

Primary Preventative Procedure Codes by Benefit Program

This document provides a list of program-specific primary and preventative procedure codes eligible for reimbursement under each benefit program administered by the CMSP Governing Board. Please refer to each of the program specifications below for additional details regarding reimbursement of services from this list, where to find the most up-to-date list of procedure codes, and where to find more information regarding each program.



Customer Service Phone: (877) 589-6807

Website: <https://cmsp.amm.cc/>

- For the CMSP benefit, the following list is of procedure codes that do NOT require the member's Share of Cost (SOC) to be met in order to be eligible for reimbursement. Please refer to the corresponding column of this list to determine if these services are covered under the CMSP benefit without a SOC.
- The following services must be rendered by a CMSP contracted provider in order to be eligible for reimbursement. For a list of contracted providers, visit <https://cmsp.amm.cc/ProviderSearch>.
- This is NOT a comprehensive list of covered services under the CMSP benefit. For a list of covered and non-covered services under the CMSP benefit program, please refer to the CMSP Provider Operations Manual available at <https://cmsp.amm.cc/Providers>.



Customer Service Phone: (877) 283-PATH (7284)

Website: <https://pathtohealth.amm.cc/>

- Please refer to the corresponding column of the following list to determine if these services are covered under Path to Health.
- The following services must be rendered by a CMSP contracted provider in order to be eligible for reimbursement. For a list of contracted providers, visit <https://pathtohealth.amm.cc/ProviderSearch>. To find an enrollment clinic, visit <https://mypathtohealth.org/provider-locator/>.



Customer Service Phone: (888) 614-0846

Website: <https://connecttocare.amm.cc/>

- Please refer to the corresponding column of the following list to determine if these services are covered under Connect to Care.
- The following services must be rendered by a CMSP contracted provider in order to be eligible for reimbursement. For a list of contracted providers, visit <https://connecttocare.amm.cc/ProviderSearch>. To find an enrollment clinic, visit <https://myconnecttocare.org/provider-locator/>.

Approved Procedure Code List by Benefit Program

LEGEND	
✓	Covered Code
✗	Non-Covered Code

CPT Code	Procedure	CPT/HCPCS Code Description	CMSP (No SOC Required)	Path to Health	Connect to Care
10060	Incision & Drainage of Abscess	Simple or Single	✓	✓	✓
10061	Incision & Drainage of Abscess	Complicated or Multiple	✓	✓	✓
10160	Incision & Drainage of Abscess	Puncture Aspiration of Abscess	✓	✓	✓
11200	Removal of Skin Tags - 15 Skin Tags	Removal of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up to and including 15 Lesions	✓	✓	✓
11201	Removal of Skin Tags - Each Additional 10 Skin Tags	Removal of Skin Tags, Multiple Fibrocutaneous Tags, Any Area; Up to and including 15 Lesions; Each Additional 10 Lesions, or Part Thereof (List Separately in Addition to Code for Primary Procedure)	✓	✓	✓
11300	Shaving of Epidermal or Dermal Lesions - 0.5 cm or Less	Shaving of Epidermal or Dermal Lesion, Single Lesion, Trunk, Arms or Legs; Lesion Diameter 0.5 cm or Less	✓	✓	✓
11301	Shaving of Epidermal or Dermal Lesions - 0.6 to 1.0 cm	Shaving of Epidermal or Dermal Lesion, Single Lesion, Trunk, Arms or Legs; Lesion Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11400	Excision - Benign Lesions (Trunk, Arms and Legs) 0.5 cm or Less	Excision, Benign Lesion including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, or Legs; Excised Diameter 0.5 cm or Less	✓	✓	✓
11401	Excision - Benign Lesions (Trunk, Arms and Legs) 0.6 to 1.0 cm	Excision, Benign Lesion including Margins, Except Skin Tag (Unless Listed Elsewhere), Trunk, Arms, or Legs; Excised Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11420	Excision - Benign Lesions (Scalp, Neck, Hands, Feet) 0.5 cm or Less	Excision, Benign Lesion including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.5 cm or Less	✓	✓	✓
11421	Excision - Benign Lesions (Scalp, Neck, Hands, Feet) 0.6 cm to 1.0 cm	Excision, Benign Lesion including Margins, Except Skin Tag (Unless Listed Elsewhere), Scalp, Neck, Hands, Feet, Genitalia; Excised Diameter 0.6 cm to 1.0 cm	✓	✓	✓
11440	Excision - Benign Lesions (Face, Ears, Eyelids, Nose, Lips, Mucous Membrane) 0.5 cm or Less	Excision, Benign Lesion including Margins, Except Skin Tag (Unless Listed Elsewhere), Face, Ears, Eyelids, Nose, Lips, Mucous Membrane; Excised Diameter 0.5 cm or Less	✓	✓	✓
11441	Excision - Benign Lesions (Face, Ears, Eyelids, Nose, Lips, Mucous Membrane) 0.6 cm to 1.0 cm	Excision, 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	✓	✓	✓
11765	Ingrown Toenail Removal	Wedge Excision of Skin of Nail Fold (e.g., for Ingrown Toenail)	✓	✓	✓
12001	Minor Laceration Repair - Simple Repair 2.5 cm or Less	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 2.5 cm or Less	✓	✓	✓
12002	Minor Laceration Repair - Simple Repair 2.6 cm to 7.5 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 2.6 cm to 7.5 cm	✓	✓	✓
12004	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 7.6 cm to 12.5 cm	✓	✓	✓
12005	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 12.6 cm to 20.0 cm	✓	✓	✓
12006	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); 20.1 cm to 30.0 cm	✓	✓	✓
12007	Minor Laceration Repair - Simple Repair Over 30.0 cm	Simple Repair of Superficial Wounds of Scalp, Neck, Axillae, External Genitalia, Trunk and/or Extremities (including Hands and Feet); Over 30.0 cm	✓	✓	✓
12011	Minor Laceration Repair - Simple Repair 2.5 cm or Less	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 2.5 cm or Less	✓	✓	✓
12013	Minor Laceration Repair - Simple Repair 2.6 cm to 5.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 2.6 cm to 5.0 cm	✓	✓	✓
12014	Minor Laceration Repair - Simple Repair 5.1 cm to 7.5 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 5.1 cm to 7.5 cm	✓	✓	✓
12015	Minor Laceration Repair - Simple Repair 7.6 cm to 12.5 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 7.6 cm to 12.5 cm	✓	✓	✓
12016	Minor Laceration Repair - Simple Repair 12.6 cm to 20.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 12.6 cm to 20.0 cm	✓	✓	✓
12017	Minor Laceration Repair - Simple Repair 20.1 cm to 30.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; 20.1 cm to 30.0 cm	✓	✓	✓
12018	Minor Laceration Repair - Simple Repair Over 30.0 cm	Simple Repair of Superficial Wounds of Face, Ears, Eyelids, Nose, Lips and/or Mucous Membranes; Over 30.0 cm	✓	✓	✓
12020	Minor Laceration Repair - Simple Repair	Treatment of Superficial Wound Dehiscence; Simple Closure	✓	✓	✓
12021	Minor Laceration Repair - Simple Repair; with Packing	Treatment of Superficial Wound Dehiscence; Simple Closure; with Packing	✓	✓	✓
13100	Benign Skin Tag, Mole, Wart Removal (No Pathology Needed) - Repair, Complex, Trunk; 1.1 cm to 2.5 cm	Repair, Complex, Trunk; 1.1 cm to 2.5 cm	✓	✓	✓
13101	Benign Skin Tag, Mole, Wart Removal (No Pathology Needed) - Repair, Complex, Trunk; 2.6 cm to 7.5 cm	Repair, Complex, Trunk; 2.6 cm to 7.5 cm	✓	✓	✓
17000	Destruction, Benign or Premalignant Lesions - 1st Lesion	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); First Lesion	✓	✓	✓
17003	Destruction, Premalignant Lesions - 2-14 Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); Second through 14 Lesions	✓	✓	✓
17004	Destruction, Premalignant Lesions - 15 or More Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), Premalignant Lesions (e.g. Actinic Keratosis); 15 or More Lesions	✓	✓	✓
17110	Destruction, Benign Lesions - Up to 14 Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), of Benign Lesions Other Than Skin Tags or Cutaneous Vascular Proliferative Lesions; Up to 14 Lesions	✓	✓	✓
17111	Destruction, Benign Lesions - 15 or More Lesions	Destruction (e.g., Laser Surgery, Electro Surgery, Cryosurgery, Chemosurgery, Surgical Curettement), of Benign Lesions Other Than Skin Tags or Cutaneous Vascular Proliferative Lesions; 15 or More Lesions	✓	✓	✓

Approved Procedure Code List by Benefit Program

CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
20550	Injection of Tendon Sheaths	Injection(s); Single Tendon Sheath, or Ligament, Aponeurosis(e.g., Plantar "Fascia")	✓	✓	✓
20551	Injection of Tendon Sheaths	Injection(s); Single Tendon Sheath, or Ligament, Aponeurosis(e.g., Plantar "Fascia") - Single Tendon Origin/Insertion	✓	✓	✓
20552	Injection of Trigger Points	Injection(s); Single or Multiple Trigger Point(s), 1 or 2 Muscle(s)	✓	✓	✓
20553	Injection of Trigger Points	Injection(s); Single or Multiple Trigger Point(s), 3 or More Muscles	✓	✓	✓
20600	Injection of Buse	Arthrocentesis, Aspiration and/or Injection, Small Joint or Burse (e.g., Fingers, Toes); without Ultrasound Guidance	✓	✓	✓
20605	Injection of Buse	Arthrocentesis, Aspiration and/or Injection, Intermediate Joint or Bursa (e.g., Temporomandibular, Acromioclavicular, Wrist, Elbow or Ankle, Olecranon Bursa); without Ultrasound Guidance	✓	✓	✓
20610	Injection of Buse	Arthrocentesis, Aspiration and/or Injection, Major Joint or Bursa (e.g., Shoulder, Hip Knee, Subacromial Bursa); without Ultrasound Guidance	✓	✓	✓
36415	Venipuncture	Collection of Venous Blood by Venipuncture	✓	✓	✓
36416	Venipuncture	Collection of Capillary Blood Specimen (e.g., Finger, Heel, Ear Stick)	✓	✓	✓
45330	Sigmoidoscopy	Sigmoidoscopy, Flexible; Diagnostic, with or without Collection of Specimen(s) by Brushing or Washing	✓	✓	✓
45331	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Biopsy, Single or Multiple	✓	✓	✓
45332	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Removal of Foreign Body	✓	✓	✓
45333	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Removal of Tumor(s), Polyp(s), or Other Lesion(s) By Hot Biopsy Forceps or Bipolar Cautery	✓	✓	✓
45334	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Control of Bleeding (e.g., Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	✓	✓	✓
45335	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Directed Submucosal Injection(s), Any Substance	✓	✓	✓
45337	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Decompression of Volvulus, Any Method	✓	✓	✓
45338	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Removal of Tumor(s), Polyp(s), or Other Lesion(s) by Snare Technique	✓	✓	✓
45340	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Dilatation by Balloon, 1 or More Strictures	✓	✓	✓
45341	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Endoscopic Ultrasound Examination	✓	✓	✓
45342	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Transendoscopic Ultrasound Guided Intramural or Transmural Fine Needle Aspiration/Biopsy(s)	✓	✓	✓
45346	Sigmoidoscopy	Sigmoidoscopy, Flexible; with Ablation of Tumor(s), Polyp(s), or Other Lesion(s) (includes Pre- and Post-Dilatation and Guide Wire Passage, When Performed)	✓	✓	✓
45378	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; Diagnostic, with or without Collection of Specimen(s) by Brushing or Washing, with or without Colon Decompression (Separate Procedure)	✓	✓	✓
45379	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Removal of Foreign Body	✓	✓	✓
45380	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Biopsy, Single or Multiple	✓	✓	✓
45381	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Directed Submucosal Injection(s), Any Substance	✓	✓	✓
45382	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Control of Bleeding (e.g., Injection, Bipolar Cautery, Unipolar Cautery, Laser, Heater Probe, Stapler, Plasma Coagulator)	✓	✓	✓
45384	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Removal of Tumor(s), Polyp(s), or Other Lesion(s) by Hot Biopsy Forceps or Bipolar Cautery	✓	✓	✓
45385	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Removal of Tumor(s), Polyp(s), or Other Lesion(s) by Snare Technique	✓	✓	✓
45386	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Dilatation by Balloon, 1 or More Structures	✓	✓	✓
45388	Colonoscopy	Colonoscopy, Flexible; with Ablation of Tumor(s), Polyp(s), or Other Lesion(s) (includes Pre- and Post-Dilatation and Guide Wire Passage, When Performed)	✓	✓	✓
45391	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Endoscopic Ultrasound Examination	✓	✓	✓
45392	Colonoscopy	Colonoscopy, Flexible, Proximal to Splenic Flexure; with Transendoscopic Ultrasound Guided Intramural or Transmural Fine Needle Aspiration/Biopsy(s)	✓	✓	✓
46083	Treatment of Minor Hemorrhoids	Incision of Thrombosed Hemorrhoid, External	✓	✓	✓
46320	Treatment of Minor Hemorrhoids	Incision of Thrombosed Hemorrhoid, External	✓	✓	✓
69210	Impacted Ear Wax Removal	Removal Impacted Cerumen Requiring Instrumentation, Unilateral	✓	✓	✓
70360	X-Ray - Neck	Radiologic Examination; Neck, Soft Tissue	✓	✓	✓
71045	X-Ray - Chest	Radiologic Examination, Chest; Single View	✓	✓	✓
71046	X-Ray - Chest	Radiologic Examination, Chest; 2 Views	✓	✓	✓
71100	X-Ray - Ribs	Radiologic Examination, Ribs; Unilateral; 2 Views	✓	✓	✓
71101	X-Ray - Ribs	Radiologic Examination, Ribs; Unilateral; 2 Views; Including Posteroanterior Chest, Minimum of 3 Views	✓	✓	✓
71110	X-Ray - Ribs	Radiologic Examination, Ribs; Bilateral; 3 Views	✓	✓	✓
71111	X-Ray - Ribs	Radiologic Examination, Ribs; Bilateral; 3 Views; Including Posteroanterior Chest, Minimum of 4 Views	✓	✓	✓
71250	Lung Cancer Screening	Computed Tomography, Thorax; without Contrast Material	✓	✓	✓
71271	Lung Cancer Screening	Computed Tomography, Thorax; Low Dose for Lung Cancer Screening, without Contrast Materials	✓	✓	✓
72020	X-Ray - Spine	Radiologic Examination; Spine, Single View, Specify Level	✓	✓	✓
72040	X-Ray - Spine, Cervical	Radiologic Examination; Spine, Cervical; 2 or 3 Views	✓	✓	✓
72050	X-Ray - Spine, Cervical	Radiologic Examination; Spine, Cervical; 4 or 5 Views	✓	✓	✓
72052	X-Ray - Spine, Cervical	Radiologic Examination; Spine, Cervical; 6 or More Views	✓	✓	✓
72070	X-Ray - Spine, Thoracic	Radiologic Examination, Spine; Thoracic, 2 Views	✓	✓	✓
72072	X-Ray - Spine, Thoracic	Radiologic Examination, Spine; Thoracic, 3 Views	✓	✓	✓
72080	X-Ray - Spine, Thoracolumbar	Radiologic Examination, Spine; Thoracolumbar Junction, Minimum of 2 Views.	✓	✓	✓
72100	X-Ray - Spine, Thoracic	Radiologic Examination, Spine, Lumbar: 2 or 3 Views	✓	✓	✓
72110	X-Ray - Spine, Lumbosacral	Radiologic Examination, Spine, Lumbar: Minimum of 4 Views	✓	✓	✓
72114	X-Ray - Spine, Lumbosacral	Radiologic Examination, Spine, Lumbar: Complete, Including Bending Views, Minimum of 6 Views	✓	✓	✓
72170	X-Ray - Pelvis	Radiologic Examination, Pelvis; 1 or 2 Views	✓	✓	✓
72190	X-Ray - Pelvis	Radiologic Examination, Pelvis; Complete; Minimum of 3 Views	✓	✓	✓
72220	X-Ray - Sacrum and Coccyx	Radiologic Examination, Sacrum and Coccyx, Minimum of 2 Views	✓	✓	✓

Approved Procedure Code List by Benefit Program

CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
73000	X-Ray - Clavicle	Radiologic Examination, Clavicle, Complete	✓	✓	✓
73010	X-Ray - Scapula	Radiologic Examination, Scapula, Complete	✓	✓	✓
73020	X-Ray - Shoulder	Radiologic Examination, Shoulder, 1 View	✓	✓	✓
73030	X-Ray - Shoulder	Radiologic Examination, Shoulder, Complete, 2 Views	✓	✓	✓
73060	X-Ray - Humerus	Radiologic Examination, Humerus, Minimum of 2 Views	✓	✓	✓
73070	X-Ray - Elbow	Radiologic Examination, Elbow, 2 Views	✓	✓	✓
73080	X-Ray - Elbow	Radiologic Examination, Elbow, Complete, Minimum of 3 Views	✓	✓	✓
73090	X-Ray - Forearm	Radiologic Examination, Forearm, 2 Views	✓	✓	✓
73100	X-Ray - Wrist	Radiologic Examination, Wrist; 2 Views	✓	✓	✓
73110	X-Ray - Wrist	Radiologic Examination, Wrist; Complete; Minimum of 3 Views	✓	✓	✓
73120	X-Ray - Hand	Radiologic Examination, Hand; 2 Views	✓	✓	✓
73130	X-Ray - Hand	Radiologic Examination, Hand; Minimum of 3 Views	✓	✓	✓
73140	X-Ray - Fingers	Radiologic Examination, Fingers; Minimum of 2 Views	✓	✓	✓
73501	X-Ray - Hip	Radiologic Examination, Hip, Unilateral, with Pelvis When Performed, 1 View	✓	✓	✓
73502	X-Ray - Hip	Radiologic Examination, Hip, Unilateral, with Pelvis When Performed, 2-3 Views	✓	✓	✓
73503	X-Ray - Hip	Radiologic Examination, Hip, Unilateral, with Pelvis When Performed, Minimum of 4 Views	✓	✓	✓
73521	X-Ray - Hip	Radiologic Examination, Hip, Bilateral, with Pelvis When Performed, 2 Views	✓	✓	✓
73522	X-Ray - Hip	Radiologic Examination, Hip, Bilateral, with Pelvis When Performed, 3-4 Views	✓	✓	✓
73523	X-Ray - Hip	Radiologic Examination, Hip, Bilateral, with Pelvis When Performed, Minimum of 5 Views	✓	✓	✓
73551	X-Ray - Femur	Radiologic Examination, Femur, 1 View	✓	✓	✓
73552	X-Ray - Femur	Radiologic Examination, Femur, Minimum of 2 Views	✓	✓	✓
73560	X-Ray - Knee	Radiologic Examination, Knee, 1 or 2 Views	✓	✓	✓
73562	X-Ray - Knee	Radiologic Examination, Knee, 3 Views	✓	✓	✓
73564	X-Ray - Knee	Radiologic Examination, Knee, 4 or More Views	✓	✓	✓
73565	X-Ray - Knee	Radiologic Examination, Both Knees, Anteroposterior	✓	✓	✓
73590	X-Ray - Tibia and Fibula	Radiologic Examination, Tibia and Fibula, 2 Views	✓	✓	✓
73600	X-Ray - Ankle	Radiologic Examination, Ankle, 2 Views	✓	✓	✓
73610	X-Ray - Ankle	Radiologic Examination, Complete Ankle, Minimum of 3 Views	✓	✓	✓
73620	X-Ray - Foot	Radiologic Examination, Foot, 2 Views	✓	✓	✓
73630	X-Ray - Foot	Radiologic Examination, Complete Foot, Minimum of 3 Views	✓	✓	✓
73650	X-Ray - Calcaneus	Radiologic Examination, Calcaneus, Minimum of 2 Views	✓	✓	✓
73660	X-Ray - Toe(s)	Radiologic Examination, Toe(s) Minimum of 2 Views	✓	✓	✓
74018	X-Ray - Abdomen	Radiologic Examination, Abdomen; Single View	✓	✓	✓
74019	X-Ray - Abdomen	Radiologic Examination, Abdomen; 2 Views	✓	✓	✓
74021	X-Ray - Abdomen	Radiologic Examination, Abdomen; 3 or More Views	✓	✓	✓
74022	X-Ray - Abdomen	Radiologic Examination, Abdomen; Complete Acute Abdomen Series, Including Supine, Erect, and/or Decubitus Views, Single View Chest	✓	✓	✓
74263	Colorectal Cancer	Computed Tomographic (CT) Colonography, Screening, Including Image Postprocessing	✓	✓	✓
76536	Ultrasound, Head and Neck	Ultrasound, Soft Tissues of Head and Neck (e.g., Thyroid, Parathyroid, Parotid), Real Time with Image Documentation	✓	✓	✓
76604	Ultrasound, Chest	Ultrasound, Chest (Includes Mediastinum), Real Time with Image Documentation	✓	✓	✓
76642	Ultrasound, Chest	Limited, Only Once Per Breast, Per Session	✓	✓	✓
76700	Ultrasound, Abdomen and Retroperitoneum	Ultrasound, Abdominal, Real Time with Image Documentation; Complete	✓	✓	✓
76705	Ultrasound, Abdomen and Retroperitoneum	Limited (e.g., Single organ, Quadrant, Follow-Up)	✓	✓	✓
76770	Ultrasound, Abdomen and Retroperitoneum	Ultrasound, Retroperitoneal (e.g., Renal, Aorta, Nodes), Real Time with Image Documentation; Complete	✓	✓	✓
76775	Ultrasound, Abdomen and Retroperitoneum	Limited	✓	✓	✓
76800	Ultrasound, Spinal Canal	Ultrasound, Spinal Canal and Contents	✓	✓	✓
76830	Ultrasound, Non-Obstetrical	Ultrasound, Transvaginal	✓	✓	✓
76831	Ultrasound, Non-Obstetrical	Saline Infusion Sonohysterography(SIS), Including Color Flow Doppler, When Performed	✓	✓	✓
76856	Ultrasound, Non-Obstetrical	Ultrasound, Pelvic (Non-Obstetric), Real Time with Image Documentation; Complete	✓	✓	✓
76857	Ultrasound, Non-Obstetrical	Limited or Follow Up (e.g., for Follicles)	✓	✓	✓
76870	Ultrasound, Genitalia	Ultrasound, Scrotum and Contents	✓	✓	✓
76872	Ultrasound, Genitalia	Ultrasound, Transrectal	✓	✓	✓
76873	Ultrasound, Genitalia	Prostate Volume Study for Brachytherapy Treatment Planning (Separate Procedure)	✓	✓	✓
76881	Ultrasound, Extremities; Complete	Ultrasound, Extremity, Nonvascular, Real-Time with Image Documentation; Complete	✓	✓	✓
76882	Ultrasound, Extremities; Limited	Ultrasound, Extremity, Nonvascular, Real-Time with Image Documentation; Limited, Anatomic Specific	✓	✓	✓
77078	DXA Scan Osteoporosis	Computed Tomography, Bone Mineral Density Study, 1 or More Sites; Axial Skeleton (e.g., Hips, Pelvis, Spine)	✓	✓	✓
77080	DXA Scan Osteoporosis	Dual-Energy X-Ray Absorptiometry (DXA), Bone Density Study, 1 or More Sites; Axial Skeleton (e.g., Hips, Pelvis, Spine)	✓	✓	✓
77081	DXA Scan Osteoporosis	Dual-Energy X-Ray Absorptiometry (DXA), Bone Density Study, 1 or More Sites; Appendicular Skeleton (Peripheral) (e.g., Radius, Wrist, Heel)	✓	✓	✓
77085	DXA Scan Osteoporosis	Dual-Energy X-Ray Absorptiometry (DXA), Bone Density Study, 1 or More Sites; Axial Skeleton (e.g., Hips, Pelvis, Spine), Including Vertebral Fracture Assessment	✓	✓	✓
77086	DXA Scan Osteoporosis	Vertebral Fracture Assessment Via Dual-Energy X-Ray Absorptiometry (DXA)	✓	✓	✓
80048	Metabolic Panel Total CA	Basic Metabolic Panel: Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Potassium (84132) Sodium (84295) Urea Nitrogen (Bun) (84520)	✓	✓	✓
80051	Electrolyte Panel	Electrolyte Panel: Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Potassium (84132) Sodium (84295)	✓	✓	✓

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CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
80053	Comprehensive Metabolic Panel	Comprehensive Metabolic Panel: Albumin (82040) Bilirubin, Total (82247) Calcium, Total (82310) Carbon Dioxide (Bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphatase, Alkaline (84075) Potassium (84132) Protein, Total (84155) Sodium (84295) Transferase, Alanine Amino (ALT) (SGPT) (84460) Transferase, Aspartate Amino (AST) (SGOT) (84450) Urea Nitrogen (Bun) (84520)	✓	✓	✓
80061	Lipid Disorders in Adults	Lipid panel	✓	✓	✓
80069	Renal Function Panel	Renal Function Panel: Albumin (82040) Calcium, Total (82310) Carbon dioxide (bicarbonate) (82374) Chloride (82435) Creatinine (82565) Glucose (82947) Phosphorus Inorganic (phosphate) (84100) Potassium (84132) Sodium (84295) Urea Nitrogen (BUN) (84520)	✓	✓	✓
80074	Acute Hepatitis Panel	Acute Hepatitis Panel: Hepatitis A Antibody (HAAb), IgM Antibody (86709) Hepatitis B Core Antibody (HBcAb), IgM Antibody (86705) Hepatitis B Surface Antigen (HBsAg) (87340) Hepatitis C Antibody (86803)	✓	✓	✓
80076	Hepatic Function Panel	Hepatic Function Panel: Albumin (82040) Bilirubin, Total (82247) Bilirubin, Direct (82248) Phosphatase, Alkaline (84075) Protein, Total (84155) Transferase, Alanine Amino (Alt) (Sgpt) (84460) Transferase, Aspartate Amino (Ast) (Sgot) (84450)	✓	✓	✓
81000	Urinalysis Non-Auto w/ Scope	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents: Non-Automated, with Microscopy	✓	✓	✓
81001	Urinalysis Auto w/ Scope	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents: Automated, with Microscopy	✓	✓	✓
81002	Urinalysis Non-Auto w/o Scope	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents: Non-Automated, without Microscopy	✓	✓	✓
81003	Urinalysis Auto w/o Scope	Urinalysis, by Dip Stick or Tablet Reagent for Bilirubin, Glucose, Hemoglobin, Ketones, Leukocytes, Nitrite, Ph, Protein, Specific Gravity, Urobilinogen, Any Number of These Constituents: Automated, without Microscopy	✓	✓	✓
81005	Urinalysis; Qual or Semi-Quan	Urinalysis; Qualitative or Semiquantitative, Except Immunoassays	✓	✓	✓
81015	Microscopic Exam of Urine	Urinalysis; Microscopic Only	✓	✓	✓
81025	Urine Pregnancy Test	Urine Pregnancy Test, by Visual Color Comparison Methods	✓	✓	✓
82040	Assay of Serum Albumin	Albumin; Serum, Plasma or Whole Blood	✓	✓	✓
82043	Assay of Serum Albumin	Albumin; Urine (e.g., Microalbumin), Quantitative	✓	✓	✓
82150	Assay of Serum Amylase	Amylase	✓	✓	✓
82247	Bilirubin Total	Bilirubin; Total	✓	✓	✓
82248	Bilirubin Direct	Bilirubin; Direct	✓	✓	✓
82270	Occult Blood - Colorectal Cancer Screening	Blood, Occult, by Peroxidase Activity (e.g., Guaiac), Qualitative; Feces, Consecutive Collected Specimens with Single Determination, for Colorectal Neoplasm Screening	✓	✓	✓
82274	Fecal Hemoglobin - Colorectal Cancer Screening	Blood, Occult, by Fecal Hemoglobin Determination by Immunoassay, Qualitative, Feces, 1-3 Simultaneous Determinations	✓	✓	✓
82306	Vitamin D 25 Hydroxy	Vitamin D; 25 Hydroxy, Includes Fraction(s), if Performed	✓	✓	✓
82310	Assay of Calcium	Calcium; Total	✓	✓	✓
82330	Assay of Calcium	Calcium; Ionized	✓	✓	✓
82465	Lipid Disorders in Adults	Cholesterol, Serum or Whole Blood, Total	✓	✓	✓
82570	Creatinine	Creatinine; Other Source	✓	✓	✓
82607	RIA Assay for Vitamin B-12	Cyanocobalamin (Vitamin B-12);	✓	✓	✓
82608	B-12 Binding Capacity	Cyanocobalamin (Vitamin B-12); Unsaturated Binding Capacity	✓	✓	✓
82652	Vit D 1 25-Dihydroxy	Vitamin D; 1, 25 Dihydroxy, Includes Fraction(s), if Performed	✓	✓	✓
82728	Assay of Ferritin	Ferritin	✓	✓	✓
82746	Assay of Folic Acid Serum	Folic Acid; Serum	✓	✓	✓
82947	Type 2 Diabetes Mellitus	Glucose; Quantitative, Blood (Except Reagent Strip)	✓	✓	✓
82948	Type 2 Diabetes Mellitus	Glucose, Blood, Reagent Strip	✓	✓	✓
82950	Glucose Test	Glucose; Post Glucose Dose (Includes Glucose)	✓	✓	✓
82951	Glucose Tolerance Test (GTT)	Glucose; Tolerance Test (GTT), 3 Specimens (Includes Glucose)	✓	✓	✓
82962	Glucose Blood Test	Glucose, Blood by Glucose Monitoring Device(s) Cleared by the FDA Specifically for Home Use	✓	✓	✓
83013	H Pylori (C-13) Breath	Helicobacter Pylori; Breath Test Analysis for Urease Activity, Non-Radioactive Isotope (e.g., C-13)	✓	✓	✓
83036	Hemoglobin; Glycosylated (A1C)	High Performance Liquid Chromatography and Ion Exchange Chromatography.	✓	✓	✓
83540	Assay of Iron	Iron	✓	✓	✓
83550	Serum Iron Binding Test	Iron Binding Capacity	✓	✓	✓
83655	Assay of Lead	Lead	✓	✓	✓
83690	Assay of Lipase	Lipase	✓	✓	✓
83718	Lipid Disorders in Adults	Lipoprotein, Direct Measurement; High Density Cholesterol (HDL Cholesterol)	✓	✓	✓
83719	Lipid Disorders in Adults	Lipoprotein, Direct Measurement; VLDL Cholesterol	✓	✓	✓
83721	Lipid Disorders in Adults	Lipoprotein, Direct Measurement; LDL Cholesterol	✓	✓	✓
83735	Assay of Magnesium	Magnesium	✓	✓	✓
83835	Assay of Metanephrines	Metanephrines	✓	✓	✓
83880	Assay of Natriuretic Peptide	Natriuretic Peptide	✓	✓	✓
83930	Assay of Blood Osmolality	Osmolality; Blood	✓	✓	✓
83935	Assay of Urine Osmolality	Osmolality; Urine	✓	✓	✓
83970	RIA Assay of Parathormone	Parathormone (Parathyroid Hormone)	✓	✓	✓
83986	Assay Ph Body Fluid, Not Otherwise Specified	Ph; Body Fluid, Not Otherwise Specified	✓	✓	✓
84075	Assay Alkaline Phosphatase	Phosphatase, Alkaline	✓	✓	✓
84100	Assay of Phosphorus	Phosphorus inorganic (Phosphate)	✓	✓	✓
84132	Assay of Serum Potassium	Potassium; Serum, Plasma or Whole Blood	✓	✓	✓
84134	Assay of Prealbumin	Prealbumin	✓	✓	✓

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84152	Assay of Psa Complexed	Prostate Specific Antigen (PSA); Complexed (Direct Measurement)	✓	✓	✓
84153	Assay of Psa Total	Prostate Specific Antigen (PSA); Total	✓	✓	✓
84154	Assay of Psa Free	Prostate Specific Antigen (PSA); Free	✓	✓	✓
84155	Assay of Protein Serum	Protein, Total, Except by Refractometry; Serum, Plasma or Whole Blood	✓	✓	✓
84156	Assay of Protein Urine	Protein, Total, Except by Refractometry; Urine	✓	✓	✓
84207	Assay of Vitamin B-6	Pyridoxal Phosphate (Vitamin B-6)	✓	✓	✓
84295	Assay of Serum Sodium	Sodium; Serum, Plasma or Whole Blood	✓	✓	✓
84403	Assay of Total Testosterone	Testosterone; Total	✓	✓	✓
84425	Assay of Vitamin B-1	Thiamine (Vitamin B-1)	✓	✓	✓
84432	Assay of Thyroglobulin	Thyroglobulin	✓	✓	✓
84436	Assay of Total Thyroxine	Thyroxine; Total	✓	✓	✓
84439	Assay of Free Thyroxine	Thyroxine; Free	✓	✓	✓
84443	Assay Thyroid Stim Hormone	Thyroid Stimulating Hormone (TSH)	✓	✓	✓
84446	Assay of Vitamin E	Tocopherol Alpha (Vitamin E)	✓	✓	✓
84478	Lipid Disorders in Adults	Triglycerides	✓	✓	✓
84479	Assay of Thyroid (T3 Or T4)	Thyroid Hormone (T3 or T4) Uptake or Thyroid Hormone Binding Ratio (THBR)	✓	✓	✓
84484	Assay of Troponin Quant	Troponin, Quantitative	✓	✓	✓
84520	Assay of Urea Nitrogen	Urea Nitrogen; Quantitative	✓	✓	✓
84590	Assay of Vitamin A	Vitamin A	✓	✓	✓
84630	Assay of Zinc	Zinc	✓	✓	✓
85002	Bleeding Time Test	Bleeding Time	✓	✓	✓
85007	BL Smear w/ Diff WBC Count	Blood Count; Blood Smear, Microscopic Examination with Manual Differential WBC Count	✓	✓	✓
85014	Hematocrit	Blood Count; Hematocrit (HCT)	✓	✓	✓
85018	Hemoglobin, Colorimetric	Blood Count; Hemoglobin (HGB)	✓	✓	✓
85025	Complete CBC w/ Auto Diff WBC	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC and Platelet Count) and Automated Differential WBC Count	✓	✓	✓
85027	Complete CBC Automated	Blood Count; Complete (CBC), Automated (HGB, HCT, RBC, WBC and Platelet Count)	✓	✓	✓
85041	Red Blood Cell (RBC) Count	Blood Count; Red Blood Cell (RBC), Automated	✓	✓	✓
85044	Reticulocyte Count	Blood Count; Reticulocyte, Manual	✓	✓	✓
85045	Reticulocyte Count	Blood Count; Reticulocyte, Automated	✓	✓	✓
85049	Automated Platelet Count	Blood Count; Platelet, Automated	✓	✓	✓
85060	Blood Smear Interpretation	Blood Smear, Peripheral, Interpretation by Physician with Written Report	✓	✓	✓
85610	Prothrombin Time	Prothrombin Time	✓	✓	✓
85651	RBC Sed Rate Nonautomated	Sedimentation Rate, Erythrocyte; Non-Automated	✓	✓	✓
85652	RBC Sed Rate Automated	Sedimentation Rate, Erythrocyte; Automated	✓	✓	✓
85730	Thromboplastin Time Partial	Thromboplastin Time, Partial (PTT); Plasma or Whole Blood	✓	✓	✓
86140	C-Reactive Protein	C-Reactive Protein	✓	✓	✓
86328	Immunoassay for Infectious Agent Antibody(ies), Qualitative or Semiquantitative, Single Step Method (E.G., Reagent Strip); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [COVID-19])	Immunoassay Antibody Testing for Severe Acute Respiratory Syndrome Coronavirus 2 Using a Single-Step Method Such as a Reagent Strip. The Test May Be Requested as Single-Step Qualitative or Semi-Quantitative; Infectious Agent Specificity May Also include Terminology Such as Sars-Cov-2, Coronavirus Disease, or COVID-19. In One Method, a Reagent Strip, Pre-Coated with Appropriate IgM and IgG Antibodies, is Taken From Its Sealed Container Following Collection of Blood or Serum From the Patient. The Sample is Placed in the Specimen Well and Diluent is Added. Once the Specimen and Reagents React with the Strip's Test Area, the Specimen is Read and Results are Interpreted and Reported.	✓	✓	✓
86580	TB Intradermal Test	Skin Test; Tuberculosis, Intradermal	✓	✓	✓
86592	Syphilis - Sexually Transmitted Infections (STI) Screening	Syphilis Test, Non-Treponemal Antibody; Qualitative (e.g., VDRL, RPR, ART)	✓	✓	✓
86593	Syphilis - Sexually Transmitted Infections (STI) Screening	Syphilis Test, Quantitative (e.g., VDRL, RPR)	✓	✓	✓
86631	Chlamydia - Sexually Transmitted Infections (STI) Screening	Chlamydia Antibody	✓	✓	✓
86632	Chlamydia - Sexually Transmitted Infections (STI) Screening	Chlamydia IgM	✓	✓	✓
86644	Antibody, CMV	Antibody; Cytomegalovirus (CMV)	✓	✓	✓
86645	CMV Antibody IgM	Antibody; Cytomegalovirus (CMV), IgM	✓	✓	✓
86677	Helicobacter Pylori	Antibody; Helicobacter Pylori	✓	✓	✓
86689	HIV Antibody Screening - Sexually Transmitted Infections (Sti) Screening	Antibody; HTLV or HIV Antibody, Confirmatory Test (e.g., Western Blot)	✓	✓	✓
86695	Herpes Simplex Type 1 Test	Antibody; Herpes Simplex, Type 1	✓	✓	✓
86696	Herpes Simplex Type 2 Test	Antibody; Herpes Simplex, Type 2	✓	✓	✓
86701	HIV-1 Screening	Antibody; HIV-1	✓	✓	✓
86702	HIV-2 Screening	Antibody; HIV-2	✓	✓	✓
86703	HIV-1 and HIV-2 Screening	Antibody; HIV-1 and HIV-2, Single Assay	✓	✓	✓
86704	Hepatitis B Virus Screening	Hepatitis B Core Antibody (HBCAb); Total	✓	✓	✓
86705	Hep B Core Antibody IgM	Hepatitis B Core Antibody (HBCAb); IgM Antibody	✓	✓	✓
86706	Hepatitis B Virus Screening	Hepatitis B Surface Antibody (HBSAb)	✓	✓	✓
86707	Hepatitis B Virus Screening	Hepatitis Be Antibody (HBEAb)	✓	✓	✓
86708	Hepatitis A Total Antibody	HepatitisA Antibody (HAAb)	✓	✓	✓
86709	Hepatitis A IgM Antibody	HepatitisA Antibody (HAAb), IgM Antibody	✓	✓	✓
86710	Influenza Virus Antibody	Antibody; Influenza Virus	✓	✓	✓
86762	Rubella Antibody	Antibody; Rubella	✓	✓	✓
86765	Rubeola Antibody	Antibody; Rubeola	✓	✓	✓

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86769	Antibody; Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [COVID-19])	Testing to Identify the Presence of Antibodies to the Sars-Cov-2 Virus. Infectious Agent Specificity May Also Include Terminology Such as Severe Acute Respiratory Syndrome Coronavirus 2, Coronavirus Disease, or COVID-19. In One Method, Following Dilution in Buffer of the Plasma or Serum Sample, a Measured Portion of the Diluted Sample and Controls are Added to a Sample Plate. After Incubation and Washing, Appropriate IgG and IgM Antibodies are Added and Incubated. It is Combined with a Substrate, Incubated, and Read Immediately.	✓	✓	✓
86780	Treponema Pallidum	Antibody; Treponema Pallidum	✓	✓	✓
86787	Varicella-Zoster Antibody	Antibody; Varicella-Zoster	✓	✓	✓
86790	Virus Antibody, Not Elsewhere Specified	Antibody; Virus, Not Elsewhere Specified	✓	✓	✓
86803	Hepatitis C Virus Screening	Hepatitis C Antibody	✓	✓	✓
86880	Coombs Test, Direct	Antihuman Globulin Test (Coombs Test); Direct, Each Antiserum	✓	✓	✓
86900	Blood Typing Serologic ABO	Blood Typing, Serologic; ABO	✓	✓	✓
86901	Blood Typing Serologic Rh(D)	Blood Typing, Serologic; RH(D)	✓	✓	✓
86902	Blood Type Antigen Donor, Each	Blood Typing, Serologic; Antigen Testing of Donor Blood Using Reagent Serum, Each Antigen Test	✓	✓	✓
87040	Blood Culture for Bacteria	Culture, Bacterial; Blood, Aerobic, with Isolation and Presumptive Identification of Isolates (Includes Anaerobic Culture, If Appropriate)	✓	✓	✓
87045	Feces Culture Aerobic Bacteria	Culture, Bacterial; Stool, Aerobic, with Isolation and Preliminary Examination (e.g., KIA, LIA), Salmonella and Shigella Species	✓	✓	✓
87046	Stool Culture Aerobic Bacteria, Each	Culture, Bacterial; Stool, Aerobic, Additional Pathogens, Isolation and Presumptive Identification of Isolates, Each Plate	✓	✓	✓
87070	Culture, Other Specimen Aerobic	Culture, Bacterial; Any Other Source Except Urine, Blood or Stool, Aerobic, with Isolation and Presumptive Identification of Isolates	✓	✓	✓
87075	Culture Bacteria Except Blood	Culture, Bacterial; Any Source, Except Blood, Anaerobic with Isolation and Presumptive Identification of Isolates	✓	✓	✓
87076	Culture Anaerobe Identification, Each	Culture, Bacterial; Anaerobic Isolate, Additional Methods Required for Definitive Identification, Each Isolate	✓	✓	✓
87077	Culture Aerobic Identification	Culture, Bacterial; Aerobic Isolate, Additional Methods Required for Definitive Identification, Each Isolate	✓	✓	✓
87081	Culture Screen Only	Culture, Presumptive, Pathogenic Organisms, Screening Only	✓	✓	✓
87086	Urine Culture/Colony Count	Culture, Bacterial; Quantitative Colony Count, Urine	✓	✓	✓
87088	Urine Bacteria Culture	Culture, Bacterial; with Isolation and Presumptive Identification of Each Isolate, Urine	✓	✓	✓
87106	Fungi Identification Yeast	Culture, Fungi; Definitive Identification, Each Organism; Yeast	✓	✓	✓
87110	Chlamydia and Gonorrhea	Culture, Chlamydia, Any Source	✓	✓	✓
87205	Smear Gram Stain	Smear, Primary Source with Interpretation; Gram or Giemsa Stain for Bacteria, Fungi, or Cell Types	✓	✓	✓
87270	Chlamydia and Gonorrhea	Infectious Agent Antigen Detection by Immunofluorescent Technique	✓	✓	✓
87275	Influenza B Ag	Infectious Agent Antigen Detection by Immunofluorescent Technique; Influenza B Virus	✓	✓	✓
87276	Influenza A Ag	Infectious Agent Antigen Detection by Immunofluorescent Technique; Influenza A Virus	✓	✓	✓
87320	Chlamydia and Gonorrhea	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple-Step Method	✓	✓	✓
87340	Hepatitis B Virus Screening	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple-Step Method; HepatitisB Surface Antigen (Hbsag)	✓	✓	✓
87389	HIV-1 Ag w/ HIV-1 & HIV-2 Ab	Infectious Agent Antigen Detection by Immunoassay Technique, (e.g., Enzyme Immunoassay [EIA], Enzyme-Linked Immunosorbent Assay [ELISA], Immunochemiluminometric Assay [IMCA]) Qualitative or Semiquantitative, Multiple-Step Method; HIV-1 Antigen(s), with HIV-1 and HIV-2 Antibodies, Single Result	✓	✓	✓
87390	HIV Screening	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple-Step Method; HIV-1	✓	✓	✓
87391	HIV Screening	Infectious Agent Antigen Detection by Enzyme Immunoassay Technique, Qualitative or Semiquantitative, Multiple-Step Method; HIV-2	✓	✓	✓
87400	Influenza A/B Ag	Infectious Agent Antigen Detection by Immunoassay Technique, (e.g., Enzyme Immunoassay [EIA], Enzyme-Linked Immunosorbent Assay [Elisa], Immunochemiluminometric Assay [IMCA]) Qualitative or Semiquantitative, Multiple-Step Method; Influenza, A or B, Each	✓	✓	✓
87430	Strep A Ag	Infectious Agent Antigen Detection by Immunoassay Technique, (e.g., Enzyme Immunoassay [EIA], Enzyme-Linked Immunosorbent Assay [Elisa], Immunochemiluminometric Assay [IMCA]) Qualitative or Semiquantitative, Multiple-Step Method; Streptococcus, Group A	✓	✓	✓
87491	Chlamydia and Gonorrhea	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Amplified Probe Technique	✓	✓	✓
87492	Chlamydia and Gonorrhea	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Quantification	✓	✓	✓
87510	Gardner Vag DNA, Direct Probe	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Gardnerella Vaginalis, Direct Probe Technique	✓	✓	✓
87512	Gardner Vag DNA, Quant	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Gardnerella Vaginalis, Quantification	✓	✓	✓
87516	Hepatitis B DNA, Amp Probe	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Hepatitis B Virus, Amplified Probe Technique	✓	✓	✓
87517	Hepatitis B DNA, Quant	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Hepatitis B Virus, Quantification	✓	✓	✓
87521	Hepatitis C Probe & Reverse Transcription	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Hepatitis C, Amplified Probe Technique, Includes Reverse Transcription When Performed	✓	✓	✓
87522	Hepatitis C RNA, Quant	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Hepatitis C, Quantification, Includes Reverse Transcription When Performed	✓	✓	✓
87529	HSV DNA, Amplified Probe	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Herpes Simplex Virus, Amplified Probe Technique	✓	✓	✓
87535	HIV-1 Probe & Reverse Transcription	Infectious Agent Detection by Nucleic Acid (DNA or RNA); HIV-1, Amplified Probe Technique, Includes Reverse Transcription When Performed	✓	✓	✓
87590	Chlamydia and Gonorrhea	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Neisseria Gonorrhoeae, Direct Probe Technique	✓	✓	✓
87591	Chlamydia and Gonorrhea	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Neisseria Gonorrhoeae, Amplified Probe Technique	✓	✓	✓
87592	Chlamydia and Gonorrhea	Neisseria Gonorrhoea, Quantification	✓	✓	✓
87623	HPV DNA Testing for Women Ages 30 or Older	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Papillomavirus, Human, Quantification	✓	✓	✓
87624	HPV High-Risk Types	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Human Papillomavirus (HPV), High-Risk Types (e.g., 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68)	✓	✓	✓

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87635	Infectious Agent Detection by Nucleic Acid (DNA or RNA)	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease (COVID-19), Amplified Probe Technique	✓	✓	✓
87660	Trichomonas Vaginalis, Direct Probe	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Trichomonas Vaginalis, Direct Probe Technique	✓	✓	✓
87661	Trichomonas Vaginalis, Amplified Probe	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Trichomonas Vaginalis, Amplified Probe Technique	✓	✓	✓
87801	Chlamydia and Gonorrhea	Infectious Agent Detection by DNA or RNA, Direct Probe Technique	✓	✓	✓
87810	Chlamydia and Gonorrhea	Chlamydia Antigen Detection by Immunoassay with Direct Optical Observation	✓	✓	✓
87850	Chlamydia and Gonorrhea	Infectious Agent Antigen Detection by Immunoassay with Direct Optical Observation; Neisseria Gonorrhoeae	✓	✓	✓
90471	Adult Immunizations - Administration	Immunization Administration (includes Percutaneous, Intradermal, Subcutaneous, or Intramuscular injections); 1 Vaccine (Single or Combination Vaccine/Toxoid)	✓	✓	✓
90472	Adult Immunizations - Administration	Immunization Administration (includes Percutaneous, Intradermal, Subcutaneous, or Intramuscular injections); Each Additional Vaccine (Single or Combination Vaccine/Toxoid) (List Separately in Addition to Code for Primary Procedure)	✓	✓	✓
90473	Adult Immunizations - Administration	Immunization Administration by Intranasal or Oral Route; 1 Vaccine (Single or Combination Vaccine/Toxoid)	✓	✓	✓
90474	Adult Immunizations - Administration	Immunization Administration by Intranasal or Oral Route; Each Additional Vaccine (Single or Combination Vaccine/Toxoid) (List Separately in Addition to Code for Primary Procedure)	✓	✓	✓
90581	Adult Immunizations - Anthrax	Anthrax Vaccine, for Subcutaneous or Intramuscular	✓	✓	✓
90585	Adult Immunizations - BCG	Bacillus Calmette-Guerin Vaccine (BCG) for Tuberculosis, Live, for Percutaneous Use	✓	✓	✓
90586	Adult Immunizations - BCG	Bacillus Calmette-Guerin Vaccine (BCG) for Bladder Cancer, Live, for Intravesical Use	✓	✓	✓
90620	Adult Immunizations - Meningococcal	Meningococcal Recombinant Protein and Outer Membrane Vesicle Vaccine, Serogroup B, 2 Dose Schedule, for Intramuscular	✓	✓	✓
90621	Adult Immunizations - Meningococcal	Meningococcal Recombinant Lipoprotein Vaccine, Serogroup B, 3 Dose Schedule, for Intramuscular Use	✓	✓	✓
90630	Adult Immunizations - Influenza	Influenza Virus Vaccine, Quadrivalent (IIV4), Split Virus, Preservative Free, for Intradermal Use	✓	✓	✓
90632	Adult Immunizations - Hepatitis A	Hepatitis A Vaccine, Adult Dosage, for Intramuscular Use	✓	✓	✓
90636	Adult Immunizations - Hepatitis A & B	Hepatitis A and Hepatitis B Vaccine (Hep A-Hep B), Adult Dosage, for Intramuscular Use	✓	✓	✓
90649	Adult Immunizations - HPV: Ages 9-26	Human Papilloma Virus (HPV) Vaccine, Types 6, 11, 16, 18 (Quadrivalent), 3 Dose Schedule, for Intramuscular Use	✓	✓	✓
90650	Adult Immunizations - HPV: Ages 9-26	Human Papilloma Virus (HPV) Vaccine, Types 16, 18, Bivalent, 3 Dose Schedule, for Intramuscular Use	✓	✓	✓
90651	Adult Immunizations - HPV: Ages 9-26	Human Papillomavirus Vaccine Types 6, 11, 16, 18, 31, 33, 45, 52, 58, Nonavalent (HPV), 3 Dose Schedule, for Intramuscular Use	✓	✓	✓
90653	Adult Immunizations - Influenza	Influenza Vaccine, Inactivated, Subunit, Adjuvanted, for Intramuscular Use	✓	✓	✓
90654	Adult Immunizations - Influenza	Influenza Virus Vaccine, Split Virus, Preservative-Free, for Intradermal Use	✓	✓	✓
90655	Adult Immunizations - Influenza	Influenza Virus Vaccine, Split Virus, Preservative-Free, 0.25 ml Dosage, for Intramuscular Use	✓	✓	✓
90656	Adult Immunizations - Influenza	Influenza Virus Vaccine, Split Virus, Preservative-Free, When Administered to Individuals 3 Years and Older, for Intramuscular Use	✓	✓	✓
90658	Adult Immunizations - Influenza	Influenza Virus Vaccine, Split Virus, When Administered to individuals 3 Years of Age and Older, for Intramuscular Use	✓	✓	✓
90660	Adult Immunizations - Influenza	Influenza Virus Vaccine, Live, for Intranasal Use	✓	✓	✓
90661	Adult Immunizations - Influenza	Influenza Virus Vaccine, Derived From Cell Cultures, Subunit, Preservative and Antibiotic Free, for Intramuscular Use	✓	✓	✓
90662	Adult Immunizations - Influenza	Influenza Virus Vaccine, Split Virus, Preservative Free, Enhanced Immunogenicity Via Increased Antigen Content, for Intramuscular Use	✓	✓	✓
90670	Adult Immunizations - Pneumococcal (Polysaccharide)	Pneumococcal Conjugate Vaccine, 13 Valent, for Intramuscular Use	✓	✓	✓
90672	Adult Immunizations - Influenza	Influenza Virus Vaccine, Quadrivalent, Live, for Intranasal Use	✓	✓	✓
90673	Adult Immunizations - Influenza	Influenza Virus Vaccine, Trivalent, Derived From Recombinant DNA (RIV3), Hemagglutinin (HA) Protein Only, Preservative and Antibiotic Free, for Intramuscular Use	✓	✓	✓
90675	Adult Immunizations - Rabies	Rabies Vaccine, for Intramuscular Use	✓	✓	✓
90676	Adult Immunizations - Rabies	Rabies Vaccine, for Intradermal Use	✓	✓	✓
90686	Adult Immunizations - Influenza	Influenza Virus Vaccine, Quadrivalent, Split Virus, Preservative Free, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use	✓	✓	✓
90688	Adult Immunizations - Influenza	Influenza Virus Vaccine, Quadrivalent, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use	✓	✓	✓
90690	Adult Immunizations - Typhoid	Typhoid Vaccine, Live, Oral	✓	✓	✓
90691	Adult Immunizations - Typhoid	Typhoid Vaccine, VI Capsular Polysaccharide (VICPS), for Intramuscular Use	✓	✓	✓
90697	Adult Immunizations - DTP	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Inactivated Poliovirus Vaccine, Haemophilus Influenza Type B Prp-Omp Conjugate Vaccine, and Hepatitis B Vaccine (DTaP-IPV-HIB-HepB), for Intramuscular Use	✓	✓	✓
90698	Adult Immunizations - DTP	Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine, Haemophilus Influenza Type B, and Poliovirus Vaccine, Inactivated (DTaP-HIB-IPV), for Intramuscular Use	✓	✓	✓
90707	Adult Immunizations - MMR (Measles, Mumps, Rubella)	Measles, Mumps and Rubella Virus Vaccine (MMR), Live, for Subcutaneous Use	✓	✓	✓
90710	Adult Immunizations - MMRV (Measles, Mumps, Rubella, and Varicella)	Measles, Mumps, Rubella, and Varicella Vaccine (MMRV), Live, for Subcutaneous Use	✓	✓	✓
90714	Adult Immunizations - DTP	Tetanus and Diphtheria Toxoids (TD) Adsorbed, Preservative Free, When Administered to Individuals 7 Years or Older, for Intramuscular Use	✓	✓	✓
90715	Adult Immunizations - DTP	Tetanus, Diphtheria Toxoids and Acellular Pertussis Vaccine (TDaP), When Administered to Individuals 7 Years or Older, for Intramuscular Use	✓	✓	✓
90716	Adult Immunizations - Varicella	Varicella Virus Vaccine, Live, for Subcutaneous Use	✓	✓	✓
90717	Adult Immunizations - Yellow Fever	Yellow Fever Vaccine, Live, for Subcutaneous Use	✓	✓	✓
90721	Adult Immunizations - DTP	Diphtheria, Tetanus Toxoids, and Acellular Pertussis Vaccine and Haemophilus Influenza B Vaccine (DTaP-HIB), for Intramuscular Use	✓	✓	✓
90723	Adult Immunizations - DTP	Diphtheria, Tetanus Toxoids, Acellular Pertussis Vaccine, Hepatitis B, and Poliovirus Vaccine, Inactivated (DTaP-HepB-IPV), for Intramuscular Use	✓	✓	✓
90732	Adult Immunizations - Pneumococcal (Polysaccharide)	Pneumococcal Polysaccharide Vaccine, 23-Valent, Adult or Immunosuppressed Patient Dosage, When Administered to Individuals 2 Years or Older, for Subcutaneous or Intramuscular Use	✓	✓	✓

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90733	Adult Immunizations - Meningococcal	Meningococcal Polysaccharide Vaccine (Any Group(s)), for Subcutaneous Use	✓	✓	✓
90734	Adult Immunizations - Meningococcal	Meningococcal Conjugate Vaccine, Serogroups A, C, Y and W-135 (Tetavalent), for Intramuscular Use	✓	✓	✓
90736	Adult Immunizations - Zoster	Zoster (Shingles) Vaccine, Live, for Subcutaneous Injection	✓	✓	✓
90738	Adult Immunizations - Japanese Encephalitis	Japanese Encephalitis Virus Vaccine, Inactivated, for Intramuscular Use	✓	✓	✓
90739	Adult Immunizations - Hepatitis B	Hepatitis B Vaccine, Adult Dosage (2 Dose Schedule), for Intramuscular Use	✓	✓	✓
90740	Adult Immunizations - Hepatitis B	Hepatitis B Vaccine, Dialyisor Immunosuppressed Patient Dosage (3 Does Schedule), for Intramuscular Use	✓	✓	✓
90746	Adult Immunizations - Hepatitis B	Hepatitis B Vaccine, Adult Dosage, for Intramuscular Use	✓	✓	✓
90747	Adult Immunizations - Hepatitis B	Hepatitis B Vaccine, Dialyisor Immunosuppressed Patient Dosage (4 Dose Schedule), for Intramuscular Use	✓	✓	✓
90748	Adult Immunizations - Hepatitis B	Hepatitis B and Haemophilus influenza B Vaccine (Hep- B-Hib), for Intramuscular Use	✓	✓	✓
90832*	Psychotherapy	Psychotherapy, 30 Minutes with Patient	✓	✓	✓
90837*	Psychotherapy	Psychotherapy, 60 Minutes with Patient	✓	✓	✓
90839*	Psychotherapy	Psychotherapy for Crises, First 60 Minutes	✓	✓	✓
90840*	Psychotherapy	Psychotherapy for Crises, Each Additional 30 Minutes	✓	✓	✓
90846*	Family Psychotherapy	Family Psychotherapy (without the Patient Present), 50 Minutes	✓	✓	✓
90847*	Family Psychotherapy	Family Psychotherapy (with the Patient Present), 50 Minutes	✓	✓	✓
90849*	Multiple-Family Group Therapy	Multiple-Family Group Psychotherapy	✓	✓	✓
90853*	Group Psychotherapy	Group Psychotherapy (Other Than of a Multiple-Family Group)	✓	✓	✓
93000	Electrocardiogram (EKG)	Electrocardiogram, Routine ECG with at Least 12 Leads; with Interpretation and Report	✓	✓	✓
93005	Electrocardiogram (EKG); Tracing Only & No Interpretation/Report	Electrocardiogram, Routine ECG with at Least 12 Leads; with Interpretation and Report; Tracing Only, without Interpretation and Report	✓	✓	✓
93010	Electrocardiogram (EKG); Interpretation/Report	Interpretation and Report Only	✓	✓	✓
93040	Electrocardiogram (EKG); Rhythm ECG	Rhythm ECG, 1-3 Leads; with Interpretation and Report	✓	✓	✓
93041	Electrocardiogram (EKG); Rhythm ECG; Tracing Only & No Interpretation/Report	Tracing Only, without Interpretation and Report	✓	✓	✓
93042	Electrocardiogram (EKG); Rhythm ECG; Interpretation/Report	Interpretation and Report Only	✓	✓	✓
96105*	Central Nervous System Assessment - Aphasia	Assessment of Aphasia, Per Hour	✓	✓	✓
96110*	Central Nervous System Assessment - Developmental Screening	Developmental Screening, Per Standardized Instrument	✓	✓	✓
96112*	Central Nervous System Assessment - Developmental Test Administration	Developmental Test Administration; First Hour	✓	✓	✓
96113*	Central Nervous System Assessment - Developmental Test Administration	Developmental Test Administration; Each Additional 30 Minutes	✓	✓	✓
96116*	Central Nervous System Assessment - Neurobehavioral Status	Neurobehavioral Status Exam; First Hour	✓	✓	✓
96121*	Central Nervous System Assessment - Neurobehavioral Status	Neurobehavioral Status Exam; Each Additional Hour	✓	✓	✓
96127	Depression Screening	Brief Emotional/Behavioral Assessment (for Example, Depression Inventory, Attention-Deficit/Hyperactivity Disorder [ADHD] Scale), with Scoring and Documentation, Per Standardized Instrument	✓	✓	✓
96130*	Central Nervous System Assessment - Psychological Testing Evaluation Services	Psychological Testing Evaluation Services; First Hour	✓	✓	✓
96131*	Central Nervous System Assessment - Psychological Testing Evaluation Services	Psychological Testing Evaluation Services; Each Additional Hour	✓	✓	✓
96132*	Neuropsychological Testing Evaluation Services	Neuropsychological Testing Evaluation Services; First Hour	✓	✓	✓
96133*	Neuropsychological Testing Evaluation Services	Neuropsychological Testing Evaluation Services; Each Additional Hour	✓	✓	✓
96136*	Psychological or Neuropsychological Test Administration & Scoring	Psychological or Neuropsychological Test Administration and Scoring, Two or More Tests; First 30 Minutes	✓	✓	✓
96137*	Psychological or Neuropsychological Test Administration & Scoring	Psychological or Neuropsychological Test Administration and Scoring, Two or More Tests; Each Additional 30 Minutes	✓	✓	✓
96138*	Psychological or Neuropsychological Test Administration & Scoring by Technician	Psychological or Neuropsychological Test Administration and Scoring by Technician, Two or More Tests; First 30 Minutes	✓	✓	✓
96139*	Psychological or Neuropsychological Test Administration & Scoring by Technician	Psychological or Neuropsychological Test Administration and Scoring by Technician, Two or More Tests; Each Additional 30 Minutes	✓	✓	✓
96146*	Psychological or Neuropsychological Test Administration with Automated Result	Psychological or Neuropsychological Test Administration, with Single Automated, Standardized Instrument Via Electronic Platform with Automated Result Only	✓	✓	✓
96160	Health Risk Assessment	Administration of Patient-Focused Health Risk Assessment Instrument (e.g., Health Hazard Appraisal) with Scoring and Documentation, Per Standardized Instrument	✓	✓	✓
96161	Health Risk Assessment	Administration of Caregiver-Focused Health Risk Assessment Instrument (e.g., Depression inventory) for the Benefit of the Patient, with Scoring and Documentation, Per Standardized Instrument	✓	✓	✓
99000	Lab Handling of Specimens	Handling and Preparation Specimens If Sending to an Outside Lab or State Lab	✓	✓	✓
99078	Tobacco Use Counseling and Intervention	Physician Educational Services Rendered to Patients in a Group Setting (e.g., Prenatal, Obesity, or Diabetic Instructions)	✓	✓	✓
99202	Office Visit - New Patient Level 2	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Low to Moderate Severity. Typically, 20 Minutes Are Spent Face-to-Face with the Patient and/or Family.	✓	✓	✓

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CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
99203	Office Visit - New Patient Level 3	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Low to Moderate Severity. Typically, 30-44 Minutes Are Spent Face-to-Face with the Patient and/or Family.	✓	✓	✓
99204	Office Visit - New Patient Level 4	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 45 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99205	Office Visit - New Patient Level 5	Office or Other Outpatient Visit for the Evaluation and Management of a New Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 60 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99211	Office Visit - Established Patient Level 1	Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient That May Not Require the Presence of a Physician or Other Qualified Health Care Professional. Usually, the Presenting Problem(s) Are Minimal. Typically, 5 Minutes Are Spent Performing or Supervising These Services.	✓	✓	✓
99212	Office Visit - Established Patient Level 2	Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient, Which Requires At Least 2 of These 3 Key Components: a Problem Focused History; a Problem Focused Examination; Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are Self Limited or Minor. Typically, 10 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99213	Office Visit - Established Patient Level 3	Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient, Which Requires At Least 2 of These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; Medical Decision Making of Low Complexity. Counseling and Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Low to Moderate Severity. Typically, 15 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99214	Office Visit - Established Patient Level 4	Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient, Which Requires At Least 2 of These 3 Key Components: a Detailed History; a Detailed Examination; Medical Decision Making of Moderate Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 25 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99215	Office Visit - Established Patient Level 5	Office or Other Outpatient Visit for the Evaluation and Management of An Established Patient, Which Requires At Least 2 of These 3 Key Components: a Comprehensive History; a Comprehensive Examination; Medical Decision Making of High Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 40 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99241	Office Consultation - Level 1	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Problem Focused History; a Problem Focused Examination; and Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are Self Limited or Minor. Typically, 15 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99242	Office Consultation - Level 2	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: An Expanded Problem Focused History; An Expanded Problem Focused Examination; and Straightforward Medical Decision Making. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Low Severity. Typically, 30 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99243	Office Consultation - Level 3	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Detailed History; a Detailed Examination; and Medical Decision Making of Low Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate Severity. Typically, 40 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99244	Office Consultation - Level 4	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Comprehensive History; a Comprehensive Examination; and Medical Decision Making of Moderate Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of the Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 60 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓
99245	Office Consultation - Level 5	Office Consultation for a New or Established Patient, Which Requires These 3 Key Components: a Comprehensive History; a Comprehensive Examination; and Medical Decision Making of High Complexity. Counseling and/or Coordination of Care with Other Physicians, Other Qualified Health Care Professionals, or Agencies Are Provided Consistent with the Nature of Problem(s) and the Patient's and/or Family's Needs. Usually, the Presenting Problem(s) Are of Moderate to High Severity. Typically, 80 Minutes Are Spent Face-To-Face with the Patient and/or Family.	✓	✓	✓

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CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
99354*	Prolonged Services in the Outpatient Setting	Prolonged Services in the Outpatient Setting Requiring Direct Patient Contact Beyond the Time of the Usual Service; First Hour	✓	✓	✓
99385	Preventative Office Visit - Comprehensive Initial 18-39 Years	Initial Comprehensive Preventive Medicine Evaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, New Patient; 18-39 Years	✓	✓	✓
99386	Preventative Office Visit - Comprehensive Initial 40-64 Years	Initial Comprehensive Preventive Medicine Evaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, New Patient; 40-64 Years	✓	✓	✓
99387	Preventative Office Visit - Comprehensive Initial 65+ Years	Initial Comprehensive Preventive Medicine Evaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, New Patient; 65 Years and Older	✗	✓	✗
99395	Preventative Office Visit - Reevaluation 18-39 Years	Periodic Comprehensive Preventive Medicine Reevaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, Established Patient; 18-39 Years	✓	✓	✓
99396	Preventative Office Visit - Reevaluation 40-64 Years	Periodic Comprehensive Preventive Medicine Reevaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, Established Patient; 40-64 Years	✓	✓	✓
99397	Preventative Office Visit - Reevaluation 65+ Years	Periodic Comprehensive Preventive Medicine Reevaluation and Management of An Individual Including An Age and Gender Appropriate History, Examination, Counseling/Anticipatory Guidance/Risk Factor Reduction Interventions, and the Ordering of Laboratory/Diagnostic Procedures, Established Patient; 65 Years and Older	✗	✓	✗
99401	Preventative Medicine Counseling 15 Minutes - Obesity or Other	Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided to An Individual (Separate Procedure); Approximately 15 Minutes	✓	✓	✓
99402	Preventative Medicine Counseling 30 Minutes - Obesity or Other	Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided to An Individual (Separate Procedure); Approximately 30 Minutes	✓	✓	✓
99403	Preventative Medicine Counseling 45 Minutes - Obesity or Other	Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided to An Individual (Separate Procedure); Approximately 45 Minutes	✓	✓	✓
99404	Preventative Medicine Counseling 60 Minutes - Obesity or Other	Preventive Medicine Counseling and/or Risk Factor Reduction Intervention(s) Provided to An Individual (Separate Procedure); Approximately 60 Minutes	✓	✓	✓
99406	Tobacco Use Counseling and Intervention 3-10 Minutes	Smoking and Tobacco Use Cessation Counseling Visit; Intermediate, Greater Than 3 Minutes Up to 10 Minutes	✓	✓	✓
99407	Tobacco Use Counseling and Intervention Greater than 10 Minutes	Smoking and Tobacco Use Cessation Counseling Visit; Intensive, Greater Than 10 Minutes	✓	✓	✓
99408	Alcohol Misuse: Screening and Behavioral Counseling for Adults 15 - 30 Minutes	Alcohol and/or Substance (Other Than Tobacco) Abuse Structured Screening (e.g., Audit, Dast), and Brief Intervention (SBI) Services; 15 to 30 Minutes	✓	✓	✓
99409	Alcohol Misuse: Screening and Behavioral Counseling for Adults > 30 Minutes	Alcohol and/or Substance (Other Than Tobacco) Abuse Structured Screening (e.g., Audit, Dast), and Brief Intervention (SBI) Services; Greater Than 30 Minutes	✓	✓	✓
C9803	Hospital Outpatient Clinic Visit Specimen Collection for Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [COVID-19]), Any Specimen Source	For Hospital Outpatient Clinics, the Centers for Medicare and Medicaid Services (CMS) Has Created a Code That May Be Reported to Identify and Reimburse Specimen Collection for COVID-19 Testing Under the Outpatient Prospective Payment System (OPPS). Specimens May Be Obtained Through a Variety of Sources, Such As Nasopharyngeal or Oropharyngeal Swab, Nasopharyngeal Wash or Aspirate, Nasal Aspirate, or Sputum.	✓	✓	✓
G0104	Colonoscopy - Colorectal Cancer	Colorectal Cancer Screening; Flexible Sigmoidoscopy	✓	✓	✓
G0105	Colonoscopy - Colorectal Cancer	Colorectal Cancer Screening; Colonoscopy On Individual At High Risk	✓	✓	✓
G0106	Colonoscopy - Colorectal Cancer	Colorectal Cancer Screening; Alternative to G0104, Screening Sigmoidoscopy, Barium Enema	✓	✓	✓
G0120	Colonoscopy - Colorectal Cancer	Colorectal Cancer Screening; Alternative to G0105, Screening Colonoscopy, Barium Enema	✓	✓	✓
G0121	Colonoscopy - Colorectal Cancer	Colorectal Cancer Screening; Colonoscopy On Individual Not Meeting Criteria for High Risk	✓	✓	✓
G0122	Barium Enema Colorectal Cancer	Colorectal Cancer Screening; Barium Enema	✓	✓	✓
G0297	Low Dose CT Scan (LDCT) for Lung Cancer Screening	Low-Dose Computed Tomography for Lung Cancer Screening	✓	✓	✓
G0328	Fecal Occult Blood Test Immunoassay - Colorectal Cancer Screening	Colorectal Cancer Screening; Fecal Occult Blood Test, Immunoassay, 1-3 Simultaneous Determinations	✓	✓	✓
G0442	Alcohol Misuse: Screening and Behavioral Counseling for Adults	Annual Alcohol Misuse Screening, 15 Minutes	✓	✓	✓
G0443	Alcohol Misuse: Screening and Behavioral Counseling for Adults	Brief Face-To-Face Behavioral Counseling for Alcohol Misuse, 15 Minutes	✓	✓	✓
G0444	Depression Screening	Annual Depression Screening, 15 Minutes	✓	✓	✓
G0445	Sexually Transmitted Infections: Behavioral Counseling	High Intensity Behavioral Counseling to Prevent Sexually Transmitted Infection; Face-To-Face, Individual, Performed Semi-Annually, 30 Minutes	✓	✓	✓
G0446	Healthy Diet Counseling	Intensive Behavioral Therapy to Reduce Cardiovascular Disease Risk, Individual, Face-To-Face, Annual, 15 Minutes	✓	✓	✓
G0447	Obesity Counseling	Face-To-Face Behavioral Counseling for Obesity, 15 Minutes	✓	✓	✓
G0472	Hepatitis C Virus Screening	Hepatitis C Antibody Screening for Individual At High Risk and Other Covered Indication(s)	✓	✓	✓
G0473	Obesity Counseling	Face-To-Face Behavioral Counseling for Obesity, Group (2-10), 30 Minutes	✓	✓	✓
H0004†	Alcohol and/or Drug Abuse Treatment Services - Individual Counseling	Alcohol and/or Drug Services; Behavioral Health Counseling and Therapy, Per 15 Minutes	✓	✓	✓
H0005†	Alcohol and/or Drug Abuse Treatment Services - Group Counseling	Alcohol and/or Drug Services; Group Counseling by Clinician	✓	✓	✓
Q2035	Immunizations Adult Influenza	Influenza Virus Vaccine, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use (Afluria)	✓	✓	✓
Q2036	Immunizations Adult Influenza	Influenza Virus Vaccine, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use (Flulaval)	✓	✓	✓
Q2037	Immunizations Adult Influenza	Influenza Virus Vaccine, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use (Fluvirin)	✓	✓	✓
Q2038	Immunizations Adult Influenza	Influenza Virus Vaccine, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use (Fluzone)	✓	✓	✓
Q2039	Immunizations Adult Influenza	Influenza Virus Vaccine, Split Virus, When Administered to Individuals 3 Years of Age and Older, for Intramuscular Use (Not Otherwise Specified)	✓	✓	✓
S8092	CT - Electron Beam for Lung Cancer Screening	Electron Beam Computed Tomography (Also Known As Ultrafast CT, Cine CT)	✓	✓	✓
S9453	Tobacco Use Counseling and Intervention - Smoking Cessation Classes	Smoking Cessation Classes, Non-Physician Provider, Per Session	✓	✓	✓

Approved Procedure Code List by Benefit Program

CPT Code	Procedure	CPT/HCPCS Code Description	CMSP	PTH	CTC
U0001	CDC 2019 Novel Coronavirus (2019-nCoV) Real-Time RT-PCR Diagnostic Panel	The 2019-Novel Coronavirus (2019-nCoV or COVID-19 Real-Time RT-PCR Diagnostic Panel Is a Molecular In Vitro Diagnostic Test Intended for Presumptive Qualitative Detection of Nucleic Acid From COVID-19 In Both Upper and Lower Respiratory Tract Specimens (e.g., Naso- or Oropharyngeal Swabs, Sputum, Aspirates, Etc.) Collected From Patients That Meet Centers for Disease Control and Prevention (CDC) Testing Criteria.	✓	✓	✓
U0002	2019-nCoV Coronavirus, Sars-nCoV-2/2019-nCoV (COVID-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC	the 2019-Novel Coronavirus (2019-Ncov or Covid-19) Real-Time Rt-Pcr Diagnostic Panel Is a Molecular In Vitro Diagnostic Test Intended for Presumptive Qualitative Detection of Nucleic Acid From Covid-19 In Both Upper and Lower Respiratory Tract Specimens (E.G., Naso- or Oropharyngeal Swabs, Sputum, Aspirates, Etc.) Collected From Patients That Meet Centers for Disease Control and Prevention (Cdc) Testing Criteria.	✓	✓	✓
U0003	Infectious Agent Detection by Nucleic Acid (DNA or RNA); Severe Acute Respiratory Syndrome Coronavirus 2 (Sars-Cov-2) (Coronavirus Disease [COVID-19]), Amplified Probe Technique, Making Use of High Throughput Technologies as Described by CMS-2020-01-R	The 2019-Novel Coronavirus (2019-nCoV or COVID-19 Real-Time RT-PCR Diagnostic Panel Is a Molecular In Vitro Diagnostic Test Intended for Presumptive Qualitative Detection of Nucleic Acid From COVID-19 In Both Upper and Lower Respiratory Tract Specimens (e.g., Naso- or Oropharyngeal Swabs, Sputum, Aspirates, Etc.) Collected From Patients That Meet Centers for Disease Control and Prevention (CDC) Testing Criteria	✓	✓	✓
U0004	2019-nCoV Coronavirus, Sars-Cov-2/2019-nCoV (COVID-19), Any Technique, Multiple Types or Subtypes (Includes All Targets), Non-CDC, Making Use of High Throughput Technologies as Described by CMS-2020-01-R	The 2019-Novel Coronavirus (2019-nCoV or COVID-19 Real-Time RT-PCR Diagnostic Panel Is a Molecular In Vitro Diagnostic Test Intended for Presumptive Qualitative Detection of Nucleic Acid From COVID-19 In Both Upper and Lower Respiratory Tract Specimens (e.g., Naso- or Oropharyngeal Swabs, Sputum, Aspirates, Etc.) Collected From Patients That Meet Centers for Disease Control and Prevention (CDC) Testing Criteria	✓	✓	✓
X3900§	Physical Therapy - Rehabilitation Services	Single Modality to One Area – Initial 30 Minutes	✓	✓	✓
X3902§	Physical Therapy - Rehabilitation Services	Single Modality to One Area – Each Additional 15 Minutes	✓	✓	✓
X3904§	Physical Therapy - Rehabilitation Services	Single Procedure to One Area – Initial 30 Minutes	✓	✓	✓
X3906§	Physical Therapy - Rehabilitation Services	Single Procedure to One Area – Each Additional 15 Minutes	✓	✓	✓
X3908§	Physical Therapy - Rehabilitation Services	Treatment Including a Combination of Any Modalities and Procedures (One or More Areas) – Initial 30 Minutes	✓	✓	✓
X3910§	Physical Therapy - Rehabilitation Services	Treatment Including a Combination of Any Modalities and Procedures (One or More Areas) – Each Additional 15 Minutes	✓	✓	✓
X3912§	Physical Therapy - Rehabilitation Services	Hubbard Tank – Initial 30 Minutes	✓	✓	✓
X3914§	Physical Therapy - Rehabilitation Services	Hubbard Tank – Each Additional 15 Minutes	✓	✓	✓
X3916§	Physical Therapy - Rehabilitation Services	Hubbard Tank or Pool Therapy with Therapeutic Exercise – Initial 30 Minutes	✓	✓	✓
X3918§	Physical Therapy - Rehabilitation Services	Hubbard Tank or Pool Therapy with Therapeutic Exercise – Each Additional 15 Minutes	✓	✓	✓
X3920§	Physical Therapy - Rehabilitation Services	Any of the Tests and Measurements – Initial 30 Minutes, Plus Report	✓	✓	✓
X3922§	Physical Therapy - Rehabilitation Services	Any of the Tests and Measurements – Each Additional 15 Minutes, Plus Report	✓	✓	✓
X3924§	Physical Therapy - Rehabilitation Services	Physical Therapy Preliminary Evaluation Rehabilitation Center, SNF, ICF	✓	✓	✓

*Mental health services limited to **12 visits per benefit period for CMSP** and limited to **6 visits per benefit period for Path to Health and Connect to Care**. Mental health services in excess of these visits limits within a member's benefit period will not be payable by CMSP, Path to Health, or Connect to Care.

†Alcohol and/or Drug Abuse services limited to **12 visits per benefit period for CMSP** and limited to **6 visits per benefit period for Path to Health and Connect to Care**. Alcohol and/or Drug Abuse services in excess of these visits limits within a member's benefit period will not be payable by CMSP, Path to Health, or Connect to Care.

§Physical Therapy services limited to **24 visits per benefit period**. Physical Therapy services in excess of 24 visits within a member's benefit period will not be payable by CMSP, Path to Health, or Connect to Care.

For questions & the most up-to-date procedure code list, contact the appropriate program's customer service department or visit the program's website:

CMSP Benefit Program - Customer Service: (877) 589-6807 Website: <https://cmsp.amm.cc/>
Path to Health Program - Customer Service: (877) 283-7284 Website: <https://pathtohealth.amm.cc/>
Connect to Care Program - Customer Service: (888) 614-0846 Website: <https://connecttocare.amm.cc/>

