MEDICAL AND SURGICAL PROCEDURES NOT COVERED BY THE NON-TRADITIONAL MEDICAID PLAN

"NTM - CPT Code List"

The Medical and Surgical Procedures List, an attachment to the Utah Medicaid Provider Manual for Physician Services, lists codes requiring prior authorization or with other limits and non-covered procedures. Generally codes not on the Medical and Surgical Procedures List are covered by the Utah Medicaid Program. In addition to codes on the Medical and Surgical Procedures List, the codes on this list are NOT a benefit of the Non-Traditional Medicaid Plan.

1. Unspecified services or procedures do not require Prior Authorization. These codes typically are five numbers ending ". . .99". Do not use unspecified service or procedure codes to provide services which are not a covered benefit. Submit documentation for these codes with the claim form for prepayment review. Documentation should include medical records, such as the operative report, patient history, physical examination report, pathology report, and discharge summary, which provide enough information to identify the procedure performed and to support medical necessity of the procedure.

2. Laboratory procedures are limited to medical necessity and controlled by CLIA certification requirements.

KEY TO DISTINGUISHING CODE CHANGES

New codes are in bold print.

A vertical line in the left margin marks a code with a descriptor change.

An asterisk (*) marks where a code was deleted.

11975 INSERTION,IMPLANTABLE CONTRACEPTIVE CAPSULES
11976 REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES
21230 GRAFT RIB TO FACE, CHIN, NOSE, EAR
21275 SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCT
24640 CLOSED TRMNT RADIAL HEAD SUBLUXATION CHILD,MANIPU
30460 RHINOPLAS NASAL DEFORM SECOND CONGEN CLEFT;TIP ONL
30462 RHINOPLAS NASAL DEFORM CONGEN CLEFT;TIP,SEPT,OSTEO
31520 LARYNGOSCOPY DIRECT,W/WO TRACH;DIAGNOSTIC,NEWBORN
33502 REPAIR OF ANOMALOUS CORONARY ARTERY; BY LIGATION
33503 REPAIR ANOMALOUS CORONARY ARTERY;GRAFT W/O BYPASS
33504 REPAIR ANOMALOUS CORONARY ARTERY;BY GRAFT,W BYPASS
33505 REPAIR ANOMALOUS COR ARTERY;W CONSTRUCT ART TUNNEL
33506 REPAIR ANOMAL CORON ART;TRANSLOC PULMON TO AORTA
33600 CLOSURE ATRIOVENTRICULAR VALVE BY SUTURE OR PATCH
33602 CLOSURE OF SEMILUNAR VALVE BY SUTURE OR PATCH
33606 ANASTOMOSIS OF PULMONARY ARTERY TO AORTA
33608 REPAIR COMPLEX CARDIAC ANOMALY O/T PULM ATRESIA
33610 REPAIR CMPLX CARD ANOM BY SURG ENLRGMT/VENT SEPTAL
33611 REPAIR DOUBLE OUTLET RIGHT VENT W/INTRAVNT TUNNEL;
33612 REPAIR DOUBLE RIGHT VENT;OUTFLOW TRACT OBSTRUCT
33615 REPAIR COMPLEX CARD ANOMAL CLOS DEFECT,ANAST/VENA
33617 REPAIR COMPLEX CARDIAC ANOMAL MODIFIED FONTAN PROC

33645 DIRECT/PATCH CLOSURE,SINUS VENOSUS,W/WO PUL DRAIN
33647 REPAIR ATRIAL-VENTRCL SEPT DEFECT,W/DIR-PATCH CLOS
33960 PROLNGD EXTRACORPOREAL CRC FOR C/P INSU,INIT 24 H
33961 PROLONG EXTRACORP CIRC CARD INSUFF;EA ADD 24 HOUR
33690 BANDING OF PULMONARY ARTERY
33735 ATRIAL SEPTECTOMY OR SEPTOSTOMY; CLOSED HEART
33736 ATRIAL SEPTECTOMY/SEPTOSTOM;OPEN HEART CARD BYPAS
33737 ATRIAL SEPTECTOMY/SEPTOST;OPEN HEART,INFLOW OCCLUS
33750 SHUNT; SUBCLAVIAN TO PULMONARY ARTERY
33755 SHUNT; ASCENDING AORTA TO PULMONARY ARTERY
33762 SHUNT; DESCENDING AORTA TO PULMONARY ARTERY
33764 SHUNT; CENTRAL, WITH PROSTHETIC GRAFT
33766 SHUNT;VENA CAVA TO PULMONARY ARTERY FLOW ONE LUNG
33786 TOTAL REPAIR,TRUNCUS ARTERIOSUS
33813 OBLITERATION AORTOPULM SEPTL DEFECT;W/O CARD BYPAS
33814 OBLITERATION AORTOPUL SEPTAL DEFECT;W CARDIO BYPAS
33851 EXCIS COARCT AORTA;REPAIR,USE ARTERY/PROSTH GUSSET
33855 EXC COARCTATION AORTA,RPR HYPOPLAS LEFT HEART SYND
33920 REPAIR PULM ATRE VENT DEFECT,CONSTR/REPLAC CONDUI
33922 TRANSECTION PULMONARY ARTERY W CARDIOPULMON BYPAS
33930 DONOR CARDIECTOMY-PNEUMONECTOMY (INCLUDING COLD PRESERVATION)
33935 RECIPIENT CARDIECTOMY - PNEUMONECTOMY
33960 PROLNGD EXTRACORPOREAL CRC FOR C/P INSU,INIT 24 H
33961 PROLONG EXTRACOR CIRC CARDIO INSUF;EA ADDITL 24HRS
35491 TRANSLUMINAL PERIPHER ATHERECTOMY,PERCUTAN,AORTIC
36400 VENIPUNCTURE, UNDER AGE 3 YEARS, NECESSITATING PHYSICIAN'S SKILL, NOT TO BE USED FOR ROUTINE VENIPUNCTURE; FEMORAL OR JUGULAR VEIN
36405 VENIPUNCTURE, 2 YRS <, SCALP VEIN
36406 VENIPUNCTURE, 2 YRS <, OTHER VEIN
36420 VENIPUNCTURE, CUTDOWN, UNDER AGE 1 YEAR
36450 EXCHANGE TRANSFUSION, BLOOD; NEWBORN
39503 REPAIR,NEONATAL DIAPHRAGMATIC HERNIA,W/WO TUBE IN
42820 TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12
42825 TONSILLECTOMY,PRIMARY OR SECONDARY;UNDER AGE 12
42830 ADENOIDECTOMY, PRIMARY; UNDER AGE 12
42835 ADENOIDECTOMY, SECONDARY; UNDER AGE 12
43831 GASTROSTOMY, OPEN; NEONATAL, FOR FEEDING
43846 GASTRIC RESTRICTIVE PROCEDURE, WITH GASTRIC BYPASS FOR MORBID OBESITY; WITH SHORT LIMB (150 CM OR LESS) ROUX-EN-Y GASTROENTEROSTOMY
44137 REMOVAL OF TRANSPLANTED INTESTINAL ALLOGRAFT, COMPLETE
45119 PROCTECTOMY,ABDOMINOPERINEAL PULL THRU PROCEDURE
46070 INCISION, ANAL SEPTUM (INFANT)
46705 ANOPLASTY,PLASTIC OPERATION FOR STRICTURE;INFANT
46751 SPHINCTEROPLASTY,ANAL,INCONTINENCE/PROLAPSE;CHILD
48554 TRANSPLANTATION OF PANCREATIC ALLOGRAFT
48556 REMOVAL OF TRANSPLANTED PANCREATIC ALLOGRAFT
49491 REPAIR, INIT INGUINAL HERNIA, PREMIE; REDUCIBLE
49492 REPAIR INIT INGUINAL HERNIA, PREMIE; STRANGULATED
49495 REPAIR INIT INGUIN HERNIA,UNDER AGE 6 MO;REDUCIBL
49496 REPAIR INIT INGUIN HERNIA,UNDER 6 MO;INCARC/STRAN

49501 REPAIR INIT HERNIA,AGE 6 MO-UNDER 5 YRS;INCAR/STRA
49582 REPAIR UMBILICAL HERNIA,UNDER AGE 5 YR;INCAR/STRA
52301 CYSTOURETHROSCOPY;RESECT/FULGUR URET,UNIL/BILATRL
58350 CHROMOTUBATION OF OVIDUCT,INCLUDING MATERIALS
61000 SUBDURAL TAP FONTANELLE,INFANT,UNIL/BILAT;INITIAL
61001 SUBDURAL TAP FONTANELLE,INFANT,UNIL/BILAT;SUBSEQ
73092 RADIOLOGIC EXAM;UPPER EXTREMITY,INFANT,MIN 2 VIEW
73592 RADIOLOGIC EXAM;LOWER EXTREMITY,INFANT,MIN 2 VIEW
75552 CARDIAC MRI FOR MORPHOLOGY;W/O CONTRAST MATERIAL
75553 CARDIAC MAGNET RESON IMAG FOR MORPHOLOGY;CONTRAST
75554 CARD MRI FOR FUNCTION,W W/O MORPHOLOGY;COMPL STUD
75555 CARD MRI FOR FUNCTION,W W/O MORPHOLOGY;LIMIT STUD
75556 CARDIAC MRI FOR VELOCITY FLOW MAPPING
76065 RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT
76510 OPTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANITATIVE A-SCAN
76885 ULTRASOUND OF INFANT HIPS,IMAGING DOCUMENT;DYNAMIC
76886 ULTRASOUND OF INFANT HIPS,IMAGING DOCUMENT;LIMITED
77076 RADIOLOGICAL EXAMINATION,OSSEOUS SURVEY;INFANT
77079 COMPUTED TOMOGRAPHY,BONE MINERAL DENSITY STUDY,1 OR MORE SITES;APPENDICULAR..
78110 PLASMA VOLUME,RADIOPHARM DILUTION TECH;SNGL SAMPLE
78111 PLASMA VOLUME,RADIOPHARM DILUTION TECH;MULT SAMPLE
78120 RED CELL VOLUME DETERMINATION;SINGLE SAMPLINGS
78121 RED CELL VOLUME DETERMINATION;MULTIPLE SAMPLINGS
78122 WHOLE BLOOD VOLUME DETERMIN,INCLUD SEP PLASMA VOL
78130 RED CELL SURVIVAL STUDY;
78160 PLASMA RADIOIRON DISAPPEARANCE (TURNOVER) RATE
78191 PLATELET SURVIVAL STUDY
78270 VITAMIN B-12 ABSORPTION STUDY;W/O INTRINSIC FACTOR
78271 VITAMIN B-12 ABSORPTION STUDY; W INTRINSIC FACTOR
78272 VITAMIN B-12 ABSORPTION STUDIES COMBINED
82435 BLOOD, CHLORIDES
85461 HGB/RBCS,FETAL,FETOMATERNAL HEMORRHAGE;ROSETTE
88230 TISSUE CULTURE NON-NEOPLASTIC DISORDER;LYMPHOCYTE
88233 TISSUE CULT.CHROM.ANA;SKIN OR SOL.TIS.BION
88235 TIS.CUL.CHRO.ANA;AMNI.FLU.CHOR.VIL.CELLN
88237 TISS CULT NEOPLASTI DISORDER;BONE MARR,BLOOD CELL
88239 TISSUE CULTURE NEOPLASTIC DISORDERS;SOLID TUMOR
88240 CRYOPRESERVATION,FREEZ STORAGE CELLS,EA CELL LINE
88241 THAWING AND EXPANSION OF FROZEN CELLS,EA ALIQUOT
88245 CHROMOSOME ANAL BREAK SYNDROMES;BASELINE CHROMATI
88248 CHROMOSOME ANAL BREAK SYNDROME;BASELINE BREAKAGE
88249 CHROMOSOME ANALYSIS BREAKAGE SYND;SCORE 100 CELLS
88261 CHROMOSOME ANAL;COUNT 5 CELLS 1 KARYOTYPE,W BAND
88262 CHROMOSOME ANAL;COUNT 15-20 CELL,2 KARYOTYPE,W BAN
88263 CHRO.ANA;CO 45 CE.MOS.2 KARYOTYP W BANDN
88264 CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS
88267 CHROMOSOME ANAL,AMNIOTIC FLUID,CNT 15 CELL,1 KARYO
88269 CHR.ANA.AMN.FL.CE.CO.CE FR.6-12 1KARYOTN
88271 MOLECULAR CYTOGENICS; DNA PROBE, EA (EG, FISH)
88272 MOLECULAR CYTOGENETICS; CHROMOSOMAL, 3-5 CELLS

88273 MOLECULAR CYTOGENICS; CHROMOSOMAL, 10-30 CELLS
88274 MOLECULAR CYTOGENETICS; INTERPHASE, 25-99 CELLS
88275 MOLECULAR CYTOGENICS; INTERPHASE, 100-300 CELLS
88280 CHROMO.ANA,ADDITIONAL KARYOTYPING
88283 CHROMOSOME ANALYSIS;ADD SPECIAL BANDING TECHNIQUE
88285 CHROMOSOME ANALYSIS;ADDIT CELLS COUNTED,EA STUDY
88289 CHROMOSOME ANALYSIS;ADDITION HIGH RESOLUTION STUDY
88291 CYTOGENICS/MOLECULAR CYTOGENICS, INTER AND RPRT
88299 UNLISTED CUTPGENETIC STUDY
90633 HEPATITIS A VACC,PED/ADOLE DOSE-2 DOSE,INTRMUSCLR
90634 HEPATITIS A VACC,PED/ADOLE DOSE-3 DOSE,INTRMUSCLR
90645 HEMOPHILUS INFLUENZA B VACC,(4 DOSE),INTRAMUSCULAR
90646 HEMOPHILUS INFLUENZA B VACC,BOOSTER,INTRAMUSCULAR
90647 HEMOPHILUS INFLUENZA B VACC,(3 DOSE),INTRAMUSCULAR
90648 HEMOPHILUS INFLUENZA B VACC,(4 DOSE),INTRAMUSCULAR
90657 INFLUENZA VIRUS VACC,SPLT VIR,6-35 MO,INTRAMUSCLR
90700 DIPHTHERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE (DTAP), FOR USE IN INDIVIDUALS YOUNGER THAN 7 YEARS, FOR INTRAMUSCULAR USE
90702 DIPHTHERIA/TETANUS TOXOIDS ADSORBED PED USE,INTRA
90707 MEASLES, MUMPS AND RUBELLA VIRUS VACCINE (MMR), LIVE, FOR SUBCUTANEOUS USE
90712 POLIOVIRUS VACCINE,(ANY TYPE(S))(OPV),LIVE ORAL
90713 POLIOVIRUS VACCINE,INACTIVATED,(IPV),SUBCUTANEOUS
90716 VARICELLA VIRUS VACCINE,LIVE,FOR SUBCUTANEOUS USE
90720 DIPHTHERIA,TETANUS,PERTUSSIS VACC,(DTP-HIB),INTRA
90721 DIPHTHERIA,TETANUS,PERTUSSIS VACC(DTAP-HIB),INTRA
90743 HEPATITIS B VACCINE,ADOLESCENT,INTRAMUSCULAR USE
90744 HEPATITIS B VACCINE;PED PED/ADOLESNT DOSE,INTRAM
90748 HEPATITIS B & (HIB) VACCINE,INTRAMUSCULAR
90918 ESRD,SERVICES PER MO;UNDER 2 AGE,MONIT,ASSESS,COUN
90919 ESRD SERVICES PER MO;BETWEEN 2-11 AGE,MONIT,ASSESS
90920 ESRD SERV PER MO;12 THRU AGE 19,MONITOR,ASSES,COUN
90923 ESRD SERV.(<THAN FULL MO.),PER DAY; PTS 2-11 YRS.
90924 ESRD SERV.(<THAN FULL MO.),PER DAY;PTS. 12-19 YRS
92018 OPHTHALMOLOGICAL EXAM,EVAL,GENERAL ANESTH;COMPLET
92019 OPHTHALMOLOGICAL EXAM,EVAL,GENERAL ANESTH,LIMITED
92020 GONIOSCOPY (SEPARATE PROCEDURE)
92060 SENSORIMOTOR EXAM,MULT MEAS OCULAR DEV,INTERP/RPRT
92081 VISUAL FIELD EXAM,UNI/BILAT,MED DIAG EVAL;LTD EXA
92082 VISUAL FIELD EXAM,UNI/BILAT,MED DIAG EVAL;INTERME
92083 VISUAL FIELD EXAM,UNI/BILAT,MED DIAG EVAL;EXTENDE
92100 SERIAL TONOMETRY,MULTI MEAS PRESS,EXT TIME,INTERP
92120 TONOGRAPHY,INTERP,REPRT,RECORD TONOMETER/SUCTION
92130 TONOGRAPHY WITH WATER PROVOCATION
92135 SCAN COMPUTER OPTHALMIC DIAG IMAG W INTER/REPORT
92140 PROVOCATIVE TESTS GLAUCOMA,INTERP,REPRT,W/O TONOGR
92225 OPHTHALMOSCOPY,EXT RETIN DRAW,INTERP,REPRT;INITIAL
92226 OPHTHALMOSCOPY,EXT AS FOR RETINAL DETACH,SUBSQUEN
92230 FLUORESCEIN ANGIOSCOPY W/ INTERPRETATION & REPORT
92235 FLUORESCEIN ANGIOSCOPY W/ INTERPRETATION & REPORT
92240 INDOCYANINE-GREEN ANGIOGRAPHY,INTERPRETATN,REPORT
92250 FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT

92260 OPHTHALMODYNAMETRY
92265 NEEDLE OCULOELECTROMYOGRAPH,ONE+MUSCL,ONE+EYE,EVA
92270 ELECTRO-OCULOGRAPHY,W MEDICAL DIAGNOSTIC EVALUATN
92275 ELECTRORETINOGRAPHY,W MEDICAL DIAGNOSTIC EVALUATN
92283 COLOR VISION EXAM; EXTENDED,EG,ANOMALOSCOPE/EQUIV
92284 DARK ADAPTATION EXAM,W MEDICAL DIAGNOSTIC EVALUAT
92285 EXTERNAL OCULAR PHOTOGRAPH W INTERP,REPORT,PROGESS
92286 SPECIAL ANTERIOR SEGMENT PHOTO,INTERP;ENDO MICROS
92287 SPECIAL ANTERIOR SEGMENT PHOTO,FLUORESCEIN AGIOGR
92310 PRESCRIPT OF OPTICAL/PHYS CHAR & FIT CONTACT, BOTH
92311 PRESCRIBE/FIT CONTACT LENSES,MED SUPER/APHAKIA,ON
92312 PRESCRIP/FIT CONTACT LENSES,MED SUPER/APHAKIA,BOT
92313 PRESCRIPT/FIT CONTACT LENS,SUPR;CORNEOSCLERAL LENS
92314 PRESCRIPT/FIT CONTACTS,SUPR IND TECH,BOTH,EXC APHA
92315 PRESCRIPT/FIT CONTACTS,SUPR IND TECH;1 EYE,INC AP
92316 PRESCRIPT/FIT CONTACTS,SUPR IND TECH;BOTH,INCL AP
92317 PRESCRIPT/FIT CONTACTS,SUPR IND TECH;CORNEOSCLERA
92325 MODIFICATION OF CONTACT LENS(SEPARATE PROCEDURE)
92330 PRESCRIPTION,FITTING,SUPPLY OF OCULAR PROSTHESIS
92335 PRESCRIPTION OCULAR PROSTH,DIR FIT/SUPPLY-IND TEC
92340 FITTING OF SPECTACLES,EXCEPT FOR APHAKIA;MONOFOCAL
92341 FITTING OF SPECTACLES,EXCEPT FOR APHAKIA;BIFOCAL
92342 FITTING SPECTACLES, EXCEPT APHAKIA; MULTIFOCAL
92352 FIT OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCA
92353 FIT OF SPECTACLE PROSTHESIS FOR APHAKIA;MULTIFOCA
92354 FIT SPECTACLE-MOUNTED LOW VISION AID,SINGLE ELEMN
92355 FIT SPECTACLE-MOUNTED LOW VISION AID;TELESC/COMPN
92390 SUPPLY OF SPECTACLES,EXC PROSTHESIS/LOW VISION AID
92391 SUPPLY OF CONTACT LENSES,EXC PROSTH FOR APHAKIA
92393 SUPPLY OF OCULAR PROSTHESIS (ARTIFICIAL EYE)
92396 SUPPLY OF PERMANENT PROSTHESIS FOR APHAKIA,CONTACT
92551 SCREENING TEST, PURE TONE, AIR ONLY
92552 PURE TONE AUDIOMETRY (THRESHOLD) AIR ONLY
92553 PURE TONE AUDIOMETRY (THRESHOLD) AIR & BONE
92555 SPEECH AUDIOMETRY, THRESHOLD ONLY
92556 SPEECH AUDIOMETRY THRESHOLD; W SPEECH RECOGNITION
92557 COMPREHEN AUDIOMETRY THRESHOLD EVAL,SPEECH RECOGN
92559 AUDIOMETRIC TESTING OF GROUPS
92560 BEKESY AUDIOMETRY, SCREENING
92561 BEKESY AUDIOMETRY, DIAGNOSTIC
92562 LOUDNESS BALANCE TEST, ALTERNATE BINAURAL/MONAURA
92563 TONE DECAY TEST
92564 SHORT INCREMENT SENSITIVITY INDEX
92565 STENGER TEST, PURE TONE
92567 TYMPANOMETRY (IMPEDANCE TESTING)
92568 ACOUSTIC REFLEX TESTING
92569 ACOUSTIC REFLEX DECAY TEST
92571 FILTERED SPEECH TEST
92572 STAGGERED SPONDAIC WORD TEST
92573 LOMBARD TEST

92575 SENSORINEURAL ACUITY LEVEL TEST
92576 SYNTHETIC SENTENCE IDENT TEST
92577 STENGER TEST, SPEECH
92582 CONDITIONING PLAY AUDIOMETRY
92583 SELECT PICTURE AUDIOMETRY
92584 ELECTROLOCOCHLEOGRAPHY
92585 AUDITORY EVOKED RESP,TEST CENTRAL NERVOUS SYS;COMP
92586 AUDITORY EVOKED POTENTIALS EVOKED RESP;LIMITED
92590 HEARING AID EXAM+SELECTION, MONAURAL
92591 HEARING AID EXAM+SELECTION,BINAURAL
92592 HEARING AID CHECK, MONAURAL
92593 HEARING AID CHECK, BINAURAL
92594 ELECTROACOUSTIC EVALUATION FOR HEARING AID,MONAURL
92595 ELECTROACOUSTIC EVALUATION FOR HEARING AID,BINAURL
92596 EAR PROTECTOR ATTENUATION MEASUREMENTS
92601 DIAGNOSTIC ANALYSIS OF COCHLEAR IMPLANT, PT UNDER 7 YRS
92602 DX ANALYSIS OF COCHLEAR IMPLANT, PT UNDER 7 YRS, SUBSEQUENT
92603 DX ANALYSIS OF COCHLEAR IMPLANT, PT 7 YRS OR OLDER
92604 DX ANALYSIS OF COCHLEAR IMPLANT PT 7 YRS OR OLDER SUBSEQUENT
92625 ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS, MATCH, AND MASKING
92992 ATRIAL SEPTECT/SEPTOS;TRANSVENOUS METHOD;BALLOON
92993 ATRIAL SEPTECTOMY OR SEPTOSTOMY; BLADE METHOD
93533 RT & LT HEART CATH THRU SEPTAL OPENING, CONGENITAL
94772 CIRCADIAN RESPIRATORY RECORDING,12-24 HRS,INFANT
95115 PROF SVCS FOR ALLERGEN IMMUNOTHERAPY; SINGLE INJ
95117 PROF SVCS ALLERGEN IMMUNOTHERAPY;2 OR MORE INJECT
95120 ALLERGEN IMMUNOTHER,INSTIT/OFFICE,INCL EXTR;SINGLE
95125 PROF SRVC ALLERGEN IMMUNOTH PHY OFFICE;2+ INJECT
95130 ALLERGEN IMMUNO,OFF/INST,INCL EXTRACT;SINGLE VENOM
95131 ALLERGEN IMMUNO,OFF/INST,INCL EXTRACT;2 VENOMS
95132 ALLERGEN IMMUNO,OFF/INST,INCL EXTRACT;3 VENOMS
95133 ALLERGEN IMMUNO,OFF/INST,INCL EXTRACT;4 VENOMS
95134 ALLERGEN IMMUNO,OFF/INST,INCL EXTRACT;5 VENOMS
97124 THERAPEUTIC PROC,1+ AREA,EA 15 MIN;MASSAGE,EFFLEU
99170 ANOGENITAL EXAM W COLPOSCOPIC MAGNIF CHILD TRAUMA
99349 HOME VISIT FOR E&M OF ESTABL. PT. (MODERATE COMPLEX)
99381 INIT E&M HEALTHY INDIVD, NEW PT,(AGE UNDER 1 YEAR)
99382 INIT E&M HEALTHY INDIVID,EARLY CHILDHOOD(AGE 1-4)
99383 INIT E&M HEALTHY INDIVID,LATE CHILDHOOD(AGE 5-11)
99384 INIT E&M HEALTHY INDIVIDUAL,ADOLESCENT(AGE 12-17)
99385 INITIAL E&M OF HEALTHY INDIVIDUAL 18-39 YEARS
99391 PERIODIC REEVAL&MGMT,HEALTHY INDIV AGE UNDER 1YR
99392 PERIODIC REEVAL & MGMT HEALTHY INDIVIDUAL(AGE 1-4)
99393 PERIODIC REEVAL & MGMT HEALTHLY INDIVID(AGE 5-11)
99394 PERIODIC REEVAL & MGMT HEALTHY INDIVID(AGE 12-17)
99395 PERIODIC REEVAL & MGMT HEALTHY INDIVID(18-39 YRS)
99433 SUBSEQ HOSP CARE,FOR THE E/M OF NORMAL NB,PER DAY
99436 ATTENDANCE AT DELIVERY & INITL STABILIZATN NEWBORN
99440 NB RESUSCITATION:PRESSURE VENILAT,CHEST COMPRESS