biodegradable Drug Delivery Implant	Terminated	6/1/2021	X	X	X
11982	Removal, Non-Biodegradable Drug Delivery Implant	Terminated	6/1/2021	X	X	X
11983	Removal With Reinsertion, Non-Biodegradable Drug Delivery Implant	Terminated	6/1/2021	X	X	X
15781	Dermabrasion; Segmental, Face	Terminated	6/1/2021	X	X	X
15782	Dermabrasion; Regional, Other Than Face	Terminated	6/1/2021	X	X	X
15783	Dermabrasion; Superficial, Any Site, (Eg, Tattoo Removal)	Terminated	6/1/2021	X	X	X
15786	Abrasion; Single Lesion (Eg, Keratosis, Scar)	Terminated	6/1/2021	X	X	X
15787	Abrasion; Each Additional Four Lesions Or Less (List Separately In Addition To Code For Primary Procedure)	Terminated	6/1/2021	X	X	X
15788	Chemical Peel, Facial; Epidermal	Terminated	6/1/2021	X	X	X
15789	Chemical Peel, Facial; Dermal	Terminated	6/1/2021	X	X	X
15792	Chemical Peel, Nonfacial; Epidermal	Terminated	6/1/2021	X	X	X
15793	Chemical Peel, Nonfacial; Dermal	Terminated	6/1/2021	X	X	X
15819	Cervicoplasty	Terminated	6/1/2021	X	X	X

15820	Blepharoplasty, Lower Eyelid;	Terminated	6/1/2021	X	X	X
15821	Blepharoplasty, Lower Eyelid; With Extensive Herniated Fat Pad	Terminated	6/1/2021	X	X	X
15822	Blepharoplasty, Upper Eyelid;	Terminated	6/1/2021	X	X	X
15823	Blepharoplasty, Upper Eyelid; With Excessive Skin Weighting Down Lid	Terminated	6/1/2021	X	X	X
17106	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); Less Than 10 Sq Cm	Terminated	6/1/2021	X	X	X
17107	Destruction Of Cutaneous Vascular Proliferative Lesions (Eg, Laser Technique); 10.0 To 50.0 Sq Cm	Terminated	6/1/2021	X	X	X
17340	Cryotherapy (Co2 Slush, Liquid N2) For Acne	Terminated	6/1/2021	X	X	X
17999	Unlisted Procedure, Skin, Mucous Membrane And Subcutaneous Tissue	Terminated	6/1/2021	X	X	X
19328	Removal Of Intact Mammary Implant	Terminated	6/1/2021	X	X	X
19396	Preparation Of Moulage For Custom Breast Implant	Terminated	6/1/2021	X	X	X
19499	Unlisted Procedure, Breast	Terminated	6/1/2021	X	X	X
L0980	Peroneal Straps, Pair	Terminated	6/1/2021	X	X	X
I3219	Orthopedic Footwear, Mens Shoe, Oxford, Each	Terminated	6/1/2021	X	X	X
I3219	Orthopedic Footwear, Mens Shoe, Oxford, Each	Terminated	6/1/2021	X	X	X
T1014	Telehealth Transmission, Per Minute provdessional Services Bill Separately	Terminated	6/1/2021	X	X	X
V5160	Dispensing Fee, Binaural	Terminated	6/1/2021	X	X	X
V5200	Dispensing fee, CROS	Terminated	6/1/2021	X	X	X
V5240	Dispensing Fee, Bicros	Terminated	6/1/2021	X	X	X
V5241	Dispensing Fee, Monaural Hearing Aid, Any Type	Terminated	6/1/2021	X	X	X
J0585	Injection, Onabotulinumtoxina, 1 unit	Revised	6/1/2021	X	X	X