

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0001A	ADM SARSCOV2 30MCG/0.3ML 1ST	10/1/2020	12/31/2382	1
OPH	0002A	ADM SARSCOV2 30MCG/0.3ML 2ND	10/1/2020	12/31/2382	1
OPH	0002M	LIVER DISEASES, TEN BIOCHEMICAL ASSAYS UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS	4/1/2018	12/31/2382	1
OPH	0003A	ADM SARSCOV2 30MCG/0.3ML 3RD (PFIZER-BIONTECH COVID-19 VACCINE ADMINISTRATION – THIRD DOSE)	1/1/2022	12/31/2382	1
OPH	0003M	LIVER DISEASES, TEN BIOCHEMICAL ASSAYS UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED AS	4/1/2018	12/31/2382	1
OPH	0004A	ADM SARSCOV2 30MCG/0.3ML BOOSTER-PFIZER	1/1/2022	12/31/2382	1
OPH	0004M	SCOLIOSIS, DNS ANALYSIS OF 53 SINGLE NUCLEOTIDE POLYMORPHISMS, USING SALIVA, PROGNOSTIC ALGORITHM REPORTED	7/1/2017	12/31/2382	1
OPH	0006M	UTILIZING FRESH HEPATOCELLULAR CARCINOMA TUMOR TISSUE, WITH ALPHA-FETOPROTEIN LEVEL, ALGORITHM REPORTED AS	1/1/2015	12/31/2382	1
OPH	0007M	ONCOLOGY (GASTROINTESTINAL NEUROENDOCRINE TUMORS), REAL-TIME PCR EXPRESSION ANALYSIS OF 51 GENES, UTILIZING	1/1/2015	12/31/2382	1
OPH	0011A	ADM SARSCOV2 100MCG/0.5ML1ST	10/1/2020	12/31/2382	1
OPH	0011M	ONCOLOGY, PROSTATE CANCER, MRNA EXPRESSION ASSAY OF 12 GENES (10 CONTENT AND 2 HOUSEKEEPING), RT-PCR TEST UTILIZING BLOOD PLASMA AND URINE, ALGORITHMS TO PREDICT HIGH-GRADE PROSTATE CANCER RISK	10/1/2018	12/31/2382	1
OPH	0012A	ADM SARSCOV2 100MCG/0.5ML2ND	10/1/2020	12/31/2382	1
OPH	0012M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR HAVING UROTHELIAL CARCINOMA	1/1/2019	12/31/2382	1
OPH	0013A	ADM SARSCOV2 100MCG/0.5ML 3RD (MODERNA COVID-19 VACCINE ADMINISTRATION – THIRD DOSE)	1/1/2022	12/31/2382	1
OPH	0013M	ONCOLOGY (UROTHELIAL), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME QUANTITATIVE PCR OF FIVE GENES (MDK, HOXA13, CDC2 [CDK1], IGFBP5, AND CXCR2), UTILIZING URINE, ALGORITHM REPORTED AS A RISK SCORE FOR	1/1/2019	12/31/2382	1
OPH	0014M	LIVER DISEASE, ANALYSIS OF 3 BIOMARKERS (HYALURONIC ACID [HA], PROCOLLAGEN III AMINO TERMINAL PEPTIDE [PIIINP], TISSUE INHIBITOR OF METALLOPROTEINASE 1 [TIMP-1]), USING IMMUNOASSAYS, UTILIZING SERUM, PROGNOSTIC ALGORITHM REPORTED	10/1/2020	12/31/2382	1

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OPH	0015M	ADRENAL CORTICAL TUMOR, BIOCHEMICAL ASSAY OF 25 STEROID MARKERS, UTILIZING 24-HOUR URINE SPECIMEN AND CLINICAL PARAMETERS, PROGNOSTIC ALGORITHM REPORTED AS A CLINICAL RISK AND INTEGRATED CLINICAL STEROID RISK FOR ADRENAL	7/1/2021	12/31/2382	1
OPH	0016M	ONCOLOGY (BLADDER), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 209 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS MOLECULAR SUBTYPE (LUMINAL, LUMINAL INFILTRATED, BASAL, BASAL CLAUDIN-	4/1/2021	12/31/2382	2
OPH	0017M	ONCOLOGY (DIFFUSE LARGE B-CELL LYMPHOMA [DLBCL]), MRNA, GENE EXPRESSION PROFILING BY FLUORESCENT PROBE HYBRIDIZATION OF 20 GENES, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS CELL OF ORIGIN	7/1/2022	12/31/2382	1
OPH	0024U	GLYCOSYLATED ACUTE PHASE PROTEINS (GLYCA), NUCLEAR MAGNETIC RESONANCE SPECTROSCOPY, QUANTITATIVE	7/1/2018	12/31/2382	1
OPH	0025U	TENOFOVIR, BY LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS), URINE, QUANTITATIVE	7/1/2018	12/31/2382	1
OPH	0026U	ONCOLOGY (THYROID), DNA AND MRNA OF 112 GENES, NEXT-GENERATION SEQUENCING, FINE NEEDLE ASPIRATE OF THYROID NODULE, ALGORITHMIC ANALYSIS REPORTED AS A CATEGORICAL RESULT ("POSITIVE, HIGH PROBABILITY OF MALIGNANCY" OR "NEGATIVE,	7/1/2021	12/31/2382	2
OPH	0027U	JAK2 (JANUS KINASE 2) (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS EXONS 12-15	7/1/2018	12/31/2382	1
OPH	0029U	DRUG METABOLISM (ADVERSE DRUG REACTIONS AND DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 AND RS12777823)	7/1/2018	12/31/2382	1
OPH	0030U	DRUG METABOLISM (WARFARIN DRUG RESPONSE), TARGETED SEQUENCE ANALYSIS (IE, CYP2C9, CYP4F2, VKORC1, RS12777823)	7/1/2018	12/31/2382	1
OPH	0031A	ADM SARSCOV2 VAC AD26 .5ML	7/1/2021	12/31/2382	1
OPH	0031U	CYP1A2 (CYTOCHROME P450 FAMILY 1, SUBFAMILY A, MEMBER 2)(EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, *1F, *1K, *6, *7)	7/1/2018	12/31/2382	1
OPH	0032U	COMT (CATECHOL-O-METHYLTRANSFERASE)(DRUG METABOLISM) GENE ANALYSIS, C.472G>A (RS4680) VARIANT	7/1/2018	12/31/2382	1
OPH	0033U	HTR2A (5-HYDROXYTRYPTAMINE RECEPTOR 2A), HTR2C (5-HYDROXYTRYPTAMINE RECEPTOR 2C) (EG, CITALOPRAM METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, HTR2A RS7997012 [C.614-2211T>C],	7/1/2018	12/31/2382	1
OPH	0034A	ADM SARSCOV2 VAC AD26 .5ML BOOSTER-JANSEN	1/1/2022	12/31/2382	1

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OPH	0034U	TPMT (THIOPURINE S-METHYLTRANSFERASE), NUDT15 (NUDIX HYDROXYLASE 15)(EG, THIOPURINE METABOLISM) GENE ANALYSIS, COMMON VARIANTS (IE, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *12; NUDT15 *3, *4, *5)	7/1/2018	12/31/2382	1
OPH	0035U	TESTING FOR PRESENCE OF PRION PROTEIN IN CEREBROSPINAL FLUID	1/1/2019	12/31/2382	1
OPH	0036U	EXOME GENE ANALYSIS FOR SOMATIC MUTATION IN TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	0037U	DNA GENE ANALYSIS OF 324 GENES IN SOLID ORGAN TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	0038U	MEASUREMENT OF VITAMIN D IN SERUM	1/1/2019	12/31/2382	1
OPH	0039U	TESTING FOR ANTI-DNA ANTIBODY	1/1/2019	12/31/2382	1
OPH	0040U	GENE ANALYSIS (T(9;22)) FOR TRANSLOCATION ANALYSIS	1/1/2019	12/31/2382	1
OPH	0041U	IGM ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	1/1/2019	12/31/2382	1
OPH	0042T	CREBRAL PERFUSION ANALYSIS USING COMPUTED TOMOGRAPHY WITH CONTRAST ADMINISTRATION, INCLUDING POST PROCESSING	10/1/2010	12/31/2382	1
OPH	0042U	IGG ANTIBODY DETECTION TEST FOR BORRELIA BURGDORFERI	1/1/2019	12/31/2382	1
OPH	0043U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	1/1/2019	12/31/2382	1
OPH	0044U	IGM ANTIBODY DETECTION TEST FOR TICK-BORNE RELAPSING FEVER BORRELIA GROUP	1/1/2019	12/31/2382	1
OPH	0045U	MRNA GENE ANALYSIS OF 12 GENES IN BREAST DUCTAL CARCINOMA IN SITU TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	0046U	GENE ANALYSIS (FMS-RELATED TYROSINE KINASE 3) FOR INTERNAL TANDEM DUPLICATION VARIANTS	1/1/2019	12/31/2382	1
OPH	0047U	MRNA GENE ANALYSIS OF 17 GENES IN PROSTATE TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	0048U	DNA GENE ANALYSIS OF 468 GENES IN SOLID ORGAN TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	0049U	GENE ANALYSIS (NUCLEOPHOSMIN)	1/1/2019	12/31/2382	1
OPH	0050U	DNA GENE ANALYSIS OF TARGETED SEQUENCES IN 194 GENES FOR ACUTE MYELOGENOUS LEUKEMIA	1/1/2019	12/31/2382	1
OPH	0051A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE,	1/1/2022	12/31/2382	1
OPH	0051U	TESTING FOR PRESENCE OF 31 PRESCRIPTION DRUGS IN URINE	1/1/2019	12/31/2382	1
OPH	0052A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE,	1/1/2022	12/31/2382	1

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OPH	0052U	MEASUREMENT OF ALL FIVE MAJOR LIPOPROTEIN CLASSES AND SUBCLASSES IN BLOOD	1/1/2019	12/31/2382	1
OPH	0053A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE,	1/1/2022	12/31/2382	1
OPH	0053U	FISH ANALYSIS OF 4 GENES IN PROSTATE NEEDLE BIOPSY SPECIMEN	1/1/2019	12/31/2382	1
OPH	0054A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE	1/1/2022	12/31/2382	1
OPH	0054T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE	10/1/2016	12/31/2382	1
OPH	0054U	MEASUREMENT OF 14 OR MORE DRUG CLASSES IN CAPILLARY BLOOD	1/1/2019	12/31/2382	1
OPH	0055T	COMPUTER-ASSISTED MUSCULOSKELETAL SURGICAL NAVIGATIONAL ORTHOPEDIC PROCEDURE, WITH IMAGE-GUIDED BASED ON	10/1/2016	12/31/2382	1
OPH	0055U	DNA GENE ANALYSIS OF 96 TARGET SEQUENCES IN PLASMA FOR HEART TRANSPLANT	1/1/2019	12/31/2382	1
OPH	0056U	WHOLE GENOME SEQUENCING IN BLOOD OR BONE MARROW FOR ACUTE MYELOGENOUS LEUKEMIA	1/1/2019	12/31/2382	1
OPH	0058U	MEASUREMENT OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	1/1/2019	12/31/2382	1
OPH	0059U	TEST FOR PRESENCE OF ANTIBODIES TO MERKEL CELL POLYOMA VIRUS ONCOPROTEIN IN SERUM	1/1/2019	12/31/2382	1
OPH	0060U	GENE ANALYSIS FOR IDENTICAL TWINS IN MATERNAL BLOOD	1/1/2019	12/31/2382	1
OPH	0061U	SPATIAL FREQUENCY DOMAIN IMAGING OF SKIN	7/1/2020	12/31/2382	2
OPH	0062U	AUTOIMMUNE (SYSTEMIC LUPUS ERYTHEMATOSUS), IGG AND IGM ANALYSIS OF 80 BIOMARKERS, UTILIZING SERUM, ALGORITHM REPORTED WITH A RISK SCORE	4/1/2019	12/31/2382	1
OPH	0063U	NEUROLOGY (AUTISM), 32 AMINES BY LC-MS/MS, USING PLASMA, ALGORITHM REPORTED AS METABOLIC SIGNATURE ASSOCIATED WITH AUTISM SPECTRUM DISORDER	4/1/2019	12/31/2382	1
OPH	0064A	ADM SARSCOV2 50MCG/0.25ML BOOSTER- MODERNA	1/1/2022	12/31/2382	1
OPH	0064U	ANTIBODY, TREPONEMA PALLIDUM, TOTAL AND RAPID PLASMA REAGIN (RPR), IMMUNOASSAY, QUALITATIVE	4/1/2019	12/31/2382	2
OPH	0065U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUALITATIVE (RPR)	4/1/2019	12/31/2382	2

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OPH	0066U	PLACENTAL ALPHA-MICRO GLOBULIN-1 (PAMG-1), IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION, CERVICO-VAGINAL FLUID, EACH SPECIMEN	4/1/2019	12/31/2382	1
OPH	0067U	ONCOLOGY (BREAST), IMMUNOHISTOCHEMISTRY, PROTEIN EXPRESSION PROFILING OF 4 BIOMARKERS (MATRIX METALLOPROTEINASE-1 [MMP-1], CARCINOEMBRYONIC ANTIGEN-RELATED CELL ADHESION MOLECULE 6 [CEACAM6],	4/1/2019	12/31/2382	2
OPH	0068U	CANDIDA SPECIES PANEL (C. ALBICANS, C. GLABRATA, C. PARAPSILOSIS, C. KRUSEII, C TROPICALIS, AND C. AURIS), AMPLIFIED PROBE TECHNIQUE WITH QUALITATIVE REPORT OF THE PRESENCE OR ABSENCE OF EACH SPECIES	4/1/2019	12/31/2382	1
OPH	0069U	ONCOLOGY (COLORECTAL), MICRORNA, RT-PCR EXPRESSION PROFILING OF MIR-31-3P, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS AN EXPRESSION SCO	4/1/2019	12/31/2382	1
OPH	0070U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON AND SELECT RARE VARIANTS	4/1/2019	12/31/2382	1
OPH	0071A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 AGES 5-11 FIRST DOSE	1/1/2022	12/31/2382	1
OPH	0071T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA	10/1/2010	12/31/2382	1
OPH	0071U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, FULL GENE SEQUENCE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
OPH	0072A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVER ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 AGES 5-11 SECOND DOSE	1/1/2022	12/31/2382	1
OPH	0072T	FOCUSED ULTRASOUND ABLATION OF UTERINE LEIOMYOMATA, INCLUDING MR GUIDANCE; TOTAL LEIOMYOMATA	10/1/2010	12/31/2382	1
OPH	0072U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D6-2D7 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
OPH	0073A	IMMUNIZATION ADMINISTRATION BY INTRAMUSCULAR INJECTION OF SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 10 MCG/0.2 ML DOSAGE,	7/1/2022	12/31/2382	1

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OPH	0073U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, CYP2D7-2D6 HYBRID GENE) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
OPH	0074U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, NON-DUPLICATED GENE WHEN DUPLICATION/MULTIPLICATION IS TRANS)	4/1/2019	12/31/2382	1
OPH	0075U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 5' GENE DUPLICATION/MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
OPH	0076U	CYP2D6 (CYTOCHROME P450, FAMILY 2, SUBFAMILY D, POLYPEPTIDE 6) (EG, DRUG METABOLISM) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (IE, 3' GENE DUPLICATION/ MULTIPLICATION) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2019	12/31/2382	1
OPH	0077U	IMMUNOGLOBULIN PARAPROTEIN (M-PROTEIN), QUALITATIVE, IMMUNOPRECIPITATION AND MASS SPECTROMETRY, BLOOD OR URINE, INCLUDING ISOTYPE	4/1/2019	12/31/2382	2
OPH	0078U	PAIN MANAGEMENT (OPIOID-USE DISORDER) GENOTYPING PANEL, 16 COMMON VARIANTS (IE, ABCB1, COMT, DAT1, DBH, DOR, DRD1, DRD2, DRD4, GABA, GAL, HTR2A, HTTLPR, MTHFR, MUOR, OPRK1, OPRM1), BUCCAL SWAB OR OTHER GERMLINE TISSUE SAMPLE,	4/1/2019	12/31/2382	1
OPH	0079U	COMPARATIVE DNA ANALYSIS USING MULTIPLE SELECTED SINGLE-NUCLEOTIDE POLYMORPHISMS (SNPS), URINE AND BUCCAL DNA, FOR SPECIMEN IDENTITY VERIFICATION	4/1/2019	12/31/2382	1
OPH	0095T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, CERVICAL	1/1/2021	12/31/2382	1
OPH	0098T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE,	1/1/2021	12/31/2382	2
OPH	0100T	PLACEMENT OF A SUBCONJUNCTIVAL RETINAL PROSTHESIS RECEIVER AND PULSE GENERATOR, AND INPLANT	4/1/2017	12/31/2382	1
OPH	0101T	EXTRACORPOREAL SHOCK WAVE INVOLVING MUSCULOSKELETAL SYSTEM, NOT OTHERWISE SPECIFIED, HIGH ENERGY	10/1/2010	12/31/2382	1
OPH	0102T	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	2

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OPH	0106T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING TOUCH PRESSURE STIMULI	10/1/2010	12/31/2382	4
OPH	0107T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING VIBRATION STIMULI TO ASSESS LARGE	10/1/2010	12/31/2382	4
OPH	0108T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING COOLING STIMULI TO ASSESS SMALL NERVE	10/1/2010	12/31/2382	4
OPH	0109T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING HEAT-PAIN STIMULI TO ASSESS SMALL NERVE	10/1/2010	12/31/2382	4
OPH	0110T	QUANTITATIVE SENSORY TESTING, AND INTERPRETATION PER EXTERMITY; USING OTHER STIMULI TO ASSESS SENSATION	10/1/2010	12/31/2382	4
OPH	0163T	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH. INCLUDING DISCECTOMY TO PREPARE INTERSPACE, EACH ADDITIONAL	1/1/2021	12/31/2382	1
OPH	0164T	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE, LUMBAR	1/1/2021	12/31/2382	4
OPH	0164U	GASTROENTEROLOGY (IRRITABLE BOWEL SYNDROME), IMMUNOASSAY FOR ANTI-CDTB AND ANTIVINCULIN ANTIBODIES	7/1/2020	12/31/2382	1
OPH	0165T	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, EACH ADDITIONAL INTERSPACE,	1/1/2021	12/31/2382	4
OPH	0165U	PEANUT ALLERGEN SPECIFIC QUANTITATIVE ASSESSMENT OF MULTIPLE EPITOPES USING ENZYME LINKED IMMUNOSORBENT ASSAY	7/1/2020	12/31/2382	1
OPH	0166U	LIVER DISEASE, 10 BIOCHEMICAL ASSAYS (A2-MACROGLOBULI, HAPTOGLOBIN, APOLIPOPROTEIN A1, BILIRUBIN, GGT, ALT, AST, TRIGLYCERIDES	7/1/2020	12/31/2382	1
OPH	0167U	GONADOTROPIN, CHORINIC IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION, BLOOD	7/1/2020	12/31/2382	1
OPH	0169U	NUDT15 (NUDIX HYDROLASE 15) AND TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM) GENE ANALYSIS, COMMON VARIANTS	7/1/2020	12/31/2382	1
OPH	0170U	NEUROLOGY (AUTISM SPECTRUM DISORDER [ASD]), RNA, NEXT-GENERATION SEQUENCING, SALIVA, ALGORITHMIC ANALYSIS, AND RESULTS REPORTED AS PREDICTIVE PROBABILITY OF ASD DIAGNOSI	7/1/2020	12/31/2382	1
OPH	0171U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, ACUTE MYELOID LEUKEMIA, MYELODYSPLASTIC SYNDROME, AND MYELOPROLIFERATIVE NEOPLASMS, DNA ANALYSIS, 23 GENES, INTERROGATION FOR SEQUENCE VARIANTS, REARRANGEMENTS AND MINIMAL RESIDUAL DISEASE	7/1/2020	12/31/2382	1

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OPH	0172U	ONCOLOGY (SOLID TUMOR AS INDICATED BY THE LABEL), SOMATIC MUTATION ANALYSIS OF BRCA1 (BRCA1, DNA REPAIR ASSOCIATED), BRCA2 (BRCA2, DNA REPAIR ASSOCIATED) AND ANALYSIS OF HOMOLOGOUS RECOMBINATION DEFICIENCY PATHWAYS,	10/1/2020	12/31/2382	1
OPH	0173U	PSYCHIATRY (IE, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, INCLUDES VARIANT ANALYSIS OF 14 GENES	10/1/2020	12/31/2382	1
OPH	0174T	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT	10/1/2010	12/31/2382	1
OPH	0174U	ONCOLOGY (SOLID TUMOR), MASS SPECTROMETRIC 30 PROTEIN TARGETS, FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, PROGNOSTIC AND PREDICTIVE ALGORITHM REPORTED AS LIKELY, UNLIKELY,	10/1/2020	12/31/2382	1
OPH	0175T	COMPUTER-AIDED DETECTION WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION AND REPORT, WITH OR WITHOUT	10/1/2010	12/31/2382	1
OPH	0175U	PSYCHIATRY (EG, DEPRESSION, ANXIETY), GENOMIC ANALYSIS PANEL, VARIANT ANALYSIS OF 15 GENES	10/1/2020	12/31/2382	1
OPH	0176U	CYTOLETHAL DISTENDING TOXIN B (CDTB) AND VINCULIN IGG ANTIBODIES BY IMMUNOASSAY (IE, ELISA)	10/1/2020	12/31/2382	1
OPH	0177U	ONCOLOGY (BREAST CANCER), DNA, PIK3CA (PHOSPHATIDYLINOSITOL-4,5-BISPHOSPHATE 3-KINASE CATALYTIC SUBUNIT ALPHA) GENE ANALYSIS OF 11 GENE VARIANTS UTILIZING PLASMA, REPORTED AS PIK3CA GENE MUTATION STATUS	10/1/2020	12/31/2382	1
OPH	0178U	PEANUT ALLERGEN-SPECIFIC QUANTITATIVE ASSESSMENT OF MULTIPLE EPITOPES USING ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA), BLOOD, REPORT OF MINIMUM ELICITING EXPOSURE FOR A CLINICAL REACTION	10/1/2020	12/31/2382	1
OPH	0179U	ONCOLOGY (NON-SMALL CELL LUNG CANCER), CELL-FREE DNA, TARGETED SEQUENCE ANALYSIS OF 23 GENES (SINGLE NUCLEOTIDE VARIATIONS, INSERTIONS AND DELETIONS, FUSIONS WITHOUT PRIOR KNOWLEDGE OF PARTNER/BREAKPOINT, COPY NUMBER VARIATIONS)	10/1/2020	12/31/2382	1
OPH	0184T	EXCISION OF RECTAL TUMOR, TRANSANAL ENDOSCOPIC MICROSURGICAL APPROACH	1/1/2017	12/31/2382	1
OPH	0198T	MEASUREMENT OF OCULAR BLOOD FLOW BY REPETITIVE INTRAOCULAR PRESSURE SAMPLING	10/1/2010	12/31/2382	2
OPH	01996	DAILY MANAGEMENT OF EPIDURAL OR SUBARACHNOID DRUG ADMINISTRATION	10/1/2018	12/31/2382	1
OPH	0200T	PERCUTANEOUS SACRAL AUGMENTATION(SACROPLASTY), UNILATERAL INJECTION(S), INCLUDING THE USE OF A BALLOON OR	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0201T	PERCUTANEOUS SACRAL AUGMENTATION(SACROPLASTY), BILATERAL INJECTION, INCLUDING THE USE OF A BALLOON OR MECH	7/1/2012	12/31/2382	1
OPH	0202T	POSTERIOR VERTEBRAL JOINT(S) ARTHROPLASTY (EG, FACET JOINT(S) REPLACEMENT), INCLUDING FACETECTOMY,	1/1/2021	12/31/2382	1
OPH	0202U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHAR	7/1/2020	12/31/2382	1
OPH	0203U	AUTOIMMUNE (INFLAMMATORY BOWEL DISEASE), MRNA, GENE EXPRESSION PROFILING BY QUANTITATIVE RT-PCR, 17 GENES (15 TARGET AND 2 REFERENCE GENES), WHOLE BLOOD, REPORTED AS A CONTINUOUS RISK	1/1/2021	12/31/2382	1
OPH	0204U	ONCOLOGY (THYROID), MRNA, GENE EXPRESSION ANALYSIS OF 593 GENES (INCLUDING BRAF, RAS, RET, PAX8, AND NTRK) FOR SEQUENCE VARIANTS AND REARRANGEMENTS, UTILIZING FINE NEEDLE ASPIRATE, REPORTED AS DETECTED OR NOT DETECTED	1/1/2021	12/31/2382	1
OPH	0205U	OPHTHALMOLOGY (AGE-RELATED MACULAR DEGENERATION), ANALYSIS OF 3 GENE VARIANTS (2 CFH GENE, 1 ARMS2 GENE), USING PCR AND MALDI-TOF, BUCCAL SWAB, REPORTED AS POSITIVE OR NEGATIVE FOR NEOVASCULAR AGE-RELATED MACULAR-DEGENERATION RISK	1/1/2021	12/31/2382	1
OPH	0206U	NEUROLOGY (ALZHEIMER DISEASE); CELL AGGREGATION USING MORPHOMETRIC IMAGING AND PROTEIN KINASE C-EPSILON (PKCE) CONCENTRATION IN RESPONSE TO AMYLOSPHEROID TREATMENT BY ELISA, CULTURED SKIN FIBROBLASTS,	1/1/2021	12/31/2382	1
OPH	0207T	EVACUATION OF MEIBOMIAN GLANDS, AUTOMATED, USING HEAT AND INTERMITTENT PRESSURE, UNILATERAL	7/1/2012	12/31/2382	2
OPH	0207U	NEUROLOGY (ALZHEIMER DISEASE); QUANTITATIVE IMAGING OF PHOSPHORYLATED ERK1 AND ERK2 IN RESPONSE TO BRADYKININ TREATMENT BY IN SITU IMMUNOFLOURESCENCE, USING CULTURED SKIN FIBROBLASTS,	1/1/2021	12/31/2382	1
OPH	0208T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR ONLY	4/1/2011	12/31/2382	1
OPH	0208U	ONCOLOGY (MEDULLARY THYROID CARCINOMA), MRNA, GENE EXPRESSION ANALYSIS OF 108 GENES, UTILIZING FINE NEEDLE ASPIRATE, ALGORITHM REPORTED AS POSITIVE OR NEGATIVE FOR MEDULLARY THYROID CARCINOMA	1/1/2021	6/30/2022	1
OPH	0209T	PURE TONE AUDIOMETRY (THRESHOLD), AUTOMATED; AIR AND BONE	4/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0209U	CYTOGENOMIC CONSTITUTIONAL (GENOME-WIDE) ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER, STRUCTURAL CHANGES AND AREAS OF HOMOZYGOSITY FOR CHROMOSOMAL ABNORMALITIES	1/1/2021	12/31/2382	1
OPH	0210T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED	4/1/2011	12/31/2382	1
OPH	0210U	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY, IMMUNOASSAY, QUANTITATIVE (RPR)	1/1/2021	12/31/2382	2
OPH	0211T	SPEECH AUDIOMETRY THRESHOLD, AUTOMATED WITH SPEECH RECOGNITION	4/1/2011	12/31/2382	1
OPH	0211U	ONCOLOGY (PAN-TUMOR), DNA AND RNA BY NEXT-GENERATION SEQUENCING, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, INTERPRETATIVE REPORT FOR SINGLE NUCLEOTIDE VARIANTS,	1/1/2021	12/31/2382	2
OPH	0212T	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION, AUTOMATED	4/1/2011	12/31/2382	1
OPH	0212U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM	1/1/2021	12/31/2382	1
OPH	0213T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)	4/1/2011	12/31/2382	1
OPH	0213U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE GENOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS,	1/1/2021	12/31/2382	1
OPH	0214T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)	4/1/2011	12/31/2382	1
OPH	0214U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS,	1/1/2021	12/31/2382	1
OPH	0215T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)	4/1/2011	12/31/2382	1
OPH	0215U	RARE DISEASES (CONSTITUTIONAL/HERITABLE DISORDERS), WHOLE EXOME AND MITOCHONDRIAL DNA SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS,	1/1/2021	12/31/2382	1
OPH	0216T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES)	4/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0216U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS OF 12 COMMON GENES INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS	1/1/2021	12/31/2382	1
OPH	0217T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
OPH	0217U	NEUROLOGY (INHERITED ATAXIAS), GENOMIC DNA SEQUENCE ANALYSIS OF 51 GENES INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, SHORT TANDEM REPEAT GENE EXPANSIONS,	1/1/2021	12/31/2382	1
OPH	0218T	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET (ZYGAPOPHYSEAL) JOINT (OR NERVES	4/1/2011	12/31/2382	1
OPH	0218U	NEUROLOGY (MUSCULAR DYSTROPHY), DMD GENE SEQUENCE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES, DELETIONS, DUPLICATIONS, AND VARIANTS IN NON-UNIQUELY MAPPABLE REGIONS, BLOOD OR SALIVA,	1/1/2021	12/31/2382	1
OPH	0219T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	1/1/2021	12/31/2382	1
OPH	0219U	INFECTIOUS AGENT (HUMAN IMMUNODEFICIENCY VIRUS), TARGETED VIRAL NEXT-GENERATION SEQUENCE ANALYSIS (IE, PROTEASE [PR], REVERSE TRANSCRIPTASE [RT], INTEGRASE [INT]), ALGORITHM REPORTED AS PREDICTION OF ANTIVIRAL DRUG SUSCEPTIBILITY	1/1/2021	12/31/2382	1
OPH	0220T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	1/1/2021	12/31/2382	1
OPH	0220U	ONCOLOGY (BREAST CANCER), IMAGE ANALYSIS WITH ARTIFICIAL INTELLIGENCE ASSESSMENT OF 12 HISTOLOGIC AND IMMUNOHISTOCHEMICAL FEATURES, REPORTED AS A RECURRENCE SCORE	1/1/2021	12/31/2382	1
OPH	0221T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	4/1/2011	12/31/2382	1
OPH	0222T	PLACEMENT OF A POSTERIOR INTRAFACET IMPLANT(S), UNILATERAL OR BILATERAL, INCLUDING IMAGING AND PLACEMENT	7/1/2012	12/31/2382	1
OPH	0223U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC NUCLEIC ACID (DNA OR RNA), 22 TARGETS INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2), QUALITATIVE RT-PCR, NASOPHARY	7/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0224U	ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), INCLUDES TITER(S), WHEN PERFORMED	7/1/2020	12/31/2382	3
OPH	0225U	INFECTIOUS DISEASE (BACTERIAL OR VIRAL RESPIRATORY TRACT INFECTION) PATHOGEN-SPECIFIC DNA AND RNA, 21 TARGETS, INCLUDING SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2),	1/1/2021	12/31/2382	1
OPH	0226U	SURROGATE VIRAL NEUTRALIZATION TEST (SVNT), SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ELISA, PLASMA, SERUM	1/1/2021	12/31/2382	1
OPH	0227U	DRUG ASSAY, PRESUMPTIVE, 30 OR MORE DRUGS OR METABOLITES, URINE, LIQUID CHROMATOGRAPHY WITH TANDEM MASS SPECTROMETRY (LC-MS/MS) USING MULTIPLE REACTION MONITORING (MRM),	7/1/2021	12/31/2382	1
OPH	0228U	ONCOLOGY (PROSTATE), MULTIANALYTE MOLECULAR PROFILE BY PHOTOMETRIC DETECTION OF MACROMOLECULES ADSORBED ON NANOSPONGE ARRAY SLIDES WITH MACHINE LEARNING, UTILIZING FIRST	7/1/2021	12/31/2382	1
OPH	0229U	BCAT1 (BRANCHED CHAIN AMINO ACID TRANSAMINASE 1) OR IKZF1 (IKAROS FAMILY ZINC FINGER 1) (EG, COLORECTAL CANCER) PROMOTER METHYLATION ANALYSIS	7/1/2021	12/31/2382	1
OPH	0230U	AR (ANDROGEN RECEPTOR) (EG, SPINAL AND BULBAR MUSCULAR ATROPHY, KENNEDY DISEASE, X CHROMOSOME INACTIVATION), FULL SEQUENCE ANALYSIS,	7/1/2021	12/31/2382	1
OPH	0231U	CACNA1A (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA 1A) (EG, SPINOCEREBELLAR ATAXIA), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS, DELETIONS,	7/1/2021	12/31/2382	1
OPH	0232T	INJECTION(S), PLATELET RICH PLASMA, ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION	4/1/2011	12/31/2382	1
OPH	0232U	CSTB (CYSTATIN B) (EG, PROGRESSIVE MYOCLONIC EPILEPSY TYPE 1A, UNVERRICHT-LUNDBORG DISEASE), FULL GENE ANALYSIS,	7/1/2021	12/31/2382	1
OPH	0233U	FXN (FRATAXIN) (EG, FRIEDREICH ATAXIA), GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS	7/1/2021	12/31/2382	1
OPH	0234T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	7/1/2011	12/31/2382	2
OPH	0234U	MECP2 (METHYL CPG BINDING PROTEIN 2) (EG, RETT SYNDROME), FULL GENE ANALYSIS, INCLUDING SMALL SEQUENCE CHANGES IN EXONIC AND INTRONIC REGIONS,	7/1/2021	12/31/2382	1
OPH	0235U	PTEN (PHOSPHATASE AND TENSIN HOMOLOG) (EG, COWDEN SYNDROME, PTEN HAMARTOMA TUMOR SYNDROME), FULL GENE ANALYSIS,	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0236T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	4/1/2011	12/31/2382	1
OPH	0236U	SMN1 (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) AND SMN2 (SURVIVAL OF MOTOR NEURON 2, CENTROMERIC) (EG, SPINAL MUSCULAR ATROPHY) FULL GENE ANALYSIS	7/1/2021	12/31/2382	1
OPH	0237T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	4/1/2011	12/31/2382	2
OPH	0237U	CARDIAC ION CHANNELOPATHIES (EG, BRUGADA SYNDROME, LONG QT SYNDROME, SHORT QT SYNDROME, CATECHOLAMINERGIC POLYMORPHIC VENTRICULAR TACHYCARDIA), GENOMIC SEQUENCE ANALYSIS PANEL INCLUDING ANK2, CASQ2, CAV3, KCNE1, KCNE2	7/1/2021	12/31/2382	1
OPH	0238T	TRANSLUMINAL PERIPHERAL ATHERECTOMY, OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2016	12/31/2382	2
OPH	0238U	ONCOLOGY (LYNCH SYNDROME), GENOMIC DNA SEQUENCE ANALYSIS OF MLH1, MSH2, MSH6, PMS2, AND EPCAM, INCLUDING	7/1/2021	12/31/2382	1
OPH	0239U	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, CELL-FREE DNA, ANALYSIS OF 311 OR MORE GENES, INTERROGATION FOR SEQUENCE VARIANTS, INCLUDING	7/1/2021	12/31/2382	1
OPH	0240U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 3 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 [SARS-COV-2], INFLUENZA A,	1/1/2021	12/31/2382	1
OPH	0241U	INFECTIOUS DISEASE (VIRAL RESPIRATORY TRACT INFECTION), PATHOGEN-SPECIFIC RNA, 4 TARGETS (SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 [SARS-COV-2], INFLUENZA A,	1/1/2021	12/31/2382	1
OPH	0253T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVOIR; INTERNAL APPROACH,	4/1/2011	12/31/2382	1
OPH	0278T	TRANSCUTANEOUS ELECTRICAL MODULATION PAIN REPROCESSING, EACH TREATMENT SESSION	1/1/2012	12/31/2382	1
OPH	0312T	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC IMPLANTATION OF NEUROSTIMULATOR ELECTRODE ARRAY	10/1/2017	12/31/2382	1
OPH	0313T	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIS REVISION OR REPLACEMENT OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE	1/1/2013	12/31/2382	1
OPH	0314T	VAGUS NERVE BLOCKING THERAPY; LAPAROSCOPIC REMOVAL OF VAGAL TRUNK NEUROSTIMULATOR ELECTRODE ARRAY AND	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0315T	VAGUS NERVE BLOCKING THERAPY; REMOVAL OF PULSE GENERATOR	1/1/2013	12/31/2382	1
OPH	0316T	VAGUS NERVE BLOCKING THERAPY; REPLACEMENT OF PULSE GENERATOR	1/1/2013	12/31/2382	1
OPH	0317T	VAGUS NERVE BLOCKING THERAPY;NEUROSTIMULATOR PULSE GENERATOR ELECTRONIC ANALYSIS, INCLUDES REPROGRAMMING WHEN	1/1/2013	12/31/2382	1
OPH	0329T	MONITORING OF PRESSURE IN EYES, 24 HOURS OR LONGER	1/1/2014	12/31/2382	1
OPH	0330T	TEAR FILM IMAGING OF ONE OR BOTH EYES	1/1/2014	12/31/2382	1
OPH	0331T	IMAGING OF HEART MUSCLE	1/1/2014	12/31/2382	1
OPH	0332T	IMAGING OF HEART MUSCLE WITH SPECT	1/1/2014	12/31/2382	1
OPH	0333T	AUTOMATED SCREENING OF VISUAL ACUITY	1/1/2014	12/31/2382	1
OPH	0335T	INSERTION OF FOOT JOINT IMPLANT	1/1/2014	12/31/2382	2
OPH	0338T	DESTRUCTION OF NERVES OF ARTERIES OF BOTH KIDNEYS ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY	1/1/2014	12/31/2382	1
OPH	0339T	DESTRUCTION OF NERVES OF ARTERIES OF ONE KIDNEY ACCESSED THROUGH THE SKIN WITH FLUOROSCOPY	1/1/2014	12/31/2382	1
OPH	0342T	THERAPEUTIC APHERESIS WITH SELECTIVE HDL DELIPIDATION AND PLASMA REINFUSION	7/1/2017	12/31/2382	1
OPH	0378T	ASSESSMENT OF FIELD OF VISION WITH CONCURRENT DATA ANALYSIS AND DATA STORAGE WITH PATIENT INITIATED DATA	1/1/2015	12/31/2382	1
OPH	0379T	TECHNICAL COMPONENT FOR ASSESSMENT OF FIELD VISION WITH CONCURRENT DATA ANALYSIS AND DATA	1/1/2015	12/31/2382	1
OPH	0394T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, SKIN SURFACE APPLICATION, PER FRACTION, INCLUDES BASIC DOSIMETRY WHEN PERFORMED	1/1/2016	12/31/2382	2
OPH	0395T	HIGH DOSE RATE ELECTRONIC BRACHYTHERAPY, INTERSTITIAL OR INTRACAVITARY TREATMENT, PER FRACTION	1/1/2016	12/31/2382	2
OPH	0397T	DIAGNOSTIC EXAMINATION OF GALLBLADDER AND PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	1/1/2016	12/31/2382	1
OPH	0398T	DESTRUCTION OF TISSUE OF BRAIN USING MRI GUIDANCE	1/1/2016	12/31/2382	1
OPH	0402T	COLLAGEN CROSS LINKING TREATMENT OF DISEASE OF CORNEA	1/1/2016	12/31/2382	2
OPH	0403T	HEALTH AND BEHAVIOR INTERVENTION FOR PREVENTION OF DIABETES, MINIMUM 60 MINUTES, PER DAY	1/1/2016	12/31/2382	1
OPH	0404T	DESTRUCTION OF GROWTHS IN UTERUS WITH ULTRASOUND GUIDNACE USING AN ENDOSCOPE	1/1/2016	12/31/2382	1
OPH	0408T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0409T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
OPH	0410T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
OPH	0411T	INSERTION OR REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM, INCLUDING CONTRACTILITY EVALUATION	1/1/2016	12/31/2382	1
OPH	0412T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
OPH	0413T	REMOVAL OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; TRANSVENOUS ELECTRODE (ATRIAL OR VENTRICULAR)	1/1/2016	12/31/2382	1
OPH	0414T	REMOVAL AND REPLACEMENT OF PERMANENT CARDIAC CONTRACTILITY MODULATION SYSTEM; GENERATOR ONLY	1/1/2016	12/31/2382	1
OPH	0415T	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC CONTRACTILITY MODULATION TRANSVENOUS ELECTRODE, (ATRIAL OR VENTRICULAR LEAD)	1/1/2016	12/31/2382	1
OPH	0416T	RELOCATION OF SKIN POCKET FOR IMPLANTED CARDIAC CONTRACTILITY MODULATION PULSE GENERATOR	1/1/2016	12/31/2382	1
OPH	0417T	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE	1/1/2016	12/31/2382	1
OPH	0418T	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER	1/1/2016	12/31/2382	1
OPH	0419T	DESTRUCTION NEURFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO THE SUBCUTANEOUS); FACE, HEAD AND NECK, GREATER THAN 50	1/1/2016	12/31/2382	1
OPH	0420T	DESTRUCTION NEURFIBROMATA, EXTENSIVE, (CUTANEOUS, DERMAL EXTENDING INTO THE SUBCUTANEOUS); TRUNK AND EXTREMITIES, GREATER THAN 100	1/1/2016	12/31/2382	1
OPH	0421T	TRANSURETHRAL WATERJET ABLATION OF PROSTATE, INCLUDING CONTROL OF POST-OPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTOMY, CYSTOURETHROSCOPY, URETHRAL CALIBRATION AND/OR DILATION)	1/1/2016	12/31/2382	1
OPH	0422T	TACTILE BREAST IMAGING BY COMPUTER-AIDED TACTILE SENSORS, UNILATERAL OR BILATERAL	1/1/2016	12/31/2382	1
OPH	0424T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; COMPLETE SYSTEM	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0425T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0426T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0427T	INSERTION OR REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
OPH	0428T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
OPH	0429T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0430T	REMOVAL OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0431T	REMOVAL AND REPLACEMENT OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; PULSE GENERATOR ONLY	1/1/2016	12/31/2382	1
OPH	0432T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; STIMULATION LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0433T	REPOSITIONING OF NEUROSTIMULATOR SYSTEM FOR TREATMENT OF CENTRAL SLEEP APNEA; SENSING LEAD ONLY	1/1/2016	12/31/2382	1
OPH	0434T	INTERROGATION DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA	1/1/2016	12/31/2382	1
OPH	0435T	PROGRAMMING DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; SINGLE SESSION	1/1/2016	12/31/2382	1
OPH	0436T	PROGRAMMING DEVICE EVALUATION IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM FOR CENTRAL SLEEP APNEA; DURING SLEEP STUDY	1/1/2016	12/31/2382	1
OPH	0437T	REINFORCEMENT OF FASCIA OF ABDOMINAL WALL WITH SYNTHETIC IMPLANT	10/1/2016	12/31/2382	1
OPH	0439T	ULTRASOUND OF HEART WITH INJECTION OF X-RAY CONTRAST MATERIAL PERFORMED DURING REST OR STRESS FOR ASSESSMENT OF HEART MUSCLE	10/1/2016	12/31/2382	1
OPH	0440T	FREEZING DESTRUCTION OF NERVE IN ARM, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3
OPH	0441T	FREEZING DESTRUCTION OF NERVE IN LEG, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3
OPH	0442T	FREEZING DESTRUCTION OF NERVE PLEXUS, ACCESSED THROUGH THE SKIN, USING IMAGING GUIDANCE	10/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0443T	REAL TIME ANALYSIS OF PROSTATE TISSUE USING FLUORESCENCE SPECTROSCOPY	10/1/2016	12/31/2382	1
OPH	0444T	INITIAL INSERTION OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	10/1/2016	12/31/2382	1
OPH	0445T	REPLACEMENT OF DRUG-RELEASING IMPLANT UNDER ONE OR BOTH EYELIDS	10/1/2016	12/31/2382	1
OPH	0446T	CREATION OF SKIN POCKET AND INSERTION OF GLUCOSE SENSOR, WITH PATIENT TRAINING	1/1/2017	12/31/2382	1
OPH	0447T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET	1/1/2017	12/31/2382	1
OPH	0448T	REMOVAL OF GLUCOSE SENSOR FROM SKIN POCKET WITH CREATION OF NEW SKIN POCKET AND INSERTION OF NEW GLUCOSE SENSOR	1/1/2017	12/31/2382	1
OPH	0449T	INSERTION OF AQUEOUS FLUID DRAINAGE DEVICE INTO EYEQ	1/1/2017	12/31/2382	1
OPH	0450T	INSERTION OF AQUEOUS FLUID DRAINAGE DEVICE INTO EYE	4/1/2018	12/31/2382	1
OPH	0464T	VISUAL EVOKED POTENTIAL, TESTING FOR GLAUCOMA, WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
OPH	0465T	SUPRACHOROIDAL INJECTION OF A PHARMACOLOGIC AGENT (DOES NOT INCLUDE SUPPLY OF MEDICATION)	1/1/2017	12/31/2382	1
OPH	0479T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; FIRST 100 CM2 OR PART THEREOF, OR 1% OF BODY SURFACE AREA OF INFANTS AND CHILDR	1/1/2018	12/31/2382	1
OPH	0480T	FRACTIONAL ABLATIVE LASER FENESTRATION OF BURN AND TRAUMATIC SCARS FOR FUNCTIONAL IMPROVEMENT; EACH ADDITIONAL 100 CM2, OR EACH ADDITIONAL 1% OF BODY SURFACE AREA OF INFANTS AND CHILDREN, OR PART THEREOF (LIST SEPARATELY)	1/1/2018	12/31/2382	4
OPH	0481T	INJECTION(S), AUTOLOGOUS WHITE BLOOD CELL CONCENTRATE (AUTOLOGOUS PROTEIN SOLUTION), ANY SITE, INCLUDING IMAGE GUIDANCE, HARVESTING AND PREPARATION, WHEN PERFORMED	1/1/2018	12/31/2382	1
OPH	0485T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; UNILATERAL	1/1/2018	12/31/2382	1
OPH	0486T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF MIDDLE EAR, WITH INTERPRETATION AND REPORT; BILATERAL	1/1/2018	12/31/2382	1
OPH	0487T	BIOMECHANICAL MAPPING, TRANSVAGINAL, WITH REPORT	1/1/2018	12/31/2382	1
OPH	0488T	PREVENTIVE BEHAVIOR CHANGE, ONLINE/ELECTRONIC STRUCTURED INTENSIVE PROGRAM FOR PREVENTION OF DIABETES USING A STANDARDIZED DIABETES PREVENTION PROGRAM CURRICULUM, PROVIDED TO AN INDIVIDUAL, PER 30 DAYS	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0489T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; ADIPOSE TISSUE HARVESTING, ISOLATION AND PREPARATION OF HARVESTED CELLS INCLUDING INCUBATION WITH CELL DISSOCIATION ENZYMES, REMOVAL OF NON-VIABLE	1/1/2018	12/31/2382	1
OPH	0490T	AUTOLOGOUS ADIPOSE-DERIVED REGENERATIVE CELL THERAPY FOR SCLERODERMA IN THE HANDS; MULTIPLE INJECTIONS IN ONE OR BOTH HANDS	1/1/2018	12/31/2382	1
OPH	0491T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; FIRST 20 SQ CM OR LESS	1/1/2018	12/31/2382	1
OPH	0492T	ABLATIVE LASER TREATMENT, NON-CONTACT, FULL FIELD AND FRACTIONAL ABLATION, OPEN WOUND, PER DAY, TOTAL TREATMENT SURFACE AREA; EACH ADDITIONAL 20 SQ CM, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	4
OPH	0493T	NEAR-INFRARED SPECTROSCOPY STUDIES OF LOWER EXTREMITY WOUNDS (EG, FOR OXYHEMOGLOBIN MEASUREMENT)	1/1/2018	12/31/2382	1
OPH	0497T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDER WITHOUT 24 HOUR ATTENDED MONITORING; IN-OFFICE CONNECTION	1/1/2018	12/31/2382	1
OPH	0498T	EXTERNAL PATIENT-ACTIVATED, PHYSICIAN- OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL-PRESCRIBED, ELECTROCARDIOGRAPHIC RHYTHM DERIVED EVENT RECORDING WITHOUT 24 HOUR ATTENDED MONITORING; REVIEW AND INTERPRETATION BY A	1/1/2018	12/31/2382	1
OPH	0499T	CYSTOURETHROSCOPY, WITH MECHANICAL DILATION AND URETHRAL THERAPEUTIC DRUG DELIVERY FOR URETHRAL STRICTURE OR STENOSIS, INCLUDING FLUOROSCOPY, WHEN PERFORMED	1/1/2018	12/31/2382	1
OPH	0500T	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA), HUMAN PAPILLOMAVIRUS (HPV) FOR FIVE OR MORE SEPARATELY REPORTED HIGH-RISK HPV TYPES (EG, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 68) (IE, GENOTYPING)	1/1/2018	12/31/2382	1
OPH	0501T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS	1/1/2018	12/31/2382	1
OPH	0502T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION SOFTWARE ANALYSIS	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0503T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGIC SIMULATION	1/1/2018	12/31/2382	1
OPH	0504T	NONINVASIVE ESTIMATED CORONARY FRACTIONAL FLOW RESERVE (FFR) DERIVED FROM CORONARY COMPUTED TOMOGRAPHY ANGIOGRAPHY DATA USING COMPUTATION FLUID DYNAMICS PHYSIOLOGI	1/1/2018	12/31/2382	1
OPH	0505T	REOPENING OF ARTERIES IN THIGH AND BEHIND KNEE WITH PLACEMENT OF STENT VIA CATHETER USING IMAGING GUIDANCE	10/1/2018	12/31/2382	1
OPH	0506T	MEASUREMENT OF PIGMENT DENSITY IN RETINAS WITH INTERPRETATION AND REPORT	10/1/2018	12/31/2382	1
OPH	0507T	NEAR INFRARED DUAL IMAGING OF TEAR GLANDS WITH INTERPRETATION AND REPORT	10/1/2018	12/31/2382	1
OPH	0508T	ULTRASOUND MEASUREMENT OF BONE DENSITY IN SHIN BONE	10/1/2018	12/31/2382	1
OPH	0509T	PATTERN RECORDING OF RETINAL ELECTRICAL RESPONSES TO EXTERNAL STIMULI WITH INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
OPH	0510T	REMOVAL OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS TARSI)	1/1/2019	12/31/2382	1
OPH	0511T	REMOVAL AND REINSERTION OF IMPLANT FROM TUNNEL ON OUTER SIDE OF FOOT (SINUS TARSI)	1/1/2019	12/31/2382	1
OPH	0512T	HIGH ENERGY SHOCK WAVE THERAPY FOR INITIAL WOUND OF OUTER BODY SURFACE	1/1/2019	12/31/2382	1
OPH	0513T	HIGH ENERGY SHOCK WAVE THERAPY FOR ADDITIONAL WOUND OF OUTER BODY SURFACE	1/1/2019	12/31/2382	2
OPH	0514T	VISUAL AXIS IDENTIFICATION USING PATIENT FIXATION DURING OPERATION	1/1/2019	12/31/2382	2
OPH	0515T	INSERTION OF COMPLETE WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	0516T	INSERTION OF ELECTRODE OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	0517T	INSERTION OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	0518T	REMOVAL OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	0519T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	0520T	REMOVAL AND REPLACEMENT OF PULSE GENERATOR COMPONENTS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART, WITH PLACEMENT OF NEW ELECTRODE	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0521T	EVALUATION OF PARAMETERS OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART INCLUDING CONNECTION, RECORDING, DISCONNECTION, AND ANALYSIS	1/1/2019	12/31/2382	1
OPH	0522T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF WIRELESS HEART STIMULATOR SYSTEM FOR PACING OF LOWER LEFT CHAMBER OF HEART WITH QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
OPH	0523T	MEASUREMENT FRACTIONAL FLOW RESERVE IN ARTERIES OF HEART WITH 3D FUNCTIONAL MAPPING DURING PROCEDURE	1/1/2019	12/31/2382	1
OPH	0524T	CHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	3
OPH	0525T	INSERTION OR REPLACEMENT OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
OPH	0526T	INSERTION OR REPLACEMENT OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
OPH	0527T	INSERTION OR REPLACEMENT OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
OPH	0528T	EVALUATION, TESTING, AND PROGRAMMING ADJUSTMENT OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
OPH	0529T	EVALUATION OF PARAMETERS OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
OPH	0530T	REMOVAL OF COMPLETE MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
OPH	0531T	REMOVAL OF ELECTRODE OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
OPH	0532T	REMOVAL OF IMPLANTABLE MONITOR OF MONITORING SYSTEM FOR DEFICIENT BLOOD FLOW IN HEART MUSCLE WITH IMAGING SUPERVISION AND INTERPRETATION	1/1/2019	12/31/2382	1
OPH	0533T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR, UPLOAD OF DATA , ANALYSIS AND INITIAL REPORT CONFIGURATION, DOWNLOAD OF REVIEW, INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
OPH	0534T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH SET-UP, PATIENT TRAINING, CONFIGURATION OF MONITOR	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0535T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DATA UPLOAD, ANALYSIS AND INITIAL REPORT CONFIGURATION	1/1/2019	12/31/2382	1
OPH	0536T	CONTINUOUS RECORDING OF MOVEMENT DISORDER SYMPTOMS FOR 8-10 DAYS WITH DOWNLOAD OF REVIEW, INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
OPH	0537T	HARVESTING OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY, PER DAY	1/1/2019	12/31/2382	1
OPH	0538T	PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR TRANSPORTATION FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
OPH	0539T	RECEIPT AND PREPARATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
OPH	0540T	ADMINISTRATION OF BLOOD-DERIVED T WHITE BLOOD CELLS (T LYMPHOCYTES) FOR CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY	1/1/2019	12/31/2382	1
OPH	0541T	IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY TO DETECT DEFICIENT BLOOD FLOW, SINGLE STUDY	1/1/2019	12/31/2382	1
OPH	0542T	INTERPRETATION AND REPORT OF IMAGING OF HEART MUSCLE USING MAGNETOCARDIOGRAPHY TO DETECT DEFICIENT BLOOD FLOW	1/1/2019	12/31/2382	1
OPH	0589T	ELECTRONIC ANALYSIS WITH SIMPLE PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ),	1/1/2020	12/31/2382	1
OPH	0590T	ELECTRONIC ANALYSIS WITH COMPLEX PROGRAMMING OF IMPLANTED INTEGRATED NEUROSTIMULATION SYSTEM (EG, ELECTRODE ARRAY AND RECEIVER), INCLUDING CONTACT GROUP(S), AMPLITUDE, PULSE WIDTH, FREQUENCY (HZ), ON/OFF CYCLING, BURST,	1/1/2020	12/31/2382	1
OPH	0591T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; INDIVIDUAL, INITIAL ASSESSMENT	1/1/2020	12/31/2382	1
OPH	0592T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; INDIVIDUAL, FOLLOW-UP SESSION, AT LEAST 30 MINUTES	1/1/2020	12/31/2382	1
OPH	0593T	HEALTH AND WELL-BEING COACHING FACE-TO-FACE; GROUP (2 OR MORE INDIVIDUALS), AT LEAST 30 MINUTES	1/1/2020	12/31/2382	1
OPH	0594T	OSTEOTOMY, HUMERUS, WITH INSERTION OF AN EXTERNALLY CONTROLLED INTRAMEDULLARY LENGTHENING DEVICE, INCLUDING INTRAOPERATIVE IMAGING, INITIAL AND SUBSEQUENT ALIGNMENT ASSESSMENTS,	1/1/2021	12/31/2382	2
OPH	0596T	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP (IE, VOIDING PROSTHESIS); INITIAL INSERTION, INCLUDING URETHRAL MEASUREMENT	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0597T	TEMPORARY FEMALE INTRAURETHRAL VALVE-PUMP (IE, VOIDING PROSTHESIS); REPLACEMENT	1/1/2021	12/31/2382	1
OPH	0598T	NONCONTACT REAL-TIME FLUORESCENCE WOUND IMAGING, FOR BACTERIAL PRESENCE, LOCATION, AND LOAD, PER SESSION; FIRST ANATOMIC SITE (EG, LOWER EXTREMITY)	1/1/2021	12/31/2382	1
OPH	0599T	NONCONTACT REAL-TIME FLUORESCENCE WOUND IMAGING, FOR BACTERIAL PRESENCE, LOCATION, AND LOAD, PER SESSION; EACH ADDITIONAL ANATOMIC SITE (EG, UPPER EXTREMITY) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2021	12/31/2382	1
OPH	0600T	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS PER ORGAN, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED, PERCUTANEOUS	1/1/2021	12/31/2382	3
OPH	0601T	ABLATION, IRREVERSIBLE ELECTROPORATION; 1 OR MORE TUMORS, INCLUDING FLUOROSCOPIC AND ULTRASOUND GUIDANCE, WHEN PERFORMED, OPEN	1/1/2021	12/31/2382	3
OPH	0602T	GLOMERULAR FILTRATION RATE (GFR) MEASUREMENT(S), TRANSDERMAL, INCLUDING SENSOR PLACEMENT AND ADMINISTRATION OF A SINGLE DOSE OF FLUORESCENT PYRAZINE AGENT	1/1/2021	12/31/2382	1
OPH	0603T	GLOMERULAR FILTRATION RATE (GFR) MONITORING, TRANSDERMAL, INCLUDING SENSOR PLACEMENT AND ADMINISTRATION OF MORE THAN ONE DOSE OF FLUORESCENT PYRAZINE AGENT, EACH 24 HOURS	1/1/2021	12/31/2382	1
OPH	0604T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF RETINA, REMOTE, PATIENT-INITIATED IMAGE CAPTURE AND TRANSMISSION TO A REMOTE SURVEILLANCE CENTER UNILATERAL OR BILATERAL; INITIAL DEVICE PROVISION, SET-UP AND PATIENT EDUCATION ON USE	1/1/2021	12/31/2382	1
OPH	0605T	OPTICAL COHERENCE TOMOGRAPHY (OCT) OF RETINA, REMOTE, PATIENT-INITIATED IMAGE CAPTURE AND TRANSMISSION TO A REMOTE SURVEILLANCE CENTER UNILATERAL OR BILATERAL; REMOTE SURVEILLANCE CENTER TECHNICAL SUPPORT, DATA ANALYSES AND	1/1/2021	12/31/2382	1
OPH	0607T	REMOTE MONITORING OF AN EXTERNAL CONTINUOUS PULMONARY FLUID MONITORING SYSTEM, INCLUDING MEASUREMENT OF RADIOFREQUENCY-DERIVED PULMONARY FLUID LEVELS, HEART RATE, RESPIRATION RATE,	1/1/2021	12/31/2382	1
OPH	0608T	REMOTE MONITORING OF AN EXTERNAL CONTINUOUS PULMONARY FLUID MONITORING SYSTEM, INCLUDING MEASUREMENT OF RADIOFREQUENCY-DERIVED PULMONARY FLUID LEVELS, HEART RATE, RESPIRATION RATE, ACTIVITY	1/1/2021	12/31/2382	1
OPH	0609T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); ACQUISITION OF SINGLE VOXEL DATA, PER DISC, ON BIOMARKERS	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0610T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); TRANSMISSION OF BIOMARKER DATA FOR SOFTWARE ANALYSIS	1/1/2021	12/31/2382	1
OPH	0611T	MAGNETIC RESONANCE SPECTROSCOPY, DETERMINATION AND LOCALIZATION OF DISCOGENIC PAIN (CERVICAL, THORACIC, OR LUMBAR); POSTPROCESSING FOR ALGORITHMIC ANALYSIS OF BIOMARKER DATA FOR DETERMINATION OF RELATIVE CHEMICAL DIFFERENCES	1/1/2021	12/31/2382	1
OPH	0614T	REMOVAL AND REPLACEMENT OF SUBSTERNAL IMPLANTABLE DEFIBRILLATOR PULSE GENERATOR	1/1/2021	12/31/2382	1
OPH	0615T	EYE-MOVEMENT ANALYSIS WITHOUT SPATIAL CALIBRATION, WITH INTERPRETATION AND REPORT	1/1/2021	12/31/2382	1
OPH	0616T	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND REPAIR OR REMOVAL OF IRIS, WHEN PERFORMED; WITHOUT REMOVAL OF CRYSTALLINE LENS OR INTRAOCULAR LENS, WITHOUT INSERTION OF INTRAOCULAR LENS	1/1/2021	12/31/2382	2
OPH	0617T	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND REPAIR OR REMOVAL OF IRIS, WHEN PERFORMED; WITH REMOVAL OF CRYSTALLINE LENS AND INSERTION OF INTRAOCULAR LENS	1/1/2021	12/31/2382	2
OPH	0618T	INSERTION OF IRIS PROSTHESIS, INCLUDING SUTURE FIXATION AND REPAIR OR REMOVAL OF IRIS, WHEN PERFORMED; WITH SECONDARY INTRAOCULAR LENS PLACEMENT OR INTRAOCULAR LENS EXCHANGE	1/1/2021	12/31/2382	2
OPH	0619T	CYSTOURETHROSCOPY WITH TRANSURETHRAL ANTERIOR PROSTATE COMMISSUROTOMY AND DRUG DELIVERY, INCLUDING TRANSRECTAL ULTRASOUND AND FLUOROSCOPY, WHEN PERFORMED	1/1/2021	12/31/2382	1
OPH	0620T	INSERTION OF STENT TO SHUNT ARTERIAL BLOOD TO DEEP VEIN OF LOWER LEG VIA CATHETER USING IMAGING GUIDANCE	1/1/2022	12/31/2382	1
OPH	0621T	LASER INCISION OF DRAINAGE TISSUE WITHIN EYE (TRABECULAR MESHWORK)	1/1/2021	12/31/2382	2
OPH	0622T	PREPARATION, TRANSMISSION AND COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES, WITH REVIEW, INTERPRETATION, AND REPORT	1/1/2021	12/31/2382	2
OPH	0623T	PREPARATION, TRANSMISSION AND COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES, WITH REVIEW, INTERPRETATION, AND REPORT	1/1/2021	12/31/2382	1
OPH	0624T	PREPARATION AND TRANSMISSION OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES	1/1/2021	12/31/2382	1
OPH	0625T	COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0626T	REVIEW OF COMPUTERIZED ANALYSIS OF CT ANGIOGRAPHY DATA ON PLAQUE IN HEART ARTERIES, WITH INTERPRETATION, AND REPORT	1/1/2021	12/31/2382	1
OPH	0627T	INJECTION OF CELL OR TISSUE-BASED MATERIAL INTO SPINAL DISC OF LOWER BACK ACCESSED THROUGH SKIN, FIRST LEVEL	1/1/2021	12/31/2382	1
OPH	0628T	INJECTION OF CELL OR TISSUE-BASED MATERIAL INTO SPINAL DISC OF LOWER BACK ACCESSED THROUGH SKIN, EACH ADDITIONAL LEVEL	1/1/2021	12/31/2382	4
OPH	0629T	INJECTION OF CELL OR TISSUE-BASED MATERIAL INTO SPINAL DISC OF LOWER BACK ACCESSED THROUGH SKIN USING CT IMAGING GUIDANCE, FIRST LEVEL	1/1/2021	12/31/2382	1
OPH	0630T	INJECTION OF CELL OR TISSUE-BASED MATERIAL INTO SPINAL DISC OF LOWER BACK ACCESSED THROUGH SKIN USING CT IMAGING GUIDANCE, EACH ADDITIONAL LEVEL	1/1/2021	12/31/2382	4
OPH	0631T	MEASUREMENT OF OXYGENATION OF LIMB USING VISIBLE LIGHT IMAGING, WITH INTERPRETATION AND REPORT	1/1/2021	12/31/2382	4
OPH	0632T	DESTRUCTION OF NERVES TO MAIN ARTERIES OF LUNG, ACCESSED THROUGH SKIN VIA CATHETER USING IMAGING GUIDANCE	1/1/2021	12/31/2382	1
OPH	0633T	CT OF ONE BREAST WITH 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0634T	CT OF ONE BREAST WITH CONTRAST AND 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0635T	CT OF ONE BREAST BEFORE AND AFTER CONTRAST WITH 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0636T	CT OF BOTH BREASTS WITH 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0637T	CT OF BOTH BREASTS WITH CONTRAST AND 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0638T	CT OF BOTH BREASTS BEFORE AND AFTER CONTRAST WITH 3D RENDERING	1/1/2021	12/31/2382	1
OPH	0639T	WIRELESS SKIN SENSOR EVALUATION OF FLOW IN CEREBROSPINAL FLUID SHUNT USING ULTRASOUND GUIDANCE	1/1/2021	12/31/2382	1
OPH	0640T	NONCONTACT NEAR-INFRARED SPECTROSCOPY STUDIES OF FLAP OR WOUND (EG, FOR MEASUREMENT OF DEOXYHEMOGLOBIN, OXYHEMOGLOBIN, AND RATIO OF TISSUE OXYGENATION [STO2]); IMAGE ACQUISITION, INTERPRETATION AND REPORT, EACH FLAP OR WOUND	1/1/2022	12/31/2382	2
OPH	0641T	NONCONTACT NEAR-INFRARED SPECTROSCOPY STUDIES OF FLAP OR WOUND (EG, FOR MEASUREMENT OF DEOXYHEMOGLOBIN, OXYHEMOGLOBIN, AND RATIO OF TISSUE OXYGENATION [STO2]); IMAGE ACQUISITION ONLY, EACH FLAP OR WOUND	1/1/2022	12/31/2382	2
OPH	0642T	NONCONTACT NEAR-INFRARED SPECTROSCOPY STUDIES OF FLAP OR WOUND (EG, FOR MEASUREMENT OF DEOXYHEMOGLOBIN, OXYHEMOGLOBIN, AND RATIO OF TISSUE OXYGENATION [STO2]);INTERPRETATION AND REPORT, EACH FLAP OR WOUND	1/1/2022	12/31/2382	2

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OPH	0643T	TRANSCATHETER LEFT VENTRICULAR RESTORATION DEVICE IMPLANTATION INCLUDING RIGHT AND LEFT HEART CATHETERIZATION AND LEFT VENTRICULOGRAPHY WHEN PERFORMED, ARTERIAL APPROACH	1/1/2022	12/31/2382	1
OPH	0644T	TRANSCATHETER REMOVAL OR DEBULKING OF INTRACARDIAC MASS (EG, VEGETATIONS, THROMBUS) VIA SUCTION (EG, VACUUM, ASPIRATION) DEVICE, PERCUTANEOUS APPROACH, WITH INTRAOPERATIVE REINFUSION OF ASPIRATED BLOOD,	1/1/2022	12/31/2382	1
OPH	0645T	TRANSCATHETER IMPLANTATION OF CORONARY SINUS REDUCTION DEVICE INCLUDING VASCULAR ACCESS AND CLOSURE, RIGHT HEART CATHETERIZATION, VENOUS ANGIOGRAPHY, CORONARY SINUS ANGIOGRAPHY, IMAGING GUIDANCE, AND SUPERVISION AND	1/1/2022	12/31/2382	1
OPH	0646T	TRANSCATHETER TRICUSPID VALVE IMPLANTATION (TTVI)/REPLACEMENT (TTVI) WITH PROSTHETIC VALVE, PERCUTANEOUS APPROACH, INCLUDING RIGHT HEART CATHETERIZATION, TEMPORARY PACEMAKER INSERTION, AND SELECTIVE RIGHT	1/1/2022	12/31/2382	1
OPH	0647T	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, WITH MAGNETIC GASTROPEXY, UNDER ULTRASOUND GUIDANCE, IMAGE DOCUMENTATION AND REPORT	1/1/2022	12/31/2382	1
OPH	0648T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT	1/1/2022	12/31/2382	1
OPH	0649T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC	1/1/2022	12/31/2382	1
OPH	0650T	PROGRAMMING DEVICE EVALUATION (REMOTE) OF SUBCUTANEOUS CARDIAC RHYTHM MONITOR SYSTEM, WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENTLY PROGRAMMED VALUES WITH	1/1/2022	12/31/2382	1
OPH	0651T	MAGNETICALLY CONTROLLED CAPSULE ENDOSCOPY, ESOPHAGUS THROUGH STOMACH, INCLUDING INTRAPROCEDURAL POSITIONING OF CAPSULE, WITH INTERPRETATION AND REPORT	1/1/2022	12/31/2382	1
OPH	0652T	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING, WHEN PERFORMED (SEPARATE PROCEDURE)	1/1/2022	12/31/2382	1

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OPH	0653T	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	1/1/2022	12/31/2382	1
OPH	0654T	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSNASAL; WITH INSERTION OF INTRALUMINAL TUBE OR CATHETER	1/1/2022	12/31/2382	1
OPH	0655T	TRANSPERINEAL FOCAL LASER ABLATION OF MALIGNANT PROSTATE TISSUE, INCLUDING TRANSRECTAL IMAGING GUIDANCE, WITH MR-FUSED IMAGES OR OTHER ENHANCED ULTRASOUND IMAGING	7/1/2022	12/31/2382	1
OPH	0656T	VERTEBRAL BODY TETHERING, ANTERIOR; UP TO 7 VERTEBRAL SEGMENTS	1/1/2022	12/31/2382	1
OPH	0657T	VERTEBRAL BODY TETHERING, ANTERIOR; 8 OR MORE VERTEBRAL SEGMENTS	1/1/2022	12/31/2382	1
OPH	0658T	ELECTRICAL IMPEDANCE SPECTROSCOPY OF 1 OR MORE SKIN LESIONS FOR AUTOMATED MELANOMA RISK SCORE	1/1/2022	12/31/2382	1
OPH	0659T	TRANSCATHETER INTRACORONARY INFUSION OF SUPERSATURATED OXYGEN IN CONJUNCTION WITH PERCUTANEOUS CORONARY REVASCULARIZATION DURING ACUTE MYOCARDIAL INFARCTION, INCLUDING CATHETER PLACEMENT	1/1/2022	12/31/2382	1
OPH	0660T	IMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG-ELUTING SYSTEM, INTERNAL APPROACH	1/1/2022	12/31/2382	1
OPH	0661T	REMOVAL AND REIMPLANTATION OF ANTERIOR SEGMENT INTRAOCULAR NONBIODEGRADABLE DRUG-ELUTING IMPLANT	1/1/2022	12/31/2382	1
OPH	0662T	SCALP COOLING, MECHANICAL; INITIAL MEASUREMENT AND CALIBRATION OF CAP	1/1/2022	12/31/2382	1
OPH	0663T	SCALP COOLING, MECHANICAL; PLACEMENT OF DEVICE, MONITORING, AND REMOVAL OF DEVICE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022	12/31/2382	1
OPH	0664T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM CADAVER DONOR	1/1/2022	12/31/2382	1
OPH	0665T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); OPEN, FROM LIVING DONOR	1/1/2022	12/31/2382	1
OPH	0666T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); LAPAROSCOPIC OR ROBOTIC, FROM LIVING DONOR	1/1/2022	12/31/2382	1
OPH	0667T	DONOR HYSTERECTOMY (INCLUDING COLD PRESERVATION); RECIPIENT UTERUS ALLOGRAFT TRANSPLANTATION FROM CADAVER OR LIVING DONOR	1/1/2022	12/31/2382	1
OPH	0668T	BACKBENCH STANDARD PREPARATION OF CADAVER OR LIVING DONOR UTERINE ALLOGRAFT PRIOR TO TRANSPLANTATION, INCLUDING DISSECTION AND REMOVAL OF SURROUNDING SOFT TISSUES AND PREPARATION OF UTERINE VEIN(S) AND UTERINE ARTERY(IES)	1/1/2022	12/31/2382	1

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OPH	0669T	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR UTERUS ALLOGRAFT PRIOR TO TRANSPLANTATION; VENOUS ANASTOMOSIS, EACH	1/1/2022	12/31/2382	2
OPH	0670T	BACKBENCH RECONSTRUCTION OF CADAVER OR LIVING DONOR UTERUS ALLOGRAFT PRIOR TO TRANSPLANTATION; ARTERIAL ANASTOMOSIS, EACH	1/1/2022	12/31/2382	2
OPH	0671T	INSERTION OF ANTERIOR SEGMENT AQUEOUS DRAINAGE DEVICE INTO THE TRABECULAR MESHWORK, WITHOUT EXTERNAL RESERVOIR, AND WITHOUT CONCOMITANT CATARACT REMOVAL, ONE OR MORE	1/1/2022	12/31/2382	2
OPH	0672T	ENDOVAGINAL CRYOGEN-COOLED, MONOPOLAR RADIOFREQUENCY REMODELING OF THE TISSUES SURROUNDING THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR URINARY INCONTINENCE	1/1/2022	12/31/2382	1
OPH	0673T	ABLATION, BENIGN THYROID NODULE(S), PERCUTANEOUS, LASER, INCLUDING IMAGING GUIDANCE	7/1/2022	12/31/2382	1
OPH	0674T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING AN IMPLANTABLE PULSE GENERATOR AND DIAPHRAGMATIC LEAD(S)	1/1/2022	12/31/2382	1
OPH	0675T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR;	1/1/2022	12/31/2382	1
OPH	0676T	LAPAROSCOPIC INSERTION OF NEW OR REPLACEMENT OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR;	1/1/2022	12/31/2382	1
OPH	0677T	LAPAROSCOPIC REPOSITIONING OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR; FIRST	1/1/2022	12/31/2382	1
OPH	0678T	LAPAROSCOPIC REPOSITIONING OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, INCLUDING CONNECTION TO AN EXISTING PULSE GENERATOR;	1/1/2022	12/31/2382	1

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OPH	0679T	LAPAROSCOPIC REMOVAL OF DIAPHRAGMATIC LEAD(S), PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION	1/1/2022	12/31/2382	1
OPH	0680T	INSERTION OR REPLACEMENT OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, WITH CONNECTION TO EXISTING LEAD(S)	1/1/2022	12/31/2382	1
OPH	0681T	RELOCATION OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION, WITH CONNECTION TO EXISTING DUAL LEADS	1/1/2022	12/31/2382	1
OPH	0682T	REMOVAL OF PULSE GENERATOR ONLY, PERMANENT IMPLANTABLE SYNCHRONIZED DIAPHRAGMATIC STIMULATION SYSTEM FOR AUGMENTATION OF CARDIAC FUNCTION	1/1/2022	12/31/2382	1
OPH	0683T	PROGRAMMING DEVICE EVALUATION (IN-PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE DEVICE AND SELECT OPTIMAL PERMANENT PROGRAMMED VALUES WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR	1/1/2022	12/31/2382	1
OPH	0684T	PERI-PROCEDURAL DEVICE EVALUATION (IN-PERSON) AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A SURGERY, PROCEDURE,	1/1/2022	12/31/2382	1
OPH	0685T	INTERROGATION DEVICE EVALUATION (IN-PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, INCLUDING CONNECTION, RECORDING AND DISCONNECTION PER PATIENT ENCOUNTER,	1/1/2022	12/31/2382	1
OPH	0686T	HISTOTRIPTY (IE, NON-THERMAL ABLATION VIA ACOUSTIC ENERGY DELIVERY) OF MALIGNANT HEPATOCELLULAR TISSUE, INCLUDING IMAGE GUIDANCE	1/1/2022	12/31/2382	1
OPH	0687T	TREATMENT OF AMBLYOPIA USING AN ONLINE DIGITAL PROGRAM; DEVICE SUPPLY, EDUCATIONAL SET-UP, AND INITIAL SESSION	1/1/2022	12/31/2382	1
OPH	0688T	TREATMENT OF AMBLYOPIA USING AN ONLINE DIGITAL PROGRAM; ASSESSMENT OF PATIENT PERFORMANCE AND PROGRAM DATA	1/1/2022	12/31/2382	1
OPH	0689T	QUANTITATIVE ULTRASOUND TISSUE CHARACTERIZATION (NON-ELASTOGRAPHIC), INCLUDING INTERPRETATION AND REPORT, OBTAINED WITHOUT DIAGNOSTIC ULTRASOUND EXAMINATION OF THE SAME ANATOMY (EG, ORGAN, GLAND, TISSUE, TARGET STRUCTURE)	1/1/2022	12/31/2382	2
OPH	0690T	QUANTITATIVE ULTRASOUND TISSUE CHARACTERIZATION (NON-ELASTOGRAPHIC), INCLUDING INTERPRETATION AND REPORT, OBTAINED WITH DIAGNOSTIC	1/1/2022	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	0691T	AUTOMATED ANALYSIS OF AN EXISTING COMPUTED TOMOGRAPHY STUDY FOR VERTEBRAL FRACTURE(S), INCLUDING ASSESSMENT OF BONE DENSITY WHEN PERFORMED, DATA PREPARATION, INTERPRETATION, AND REPORT	7/1/2022	12/31/2382	1
OPH	0692T	THERAPEUTIC ULTRAFILTRATION	1/1/2022	12/31/2382	1
OPH	0693T	COMPREHENSIVE FULL BODY COMPUTER-BASED MARKERLESS 3D KINEMATIC AND KINETIC MOTION ANALYSIS AND REPORT	1/1/2022	12/31/2382	1
OPH	0694T	3-DIMENSIONAL VOLUMETRIC IMAGING AND RECONSTRUCTION OF BREAST OR AXILLARY LYMPH NODE TISSUE, EACH EXCISED SPECIMEN, 3-DIMENSIONAL AUTOMATIC SPECIMEN REORIENTATION, INTERPRETATION AND REPORT, REAL-TIME INTRAOPERATIVE	1/1/2022	12/31/2382	2
OPH	0695T	BODY SURFACE-ACTIVATION MAPPING OF PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR LEAD(S) TO OPTIMIZE ELECTRICAL SYNCHRONY, CARDIAC RESYNCHRONIZATION THERAPY DEVICE, INCLUDING CONNECTION, RECORDING, DISCONNECTION, REVIEW,	1/1/2022	12/31/2382	1
OPH	0696T	BODY SURFACE-ACTIVATION MAPPING OF PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR LEAD(S) TO OPTIMIZE ELECTRICAL SYNCHRONY, CARDIAC RESYNCHRONIZATION THERAPY	1/1/2022	12/31/2382	2
OPH	0697T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT	1/1/2022	12/31/2382	1
OPH	0698T	QUANTITATIVE MAGNETIC RESONANCE FOR ANALYSIS OF TISSUE COMPOSITION (EG, FAT, IRON, WATER CONTENT), INCLUDING MULTIPARAMETRIC DATA ACQUISITION, DATA PREPARATION AND TRANSMISSION, INTERPRETATION AND REPORT,	1/1/2022	12/31/2382	1
OPH	0699T	INJECTION, POSTERIOR CHAMBER OF EYE, MEDICATION	1/1/2022	12/31/2382	2
OPH	0700T	MOLECULAR FLUORESCENT IMAGING OF SUSPICIOUS NEVUS; FIRST LESION	1/1/2022	12/31/2382	1
OPH	0701T	MOLECULAR FLUORESCENT IMAGING OF SUSPICIOUS NEVUS; EACH ADDITIONAL LESION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022	12/31/2382	2
OPH	0702T	REMOTE THERAPEUTIC MONITORING OF A STANDARDIZED ONLINE DIGITAL COGNITIVE BEHAVIORAL THERAPY PROGRAM ORDERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; SUPPLY AND TECHNICAL SUPPORT, PER 30 DAYS	1/1/2022	12/31/2382	1
OPH	0703T	REMOTE THERAPEUTIC MONITORING OF A STANDARDIZED ONLINE DIGITAL COGNITIVE BEHAVIORAL THERAPY PROGRAM ORDERED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL; MANAGEMENT SERVICES BY PHYSICIAN OR OTHER QUALIFIED	1/1/2022	12/31/2382	1

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OPH	0704T	REMOTE TREATMENT OF AMBLYOPIA USING AN EYE TRACKING DEVICE; DEVICE SUPPLY WITH INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	1/1/2022	12/31/2382	1
OPH	0705T	REMOTE TREATMENT OF AMBLYOPIA USING AN EYE TRACKING DEVICE; SURVEILLANCE CENTER TECHNICAL SUPPORT INCLUDING DATA TRANSMISSION WITH ANALYSIS, WITH A MINIMUM OF 18 TRAINING HOURS, EACH 30 DAYS	1/1/2022	12/31/2382	1
OPH	0706T	REMOTE TREATMENT OF AMBLYOPIA USING AN EYE TRACKING DEVICE; INTERPRETATION AND REPORT BY PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH	1/1/2022	12/31/2382	1
OPH	0707T	INJECTION(S), BONE-SUBSTITUTE MATERIAL (EG, CALCIUM PHOSPHATE) INTO SUBCHONDRAL BONE DEFECT (IE, BONE MARROW LESION, BONE BRUISE, STRESS INJURY, MICROTRABECULAR FRACTURE)	1/1/2022	12/31/2382	1
OPH	0708T	INTRADERMAL CANCER IMMUNOTHERAPY; PREPARATION AND INITIAL INJECTION	1/1/2022	12/31/2382	1
OPH	0709T	INTRADERMAL CANCER IMMUNOTHERAPY; EACH ADDITIONAL INJECTION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2022	12/31/2382	2
OPH	0710T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; INCLUDING DATA PREPARATION AND TRANSMISSION, QUANTIFICATION OF THE STRUCTURE AND COMPOSITION	1/1/2022	12/31/2382	1
OPH	0711T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA PREPARATION AND TRANSMISSION	1/1/2022	12/31/2382	1
OPH	0712T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; QUANTIFICATION OF THE STRUCTURE AND COMPOSITION OF THE VESSEL WALL	1/1/2022	12/31/2382	1
OPH	0713T	NONINVASIVE ARTERIAL PLAQUE ANALYSIS USING SOFTWARE PROCESSING OF DATA FROM NON-CORONARY COMPUTERIZED TOMOGRAPHY ANGIOGRAPHY; DATA REVIEW, INTERPRETATION AND REPORT	1/1/2022	12/31/2382	1
OPH	10004	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION	1/1/2019	12/31/2382	3
OPH	10005	FINE NEEDLE ASPIRATION OF FIRST LESION USING ULTRASOUND GUIDANCE	1/1/2019	12/31/2382	1
OPH	10006	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING ULTRASOUND GUIDANCE	1/1/2019	12/31/2382	3
OPH	10007	FINE NEEDLE ASPIRATION OF FIRST LESION USING FLUOROSCOPICE GUIDANCE	1/1/2019	12/31/2382	1
OPH	10008	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING FLUOROSCOPICE GUIDANCE	4/1/2020	12/31/2382	2
OPH	10009	FINE NEEDLE ASPIRATION OF FIRST LESION USING CT GUIDANCE	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	10010	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING CT GUIDANCE	1/1/2019	12/31/2382	3
OPH	10011	FINE NEEDLE ASPIRATION OF FIRST LESION USING MR GUIDANCE	1/1/2019	12/31/2382	1
OPH	10012	FINE NEEDLE ASPIRATION OF ADDITIONAL LESION USING MR GUIDANCE	1/1/2019	12/31/2382	3
OPH	10021	FINE NEEDLE ASPIRATION; WITHOUT IMAGING GUIDANCE	1/1/2019	12/31/2382	1
OPH	10030	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
OPH	10035	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, FIRST LESION	1/1/2016	12/31/2382	1
OPH	10036	PLACEMENT OF SOFT TISSUE LOCALIZATION DEVICE ACCESSED THROUGH THE SKIN WITH IMAGING GUIDANCE, EACH ADDITIONAL LESION	4/1/2017	12/31/2382	3
OPH	10040	ACNE SURGERY (EG, MARSUPIALIZATION, OPENING OR REMOVAL OF MULTIPLE MILIA, COMEDONES, CYSTS, PUSTULES)	10/1/2010	12/31/2382	1
OPH	10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS,	10/1/2010	12/31/2382	1
OPH	10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS,	10/1/2010	12/31/2382	1
OPH	10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	10/1/2010	12/31/2382	1
OPH	10081	INCISION AND DRAINAGE OF PILONIDAL CYST; COMPLICATED	10/1/2010	12/31/2382	1
OPH	10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	1/1/2015	12/31/2382	3
OPH	10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	1/1/2015	12/31/2382	2
OPH	10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	1/1/2015	12/31/2382	2
OPH	10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	1/1/2015	12/31/2382	3
OPH	10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	1/1/2015	12/31/2382	2
OPH	11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	10/1/2010	12/31/2382	1
OPH	11001	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; EACH ADDITIONAL 10% OF THE BODY SURFACE	7/1/2012	12/31/2382	2
OPH	11010	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S); SKIN	1/1/2015	12/31/2382	2
OPH	11011	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	1/1/2015	12/31/2382	2
OPH	11012	DEBRIDEMENT INCLUDING REMOVAL OF FOREIGN MATERIAL ASSOCIATED WITH OPEN FRACTURE(S) AND/OR DISLOCATION(S);	4/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE	4/1/2011	12/31/2382	1
OPH	11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE	4/1/2011	12/31/2382	1
OPH	11044	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); FIRST 20 SQ CM OR LESS	4/1/2011	12/31/2382	1
OPH	11045	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED); EACH ADDITIONAL 20 SQ CM,	1/1/2016	12/31/2382	12
OPH	11046	DEBRIDEMENT, MUSCLE AND/OR FASCIA(INCLUDES EPIDERMIS, DERMIS AND SUBCUTANEOUS TISSUE, IF PERFORMED) EACH	1/1/2016	12/31/2382	4
OPH	11047	DEBRIDEMENT, BONE (INCLUDES EPIDERMIS, DERMIS, SUBCUTANEOUS TISSUE, MUSCLE AND/OR FASCIA, IF PERFORMED); EACH	1/1/2016	12/31/2382	4
OPH	11055	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS);SINGLE LESION	10/1/2010	12/31/2382	1
OPH	11056	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION(EG, CORN OR CALLUS);TWO TO FOUR LESIONS	10/1/2010	12/31/2382	1
OPH	11057	PARING OR CUTTING OF BENIGN HYPERKERATORIC LESION (EG, CORN OR CALLUS; MORE THAN FOUR LESIONS	10/1/2010	12/31/2382	1
OPH	11102	TANGENTIAL BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
OPH	11103	TANGENTIAL BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	6
OPH	11104	PUNCH BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
OPH	11105	PUNCH BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	3
OPH	11106	INCISIONAL BIOPSY OF SINGLE SKIN LESION	1/1/2019	12/31/2382	1
OPH	11107	INCISIONAL BIOPSY OF ADDITIONAL SKIN LESION	1/1/2019	12/31/2382	2
OPH	11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND INCLUDING 15 LESIONS	10/1/2010	12/31/2382	1
OPH	11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL TEN LESIONS	10/1/2010	12/31/2382	1
OPH	11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	5
OPH	11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	6
OPH	11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	4

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OPH	11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 2.0 CM	1/1/2015	12/31/2382	3
OPH	11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5	1/1/2015	12/31/2382	4
OPH	11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6	1/1/2015	12/31/2382	4
OPH	11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1	1/1/2015	12/31/2382	3
OPH	11308	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVE	1/1/2019	12/31/2382	2
OPH	11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	4
OPH	11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	4
OPH	11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	3
OPH	11313	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION	1/1/2015	12/31/2382	3
OPH	11400	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 C	1/1/2015	12/31/2382	3
OPH	11401	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 T	1/1/2015	12/31/2382	3
OPH	11402	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 T	1/1/2015	12/31/2382	3
OPH	11403	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 T	1/1/2015	12/31/2382	2
OPH	11404	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 T	1/1/2015	12/31/2382	2
OPH	11406	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), TRUNK, ARMS OR LEGS; LESION DIAMETER OVER	1/1/2015	12/31/2382	2
OPH	11420	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3

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OPH	11421	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3
OPH	11422	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	3
OPH	11423	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2
OPH	11424	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2
OPH	11426	EXCISION, BENIGN LESION, EXCEPT SKIN TAG (UNLESS LISTED ELSEWHERE), SCALP, NECK, HANDS, FEET, GENITALIA; LESIO	1/1/2015	12/31/2382	2
OPH	11440	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	4
OPH	11441	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	3
OPH	11442	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	3
OPH	11443	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
OPH	11444	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
OPH	11446	EXCISION, OTHER BENIGN LESION (UNLESS LISTED ELSEWHERE), FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LES	1/1/2015	12/31/2382	2
OPH	11450	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH SIMPLE OR INTERMEDIATE REPAIR	4/1/2013	12/31/2382	1
OPH	11451	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, AXILLARY; WITH COMPLEX REPAIR	4/1/2013	12/31/2382	1
OPH	11462	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH SIMPLE OR INTERMEDIATE REPAIR	4/1/2013	12/31/2382	1
OPH	11463	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, INGUINAL; WITH COMPLEX REPAIR	4/1/2013	12/31/2382	1
OPH	11470	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH SIMPLE OR IN	1/1/2012	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	11471	EXCISION OF SKIN AND SUBCUTANEOUS TISSUE FOR HIDRADENITIS, PERIANAL, PERINEAL, OR UMBILICAL; WITH COMPLEX REPA	10/1/2010	12/31/2382	2
OPH	11600	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
OPH	11601	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2
OPH	11602	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	3
OPH	11603	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
OPH	11604	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
OPH	11606	EXCISION, MALIGNANT LESION, TRUNK, ARMS, OR LEGS; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2
OPH	11620	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
OPH	11621	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2
OPH	11622	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	2
OPH	11623	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
OPH	11624	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
OPH	11626	EXCISION, MALIGNANT LESION, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2
OPH	11640	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	2
OPH	11641	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	2
OPH	11642	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	3
OPH	11643	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2015	12/31/2382	2
OPH	11644	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2015	12/31/2382	2
OPH	11646	EXCISION, MALIGNANT LESION, FACE, EARS, EYELIDS, NOSE, LIPS; LESION DIAMETER OVER 4.0 CM	1/1/2015	12/31/2382	2

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OPH	11719	TRIMMING OF NONDYSTROPHIC NAILS, ANY NUMBER	10/1/2010	12/31/2382	1
OPH	11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); ONE TO FIVE	10/1/2010	12/31/2382	1
OPH	11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); SIX OR MORE	10/1/2010	12/31/2382	1
OPH	11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	10/1/2010	12/31/2382	1
OPH	11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	1/1/2019	12/31/2382	4
OPH	11740	EVACUATION OF SUBUNGUAL HEMATOMA	1/1/2019	12/31/2382	2
OPH	11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED NAIL) FOR PERMANENT REMOVAL;	1/1/2015	12/31/2382	6
OPH	11755	BIOPSY OF NAIL UNIT, ANY METHOD	1/1/2019	12/31/2382	2
OPH	11760	REPAIR OF NAIL BED	1/1/2015	12/31/2382	4
OPH	11762	RECONSTRUCTION OF NAIL BED WITH GRAFT	1/1/2015	12/31/2382	2
OPH	11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	1/1/2015	12/31/2382	4
OPH	11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	10/1/2010	12/31/2382	1
OPH	11771	EXCISION OF PILONIDAL CYST OR SINUS; EXTENSIVE	10/1/2010	12/31/2382	1
OPH	11772	EXCISION OF PILONIDAL CYST OR SINUS; COMPLICATED	10/1/2010	12/31/2382	1
OPH	11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING SEVEN LESIONS	10/1/2010	12/31/2382	1
OPH	11901	INJECTION, INTRALESIONAL; MORE THAN SEVEN LESIONS	10/1/2010	12/31/2382	1
OPH	11920	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
OPH	11921	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
OPH	11922	TATTOOING, INTRADERMAL INTRODUCTION OF INSOLUBLE OPAQUE PIGMENTS TO CORRECT COLOR DEFECTS OF SKIN, INCLUDING M	10/1/2010	12/31/2382	1
OPH	11950	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1 CC OR LESS	10/1/2010	12/31/2382	1
OPH	11951	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 1.1 TO 5.0 CC	10/1/2010	12/31/2382	1
OPH	11952	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); 5.1 TO 10.0 CC	10/1/2010	12/31/2382	1
OPH	11954	SUBCUTANEOUS INJECTION OF "FILLING" MATERIAL (EG, COLLAGEN); OVER 10.0 CC	10/1/2010	12/31/2382	1
OPH	11960	INSERTION OF TISSUE EXPANDER(S) FOR OTHER THAN BREAST, INCLUDING SUBSEQUENT EXPANSION	1/1/2015	12/31/2382	2
OPH	11970	REPLACEMENT OF TISSUE EXPANDER WITH PERMANENT PROSTHESIS	10/1/2010	12/31/2382	2
OPH	11971	REMOVAL OF TISSUE EXPANDER(S) WITHOUT INSERTION OF PROSTHESIS	10/1/2010	12/31/2382	2
OPH	11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	10/1/2010	12/31/2382	1
OPH	11980	SUBCUTANEOUS HORMONE PELLETT IMPLANTATION ESTRADIOL AND/OR TESTOSTERONE	10/1/2010	12/31/2382	1

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OPH	11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
OPH	11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
OPH	11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	10/1/2010	12/31/2382	1
OPH	12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12004	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12005	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12006	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12007	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INC	10/1/2010	12/31/2382	1
OPH	12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
OPH	12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.6 CM TO 5.0	10/1/2010	12/31/2382	1
OPH	12014	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 5.1 CM TO 7.5	10/1/2010	12/31/2382	1
OPH	12015	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 7.6 CM TO 12.5	10/1/2010	12/31/2382	1
OPH	12016	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 12.6 CM TO 20.	10/1/2010	12/31/2382	1
OPH	12017	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 20.1 CM TO 30.	10/1/2010	12/31/2382	1
OPH	12018	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; OVER 30.0 CM	10/1/2010	12/31/2382	1
OPH	12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	1/1/2015	12/31/2382	2
OPH	12021	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; WITH PACKING	10/1/2010	12/31/2382	3
OPH	12031	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.5 CM OR LESS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	12032	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 2.6 CM TO 7.5	10/1/2010	12/31/2382	1
OPH	12034	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 7.6 CM TO 12.5	10/1/2010	12/31/2382	1
OPH	12035	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 12.6 CM TO 20.	10/1/2010	12/31/2382	1
OPH	12036	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); 20.1 CM TO 30.	10/1/2010	12/31/2382	1
OPH	12037	LAYER CLOSURE OF WOUNDS OF SCALP, AXILLAE, TRUNK AND/OR EXTREMITIES (EXCLUDING HANDS AND FEET); OVER 30.0 CM	10/1/2010	12/31/2382	1
OPH	12041	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
OPH	12042	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
OPH	12044	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 7.6 CM TO 12.5 CM	10/1/2010	12/31/2382	1
OPH	12045	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 12.6 CM TO 20.0 CM	10/1/2010	12/31/2382	1
OPH	12046	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; 20.1 CM TO 30.0 CM	10/1/2010	12/31/2382	1
OPH	12047	LAYER CLOSURE OF WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA; OVER 30.0 CM	10/1/2010	12/31/2382	1
OPH	12051	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS	10/1/2010	12/31/2382	1
OPH	12052	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 2.6 CM TO 5	10/1/2010	12/31/2382	1
OPH	12053	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 5.1 CM TO 7	10/1/2010	12/31/2382	1
OPH	12054	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 7.6 CM TO 1	10/1/2010	12/31/2382	1
OPH	12055	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 12.6 CM TO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	12056	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS 20.1 CM TO	10/1/2010	12/31/2382	1
OPH	12057	LAYER CLOSURE OF WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS OVER 30.0 C	10/1/2010	12/31/2382	1
OPH	13100	REPAIR, COMPLEX, TRUNK; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
OPH	13101	REPAIR, COMPLEX, TRUNK; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
OPH	13102	REPAIR, COMPLEX, TRUNK; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO PRIMARY PROCEDURE)	1/1/2015	12/31/2382	9
OPH	13120	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
OPH	13121	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
OPH	13122	REPAIR, COMPLEX, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION TO CODEP	1/1/2015	12/31/2382	9
OPH	13131	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
OPH	13132	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
OPH	13133	REPAIR, COMPLEX, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/OR FEET; EACH ADDITIONAL 5	1/1/2015	12/31/2382	7
OPH	13151	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 1.1 CM TO 2.5 CM	10/1/2010	12/31/2382	1
OPH	13152	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; 2.6 CM TO 7.5 CM	10/1/2010	12/31/2382	1
OPH	13153	REPAIR, COMPLEX, EYELIDS, NOSE, EARS AND/OR LIPS; EACH ADDITIONAL 5 CM OR LESS (LIST SEPARATELY IN ADDITION	1/1/2015	12/31/2382	2
OPH	13160	SECONDARY CLOSURE OF SURGICAL WOUND OR DEHISCENCE, EXTENSIVE OR COMPLICATED	1/1/2015	12/31/2382	2
OPH	14000	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10 SQ CM OR LESS	1/1/2015	12/31/2382	2
OPH	14001	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, TRUNK; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2015	12/31/2382	2
OPH	14020	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10 SQ CM OR LESS	1/1/2015	12/31/2382	2
OPH	14021	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, SCALP, ARMS AND/OR LEGS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2019	12/31/2382	2
OPH	14040	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	1/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	14041	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE, GENITALIA, HANDS AND/	1/1/2015	12/31/2382	3
OPH	14060	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10 SQ CM OR LESS	1/1/2019	12/31/2382	2
OPH	14061	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, EYELIDS, NOSE, EARS AND/OR LIPS; DEFECT 10.1 SQ CM TO 30.0 SQ CM	1/1/2015	12/31/2382	2
OPH	14301	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; DEFECT 30.1 SQ CM TO 60.0 SQ CM	4/1/2012	12/31/2382	2
OPH	14302	ADJACENT TISSUE TRANSFER OR REARRANGEMENT, ANY AREA; EACH ADDITIONAL 30.0 SQ CM, OR PART THEREOF	1/1/2015	12/31/2382	8
OPH	14350	FILLETED FINGER OR TOE FLAP, INCLUDING PREPARATION OF RECIPIENT SITE	1/1/2015	12/31/2382	2
OPH	15002	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR	10/1/2010	12/31/2382	1
OPH	15003	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR , OR	1/1/2015	12/31/2382	9
OPH	15004	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	10/1/2010	12/31/2382	1
OPH	15005	SURGICAL PREPARATION OR CREATION OF RECIPIENT SITE BY EXCISION OF OPEN WOUNDS, BURN ESCHAR, OR SCAR	7/1/2012	12/31/2382	2
OPH	15040	HARVEST OF SKIN FOR TISSUE CULTURED SKIN AUTOGRAFT, 100 SQ CM OR LESS	10/1/2010	12/31/2382	1
OPH	15050	PINCH GRAFT, SINGLE OR MULTIPLE, TO COVER SMALL ULCER, TIP OF DIGIT, OR OTHER MINIMAL OPEN AREA (EXCEPT ON FAC	10/1/2010	12/31/2382	1
OPH	15100	SPLIT GRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILDREN	10/1/2010	12/31/2382	1
OPH	15101	SPLIT GRAFT, TRUNK, ARMS, LEGS; EACH ADDITION 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF INFANT	1/1/2015	12/31/2382	9
OPH	15110	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS	10/1/2010	12/31/2382	1
OPH	15111	EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA	1/1/2015	12/31/2382	2
OPH	15115	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE	10/1/2010	12/31/2382	1

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OPH	15116	EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/ OR MULTIPLE	1/1/2015	12/31/2382	2
OPH	15120	SPLIT GRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET AND/OR MULTIPLE DIGITS;	10/1/2010	12/31/2382	1
OPH	15121	SPLIT GRAFT, FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, AND/OR MULTIPLE DIGITS; EACH ADDITIONAL 100	1/1/2015	12/31/2382	5
OPH	15130	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 100 SQ CM OR LESS, OR ONE PERCENT OF BODY AREA OF INFANTS AND CHILD	10/1/2010	12/31/2382	1
OPH	15131	DERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERCENT OF BODY AREA OF	1/1/2015	12/31/2382	2
OPH	15135	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	10/1/2010	12/31/2382	1
OPH	15136	DERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET, AND/OR MULTIPLE DIG	1/1/2015	12/31/2382	1
OPH	15150	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; FIRST 25 SQ CM OR LESS	10/1/2010	12/31/2382	1
OPH	15151	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; ADDITIONAL 1 SQ CM TO 75 SQ CM	10/1/2010	12/31/2382	1
OPH	15152	TISSUE CULTURED EPIDERMAL AUTOGRAFT, TRUNK, ARMS, LEGS; EACH ADDITIONAL 100 SQ CM, OR EACH ADDITIONAL ONE PERC	1/1/2015	12/31/2382	2
OPH	15155	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	10/1/2010	12/31/2382	1
OPH	15156	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	10/1/2010	12/31/2382	1
OPH	15157	TISSUE CULTURED EPIDERMAL AUTOGRAFT, FACE, SCALP, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET,	1/1/2015	12/31/2382	1
OPH	15200	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; 20 SQ CM OR LESS	10/1/2010	12/31/2382	1
OPH	15201	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, TRUNK; EACH ADDITIONAL 20 SQ CM	1/1/2019	12/31/2382	7
OPH	15220	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; 20 SQ CM OR LESS	10/1/2010	12/31/2382	1
OPH	15221	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL	1/1/2015	12/31/2382	9

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OPH	15240	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	10/1/2010	12/31/2382	1
OPH	15241	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILL	1/1/2015	12/31/2382	9
OPH	15260	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; 20 SQ CM	10/1/2010	12/31/2382	1
OPH	15261	FULL THICKNESS GRAFT, FREE, INCLUDING DIRECT CLOSURE OF DONOR SITE, NOSE, EARS, EYELIDS, AND/OR LIPS; EACH ADD	1/1/2015	12/31/2382	6
OPH	15271	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; FIRST 25 S	1/1/2012	12/31/2382	1
OPH	15272	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA UP TO 100 SQ CM; EACH ADD	1/1/2012	12/31/2382	3
OPH	15273	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	1/1/2012	12/31/2382	1
OPH	15274	APPLICATION OF SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS TOTAL WOUND SURFACE AREA GREATER THAN OR EQUAL TO	1/1/2017	12/31/2382	6
OPH	15275	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP,EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	1
OPH	15276	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP,EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	3
OPH	15277	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP,EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2012	12/31/2382	1
OPH	15278	APPLICATION OF SKIN SUBSTITUTE GRAFT TO FACE, SCALP,EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, FEET	1/1/2017	12/31/2382	3
OPH	15570	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; TRUNK	1/1/2015	12/31/2382	2
OPH	15572	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; SCALP, ARMS, OR LEGS	10/1/2010	12/31/2382	2
OPH	15574	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; FOREHEAD, CHEEKS, CHIN, MOUTH, NECK, AXILLAE,	10/1/2010	12/31/2382	2
OPH	15576	FORMATION OF DIRECT OR TUBED PEDICLE, WITH OR WITHOUT TRANSFER; EYELIDS, NOSE, EARS, LIPS, OR INTRAORAL	10/1/2010	12/31/2382	2
OPH	15600	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT TRUNK	10/1/2010	12/31/2382	2
OPH	15610	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT SCALP, ARMS, OR LEGS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	15620	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT FOREHEAD, CHEEKS, CHIN, NECK, AXILLAE, GENITALIA,	10/1/2010	12/31/2382	2
OPH	15630	DELAY OF FLAP OR SECTIONING OF FLAP (DIVISION AND INSET); AT EYELIDS, NOSE, EARS, OR LIPS	10/1/2010	12/31/2382	2
OPH	15650	TRANSFER, INTERMEDIATE, OF ANY PEDICLE FLAP (EG, ABDOMEN TO WRIST, "WALKING" TUBE), ANY LOCATION	10/1/2010	12/31/2382	1
OPH	15730	MIDFACE FLAP (IE, ZYGOMATICOFACIAL FLAP) WITH PRESERVATION OF VASCULAR PEDICLE(S)	1/1/2018	12/31/2382	1
OPH	15731	FOREHEAD FLAP WITH PRESERVATION OF VASCULAR PEDICLE	10/1/2010	12/31/2382	1
OPH	15733	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; HEAD AND NECK WITH NAMED VASCULAR PEDICLE (IE, BUCCINATORS, GENIOGLOSSUS, TEMPORALIS, MASSETER, STERNOCLEIDOMASTOID, LEVATOR SCAPULAE)	1/1/2019	12/31/2382	2
OPH	15734	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; TRUNK	1/1/2015	12/31/2382	4
OPH	15736	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; UPPER EXTREMITY	1/1/2015	12/31/2382	2
OPH	15738	MUSCLE, MYOCUTANEOUS, OR FASCIOCUTANEOUS FLAP; LOWER EXTREMITY	1/1/2019	12/31/2382	3
OPH	15740	FLAP; ISLAND PEDICLE	1/1/2019	12/31/2382	2
OPH	15750	FLAP; NEUROVASCULAR PEDICLE	10/1/2010	12/31/2382	2
OPH	15760	GRAFT; COMPOSITE (FULL THICKNESS OF EXTERNAL EAR OR NASAL ALA), INCLUDING PRIMARY CLOSURE, DONOR AREA	10/1/2010	12/31/2382	2
OPH	15769	GRAFTING OF AUTOLOGOUS SOFT TISSUE, OTHER, HARVESTED BY DIRECT EXCISION (EG, FAT, DERMIS, FASCIA)	1/1/2020	12/31/2382	1
OPH	15770	GRAFT; DERMA-FAT-FASCIA	10/1/2010	12/31/2382	2
OPH	15771	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; 50 CC OR LESS INJECTATE	1/1/2020	12/31/2382	1
OPH	15772	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO TRUNK, BREASTS, SCALP, ARMS, AND/OR LEGS; EACH ADDITIONAL 50 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	9
OPH	15773	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; 25 CC OR LESS INJECTATE	1/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	15774	GRAFTING OF AUTOLOGOUS FAT HARVESTED BY LIPOSUCTION TECHNIQUE TO FACE, EYELIDS, MOUTH, NECK, EARS, ORBITS, GENITALIA, HANDS, AND/OR FEET; EACH ADDITIONAL 25 CC INJECTATE, OR PART THEREOF (LIST SEPARATELY IN ADDITION TO CODE FOR	4/1/2020	12/31/2382	3
OPH	15775	PUNCH GRAFT FOR HAIR TRANSPLANT; 1 TO 15 PUNCH GRAFTS	10/1/2010	12/31/2382	1
OPH	15776	PUNCH GRAFT FOR HAIR TRANSPLANT; MORE THAN 15 PUNCH GRAFTS	10/1/2010	12/31/2382	1
OPH	15777	IMPLANTATION OF BIOLOGIC IMPLANT(EG, ACELLULAR DERMAL MATRIX) FOR SOFT TISSUE REINFORCEMENT (EG, BREAST, TRUNK	4/1/2012	12/31/2382	1
OPH	15780	DERMABRASION; TOTAL FACE (EG, FOR ACNE SCARRING, FINE WRINKLING, RHYTIDS, GENERAL KERATOSIS)	10/1/2010	12/31/2382	1
OPH	15781	DERMABRASION; SEGMENTAL, FACE	1/1/2015	12/31/2382	1
OPH	15782	DERMABRASION; REGIONAL, OTHER THAN FACE	1/1/2015	12/31/2382	1
OPH	15783	DERMABRASION; SUPERFICIAL, ANY SITE, (EG, TATTOO REMOVAL)	1/1/2015	12/31/2382	1
OPH	15786	ABRASION; SINGLE LESION (EG, KERATOSIS, SCAR)	10/1/2010	12/31/2382	1
OPH	15787	ABRASION; EACH ADDITIONAL FOUR LESIONS OR LESS	1/1/2015	12/31/2382	2
OPH	15788	CHEMICAL PEEL, FACIAL; EPIDERMAL	10/1/2010	12/31/2382	1
OPH	15789	CHEMICAL PEEL, FACIAL; DERMAL	10/1/2010	12/31/2382	1
OPH	15792	CHEMICAL PEEL, NONFACIAL; EPIDERMAL	10/1/2010	12/31/2382	1
OPH	15793	CHEMICAL PEEL, NONFACIAL; DERMAL	10/1/2010	12/31/2382	1
OPH	15819	CERVICOPLASTY	10/1/2010	12/31/2382	1
OPH	15820	BLEPHAROPLASTY, LOWER EYELID;	7/1/2013	12/31/2382	1
OPH	15821	BLEPHAROPLASTY, LOWER EYELID; WITH EXTENSIVE HERNIATED FAT PAD	7/1/2013	12/31/2382	1
OPH	15822	BLEPHAROPLASTY, UPPER EYELID;	7/1/2013	12/31/2382	1
OPH	15823	BLEPHAROPLASTY, UPPER EYELID; WITH EXCESSIVE SKIN WEIGHTING DOWN LID	7/1/2013	12/31/2382	1
OPH	15824	RHYTIDECTOMY; FOREHEAD	7/1/2013	12/31/2382	1
OPH	15825	RHYTIDECTOMY; NECK WITH PLATYSMAL TIGHTENING (PLATYSMAL FLAP, "P-FLAP")	7/1/2013	12/31/2382	1
OPH	15826	RHYTIDECTOMY; GLABELLAR FROWN LINES	7/1/2013	12/31/2382	1
OPH	15828	RHYTIDECTOMY; CHEEK, CHIN, AND NECK	7/1/2013	12/31/2382	1
OPH	15829	RHYTIDECTOMY; SUPERFICIAL MUSCULOAPONEUROTIC SYSTEM (SMAS) FLAP	7/1/2013	12/31/2382	1
OPH	15830	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE; ABDOMEN, INFRAUMBILICAL PANNICULECTOMY	10/1/2010	12/31/2382	1
OPH	15832	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); THIGH	4/1/2013	12/31/2382	1
OPH	15833	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); LEG	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	15834	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); HIP	4/1/2013	12/31/2382	1
OPH	15835	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); BUTTOCK	7/1/2013	12/31/2382	1
OPH	15836	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); ARM	4/1/2013	12/31/2382	1
OPH	15837	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); FOREARM OR HAND	10/1/2013	12/31/2382	2
OPH	15838	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); SUBMENTAL FAT PAD	10/1/2010	12/31/2382	1
OPH	15839	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE (INCLUDING LIPECTOMY); OTHER AREA	10/1/2010	12/31/2382	2
OPH	15840	GRAFT FOR FACIAL NERVE PARALYSIS; FREE FASCIA GRAFT (INCLUDING OBTAINING FASCIA)	7/1/2013	12/31/2382	1
OPH	15841	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT (INCLUDING OBTAINING GRAFT)	10/1/2010	12/31/2382	2
OPH	15842	GRAFT FOR FACIAL NERVE PARALYSIS; FREE MUSCLE GRAFT BY MICROSURGICAL TECHNIQUE	10/1/2010	12/31/2382	2
OPH	15845	GRAFT FOR FACIAL NERVE PARALYSIS; REGIONAL MUSCLE TRANSFER	10/1/2010	12/31/2382	2
OPH	15847	EXCISION, EXCESSIVE SKIN AND SUBCUTANEOUS TISSUE, ABDOMEN	10/1/2010	12/31/2382	1
OPH	15850	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), SAME SURGEON	10/1/2010	12/31/2382	1
OPH	15851	REMOVAL OF SUTURES UNDER ANESTHESIA (OTHER THAN LOCAL), OTHER SURGEON	10/1/2010	12/31/2382	1
OPH	15852	DRESSING CHANGE (FOR OTHER THAN BURNS) UNDER ANESTHESIA (OTHER THAN LOCAL)	1/1/2015	12/31/2382	1
OPH	15860	INTRAVENOUS INJECTION OF AGENT (EG, FLUORESCEIN) TO TEST BLOOD FLOW IN FLAP OR GRAFT	10/1/2010	12/31/2382	1
OPH	15876	SUCTION ASSISTED LIPECTOMY; HEAD AND NECK	10/1/2010	12/31/2382	1
OPH	15877	SUCTION ASSISTED LIPECTOMY; TRUNK	10/1/2010	12/31/2382	1
OPH	15878	SUCTION ASSISTED LIPECTOMY; UPPER EXTREMITY	1/1/2012	12/31/2382	1
OPH	15879	SUCTION ASSISTED LIPECTOMY; LOWER EXTREMITY	1/1/2012	12/31/2382	1
OPH	15920	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH PRIMARY SUTURE	10/1/2010	12/31/2382	1
OPH	15922	EXCISION, COCCYGEAL PRESSURE ULCER, WITH COCCYGECTOMY; WITH FLAP CLOSURE	10/1/2010	12/31/2382	1
OPH	15931	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	1
OPH	15933	EXCISION, SACRAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1
OPH	15934	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	1
OPH	15935	EXCISION, SACRAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	15936	EXCISION, SACRAL PRESSURE ULCER, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE;	10/1/2010	12/31/2382	1
OPH	15937	EXCISION, SACRAL PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	1
OPH	15940	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	2
OPH	15941	EXCISION, ISCHIAL PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY (ISCHIECTOMY)	10/1/2010	12/31/2382	2
OPH	15944	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	2
OPH	15945	EXCISION, ISCHIAL PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
OPH	15946	EXCISION, ISCHIAL PRESSURE ULCER, WITH OSTECTOMY, IN PREPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT	10/1/2010	12/31/2382	2
OPH	15950	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE;	10/1/2010	12/31/2382	2
OPH	15951	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH PRIMARY SUTURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
OPH	15952	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE;	10/1/2010	12/31/2382	2
OPH	15953	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH SKIN FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
OPH	15956	EXCISION, TROCHANTERIC PRESSURE ULCER, IN PROPARATION FOR MUSCLE OR MYOCUTANEOUS FLAP OR SKIN GRAFT CLOSURE	10/1/2010	12/31/2382	2
OPH	15958	EXCISION, TROCHANTERIC PRESSURE ULCER, WITH MUSCLE OR MYOCUTANEOUS FLAP CLOSURE; WITH OSTECTOMY	10/1/2010	12/31/2382	2
OPH	15999	UNLISTED PROCEDURE, EXCISION PRESSURE ULCER	4/1/2018	12/31/2382	1
OPH	16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS REQUIRED	10/1/2010	12/31/2382	1
OPH	16020	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, OFFICE OR HOSPITAL, SMALL	10/1/2010	12/31/2382	1
OPH	16025	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, MEDIUM (EG, WHOLE FACE OR WHOLE EXTRE	10/1/2010	12/31/2382	1
OPH	16030	DRESSINGS AND/OR DEBRIDEMENT, INITIAL OR SUBSEQUENT; WITHOUT ANESTHESIA, LARGE (EG, MORE THAN ONE EXTREMITY)	10/1/2010	12/31/2382	1
OPH	16035	ESCHAROTOMY	7/1/2015	12/31/2382	1
OPH	17000	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTEMENT, ALL BENIGN OR PREMALIGNAN	10/1/2010	12/31/2382	1
OPH	17003	DESTRUCTION OF BENIGN LESIONS; SECOND THROUGH 14 LESIONS, EACH (LIST SEPARATELY IN ADDITION TO CODE FOR	10/1/2010	12/31/2382	13

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	17004	DESTRUCTION BY ANY METHOD, INCLUDING LASER, WITH OR WITHOUT SURGICAL CURETTMENT, ALL BENIGN OR PREMALIGNANT	10/1/2010	12/31/2382	1
OPH	17106	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM	10/1/2010	12/31/2382	1
OPH	17107	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM 10.0 - 50.0	10/1/2010	12/31/2382	1
OPH	17108	DESTRUCTION OF CUTANEOUS VASCULAR PROLIFERATIVE LESIONS (EG, LASER TECHNIQUE); LESS THAN 10 SQ CM OVER 50.0 SQ	10/1/2010	12/31/2382	1
OPH	17110	DESTRUCTION BY ANY METHOD OF FLAT WARTS, OR MILIA; UP TO 14 LESIONS	10/1/2010	12/31/2382	1
OPH	17111	DESTRUCTION BY ANY METHOD OF FLAT WARTS, MOLLUSCUM CONTAGIOSUM OR MILIA; UP TO 15 OR MORE LESIONS	10/1/2010	12/31/2382	1
OPH	17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	1/1/2015	12/31/2382	4
OPH	17260	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	7
OPH	17261	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 0.6 TO 1.0 CM	1/1/2015	12/31/2382	7
OPH	17262	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 1.1 TO 2.0 CM	1/1/2015	12/31/2382	6
OPH	17263	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 2.1 TO 3.0 CM	1/1/2019	12/31/2382	3
OPH	17264	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER 3.1 TO 4.0 CM	10/1/2010	12/31/2382	3
OPH	17266	DESTRUCTION, MALIGNANT LESION, ANY METHOD, TRUNK, ARMS OR LEGS; LESION DIAMETER OVER 4.0 CM	10/1/2010	12/31/2382	2
OPH	17270	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.5 CM OR LESS	1/1/2015	12/31/2382	6
OPH	17271	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 0.6 TO 1.0 CM	4/1/2015	12/31/2382	4
OPH	17272	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 1.1 TO 2.0 CM	4/1/2015	12/31/2382	5
OPH	17273	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 2.1 TO 3.0 CM	4/1/2015	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	17274	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER 3.1 TO 4.0 CM	1/1/2019	12/31/2382	2
OPH	17276	DESTRUCTION, MALIGNANT LESION, ANY METHOD, SCALP, NECK, HANDS, FEET, GENITALIA; LESION DIAMETER OVER 4.0 CM	1/1/2019	12/31/2382	2
OPH	17280	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	4/1/2015	12/31/2382	6
OPH	17281	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	1/1/2019	12/31/2382	5
OPH	17282	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 1	1/1/2019	12/31/2382	4
OPH	17283	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 2	4/1/2015	12/31/2382	4
OPH	17284	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 3	1/1/2019	12/31/2382	2
OPH	17286	DESTRUCTION, MALIGNANT LESION, ANY METHOD, FACE, EARS, EYELIDS, NOSE, LIPS, MUCOUS MEMBRANE; LESION DIAMETER 0	1/1/2019	12/31/2382	2
OPH	17311	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	4
OPH	17312	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAPP	4/1/2015	12/31/2382	6
OPH	17313	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	3
OPH	17314	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR, SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	4
OPH	17315	MOHS MICROGRAPHIC TECHNIQUE, INCLUDING REMOVAL OF ALL GROSS TUMOR.SURGICAL EXCISION OF TISSUE SPECIMENS, MAP	4/1/2015	12/31/2382	15
OPH	17340	CRYOTHERAPY (CO2 SLUSH, LIQUID N2)	10/1/2010	12/31/2382	1
OPH	17360	CHEMICAL EXFOLIATION FOR ACNE (EG, ACNE PASTE, ACID)	10/1/2010	12/31/2382	1
OPH	17380	ELECTROLYSIS EPILATION, EACH 1/2 HOUR	7/1/2021	12/31/2382	4
OPH	17999	UNLISTED PROCEDURE, SKIN, MUCOUS MEMBRANE AND SUBCUTANEOUS TISSUE	4/1/2018	12/31/2382	1
OPH	19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	10/1/2010	12/31/2382	2
OPH	19001	PUNCTURE ASPIRATION OF CYST OF BREAST; EACH ADDITIONAL CYST	10/1/2010	12/31/2382	5
OPH	19020	MASTOTOMY WITH EXPLORATION OR DRAINAGE OF ABSCESS, DEEP	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	19030	INJECTION PROCEDURE ONLY FOR MAMMARY DUCTOGRAM OR GALACTOGRAM	1/1/2012	12/31/2382	1
OPH	19081	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	1/1/2014	12/31/2382	1
OPH	19082	BIOPSY, BREAST, WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED, AND IMAGING OF THE	4/1/2015	12/31/2382	2
OPH	19083	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	1/1/2014	12/31/2382	1
OPH	19084	BIOPSY OF BREAST, WITH PLACEMENT OF BREAST LOCALIZATION, WHEN PERFORMED AND IMAGING OF THE BIOPSY SPECIMEN	4/1/2015	12/31/2382	2
OPH	19085	BIOPSY, BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	1/1/2014	12/31/2382	1
OPH	19086	BIOPSY, BREAST WITH PLACEMENT OF BREAST LOCALIZATION DEVICE(S), WHEN PERFORMED AND IMAGING OF THE BIOPSY	4/1/2015	12/31/2382	2
OPH	19100	BIOPSY OF BREAST; NEEDLE (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	4
OPH	19101	BIOPSY OF BREAST; INCISIONAL	10/1/2010	12/31/2382	3
OPH	19105	ABLATION, CRYOSURGICAL, OF FIBROADENOMA, INCLUDING ULTRASOUND GUIDANCE, EACH FIBROADENOMA	4/1/2015	12/31/2382	2
OPH	19110	NIPPLE EXPLORATION, WITH OR WITHOUT EXCISION OF A SOLITARY LACTIFEROUS DUCT OR A PAPILLOMA LACTIFEROUS DUCT	4/1/2014	12/31/2382	1
OPH	19112	EXCISION OF LACTIFEROUS DUCT FISTULA	1/1/2012	12/31/2382	1
OPH	19120	EXCISION OF CYST, FIBROADENOMA, OR OTHER BENIGN OR MALIGNANT TUMOR ABERRANT BREAST TISSUE, DUCT LESION, NI	1/1/2012	12/31/2382	1
OPH	19125	EXCISION OF BREAST LESION; SINGLE LESION	1/1/2012	12/31/2382	1
OPH	19126	EXCISION OF BREAST LESION; EACH ADDITIONAL LESION	10/1/2010	12/31/2382	3
OPH	19281	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAMMOGRAPHIC GUIDANCE	1/1/2014	12/31/2382	1
OPH	19282	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAMMOGRAPHIC GUID	4/1/2015	12/31/2382	2
OPH	19283	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING STEREOTACTIC GUIDANCE	1/1/2014	12/31/2382	1
OPH	19284	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING STEREOTACTIC GUID	4/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	19285	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING ULTRASOUND GUIDANCE	1/1/2014	12/31/2382	1
OPH	19286	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING ULTRASOUND GUID	4/1/2015	12/31/2382	2
OPH	19287	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; FIRST LESION, INCLUDING MAGNETIC RESONANCE GUIDANCE	1/1/2014	12/31/2382	1
OPH	19288	PLACEMENT OF BREAST LOCALIZATION DEVICE(S), PERCUTANEOUS; EACH ADDITIONAL LESION, INCLUDING MAGNETIC	4/1/2015	12/31/2382	2
OPH	19294	PREPARATION OF TUMOR CAVITY, WITH PLACEMENT OF A RADIATION THERAPY APPLICATOR FOR INTRAOPERATIVE RADIATION THERAPY (IORT) CONCURRENT WITH PARTIAL MASTECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	2
OPH	19296	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT	1/1/2012	12/31/2382	1
OPH	19297	PLACEMENT OF RADIOTHERAPY AFTERLOADING BALLOON CATHETER INTO THE BREAST FOR FOR INTERSTITIAL RADIOELEMENT APP	10/1/2010	12/31/2382	2
OPH	19298	PLACEMENT OF RADIOTHERAPY AFTERLOADING BRACHYTHERAPY CATHETERS (MULTIPLE TUBE AND BUTTON TYPE) INTO TJE BREAST	1/1/2012	12/31/2382	1
OPH	19300	MASTECTOMY FOR GYNECOMASTIA	1/1/2012	12/31/2382	1
OPH	19301	MASTECTOMY, PARTIAL (EG, LUMPECTOMY, TYLECTOMY, QUADRANTECTOMY, SEGMENTECTOMY)	1/1/2012	12/31/2382	1
OPH	19302	MASTECTOMY, PARTIAL WITH AXILLARY LYMPHADENECTOMY	1/1/2012	12/31/2382	1
OPH	19303	MASTECTOMY, SIMPLE, COMPLETE	1/1/2012	12/31/2382	1
OPH	19307	MASTECTOMY, MODIFIED RADICAL, INCLUDING AXILLARY LYMPH NODES, WITH OR WITHOUT PECTORALIS MINOR MUSCLE	1/1/2012	12/31/2382	1
OPH	19316	MASTOPEXY	7/1/2013	12/31/2382	1
OPH	19318	REDUCTION MAMMAPLASTY	7/1/2013	12/31/2382	1
OPH	19325	MAMMAPLASTY, AUGMENTATION; WITH PROSTHETIC IMPLANT	7/1/2013	12/31/2382	1
OPH	19328	REMOVAL OF INTACT MAMMARY IMPLANT	7/1/2013	12/31/2382	1
OPH	19330	REMOVAL OF MAMMARY IMPLANT MATERIAL	7/1/2013	12/31/2382	1
OPH	19340	IMMEDIATE INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	19342	DELAYED INSERTION OF BREAST PROSTHESIS FOLLOWING MASTOPEXY, MASTECTOMY OR IN RECONSTRUCTION	7/1/2013	12/31/2382	1
OPH	19350	NIPPLE/AREOLA RECONSTRUCTION	7/1/2013	12/31/2382	1
OPH	19355	CORRECTION OF INVERTED NIPPLES	7/1/2013	12/31/2382	1
OPH	19357	BREAST RECONSTRUCTION, IMMEDIATE OR DELAYED, WITH TISSUE EXPANDER, INCLUDING SUBSEQUENT EXPANSION	7/1/2013	12/31/2382	1
OPH	19364	BREAST RECONSTRUCTION WITH FREE FLAP	7/1/2021	12/31/2382	1
OPH	19370	OPEN PERIPROSTHETIC CAPSULOTOMY, BREAST	7/1/2013	12/31/2382	1
OPH	19371	PERIPROSTHETIC CAPSULECTOMY, BREAST	7/1/2013	12/31/2382	1
OPH	19380	REVISION OF RECONSTRUCTED BREAST	7/1/2013	12/31/2382	1
OPH	19396	PREPARATION OF MOULAGE FOR CUSTOM BREAST IMPLANT	7/1/2013	12/31/2382	1
OPH	19499	UNLISTED PROCEDURE, BREAST	4/1/2018	12/31/2382	1
OPH	20100	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); NECK	10/1/2010	12/31/2382	2
OPH	20101	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); CHEST	4/1/2015	12/31/2382	2
OPH	20102	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); ABDOMEN/FLANK/BACK	4/1/2015	12/31/2382	3
OPH	20103	EXPLORATION OF PENETRATING WOUND (SEPARATE PROCEDURE); EXTREMITY	4/1/2019	12/31/2382	3
OPH	20150	EXCISION OF EPIPHYSEAL BAR, WITH OR WITHOUT AUTOGENOUS SOFT TISSUE GRAFT OBTAINED THROUGH SAME FASCIAL INCISIO	10/1/2010	12/31/2382	2
OPH	20200	BIOPSY, MUSCLE; SUPERFICIAL	4/1/2015	12/31/2382	2
OPH	20205	BIOPSY, MUSCLE; DEEP	4/1/2019	12/31/2382	3
OPH	20206	BIOPSY, MUSCLE, PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	3
OPH	20220	BIOPSY, BONE, TROCER OR NEEDLE; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS)	4/1/2019	12/31/2382	3
OPH	20225	BIOPSY, BONE, TROCER OR NEEDLE; DEEP (VERTEBRAL BODY, FEMUR)	4/1/2019	12/31/2382	2
OPH	20240	BIOPSY, BONE, EXCISIONAL; SUPERFICIAL (EG, ILIUM, STERNUM, SPINOUS PROCESS, RIBS, TROCHANTER OF FEMUR)	4/1/2015	12/31/2382	4
OPH	20245	BIOPSY, EXCISIONAL; DEEP (EG, HUMERUS, ISCHIUM, FEMUR)	4/1/2019	12/31/2382	3
OPH	20250	BIOPSY, VERTEBRAL BODY, OPEN; THORACIC	4/1/2019	12/31/2382	1
OPH	20251	BIOPSY, VERTEBRAL BODY, OPEN; LUMBAR OR CERVICAL	4/1/2019	12/31/2382	2
OPH	20500	INJECTION OF SINUS TRACT; THERAPEUTIC (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	2
OPH	20501	INJECTION OF SINUS TRACT; DIAGNOSTIC (SINOGRAM)	4/1/2015	12/31/2382	2
OPH	20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	4/1/2015	12/31/2382	4
OPH	20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC; CORTICOSTEROID), CARPAL TUNNEL	1/1/2012	12/31/2382	1
OPH	20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD(IE, DUPUYTREN'S CONTRACTURE)	4/1/2012	12/31/2382	1
OPH	20550	INJECTION, TENDON SHEATH, LIGAMENT, TRIGGER POINTS OR GANGLION CYST	4/1/2015	12/31/2382	5
OPH	20551	INJECTION; TENDON ORIGIN/ INSERTION	4/1/2015	12/31/2382	5
OPH	20552	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), ONE OR TWO MUSCLE GROUP(S)	10/1/2010	12/31/2382	1
OPH	20553	INJECTION; SINGLE OR MULTIPLE TRIGGER POINT(S), THREE OR MORE MUSCLE GROUPS	10/1/2010	12/31/2382	1
OPH	20555	PLACEMENT OF NEEDLES OR CATHETERS INTO MUSCLE AND/OR SOFT TISSUE FOR SUBSEQUENT INTERSTITIAL	10/1/2010	12/31/2382	1
OPH	20560	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 1 OR 2 MUSCLE(S)	1/1/2020	12/31/2382	1
OPH	20561	NEEDLE INSERTION(S) WITHOUT INJECTION(S); 3 OR MORE MUSCLES	1/1/2020	12/31/2382	1
OPH	20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT, BURSA OR GANGLION CYST (EG, FINGERS, TOES)	4/1/2015	12/31/2382	6
OPH	20604	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, SMALL JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	1/1/2015	12/31/2382	4
OPH	20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT, BURSA OR GANGLION CYST (EG, TEMPOROMANDIBULAR	10/1/2017	12/31/2382	2
OPH	20606	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, INTERMEDIATE JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	10/1/2017	12/31/2382	2
OPH	20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG, SHOULDER, HIP, KNEE JOINT, SUBACROMIAL	10/1/2017	12/31/2382	2
OPH	20611	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION, MAJOR JOINT OR BURSA; WITH ULTRASOUND GUIDANCE	10/1/2017	12/31/2382	2
OPH	20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	4/1/2014	12/31/2382	2
OPH	20615	ASPIRATION AND INJECTION FOR TREATMENT OF BONE CYST	4/1/2014	12/31/2382	1
OPH	20650	INSERTION OF WIRE OR PIN WITH APPLICATION OF SKELETAL TRACTION, INCLUDING REMOVAL (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	4
OPH	20660	APPLICATION OF CRANIAL TONGS, CALIPER, OR STEREOTACTIC FRAME, INCLUDING REMOVAL (SEPARATE PROCEDURE)	1/1/2013	12/31/2382	1
OPH	20661	APPLICATION OF HALO, INCLUDING REMOVAL; CRANIAL	1/1/2021	12/31/2382	1
OPH	20662	APPLICATION OF HALO, INCLUDING REMOVAL; PELVIC	10/1/2010	12/31/2382	1
OPH	20663	APPLICATION OF HALO, INCLUDING REMOVAL; FEMORAL	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	20664	APPLICATION OF HALO, INCLUDING REMOVAL, CRANIAL, 6 OR MORE PINS PLACED, FOR THIN SKULL OSTEOLOGY (EG, PEDIATR	1/1/2021	12/31/2382	1
OPH	20665	REMOVAL OF TONGS OR HALO APPLIED BY ANOTHER PHYSICIAN	10/1/2010	12/31/2382	1
OPH	20670	REMOVAL OF IMPLANT; SUPERFICIAL, (EG, BURIED WIRE, PIN OR ROD) (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	3
OPH	20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR PLATE)	4/1/2015	12/31/2382	3
OPH	20690	APPLICATION OF A UNIPLANE (PINS OR WIRES IN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM	4/1/2015	12/31/2382	2
OPH	20692	APPLICATION OF A MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION SYSTEM (EG,	4/1/2015	12/31/2382	2
OPH	20693	ADJUSTMENT OR REVISION OF EXTERNAL FIXATION SYSTEM REQUIRING ANESTHESIA (EG, NEW PIN(S) OR WIRE(S) AND/OR NEW	10/1/2010	12/31/2382	2
OPH	20694	REMOVAL, UNDER ANESTHESIA, OF EXTERNAL FIXATION SYSTEM	4/1/2015	12/31/2382	2
OPH	20696	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	10/1/2010	12/31/2382	2
OPH	20697	APPLICATION OF MULTIPLANE (PINS OR WIRES IN MORE THAN ONE PLANE), UNILATERAL, EXTERNAL FIXATION WITH	10/1/2010	12/31/2382	4
OPH	20700	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20701	REMOVAL OF DRUG-DELIVERY DEVICE(S), DEEP (EG, SUBFASCIAL) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20702	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20703	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRAMEDULLARY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20704	MANUAL PREPARATION AND INSERTION OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20705	REMOVAL OF DRUG-DELIVERY DEVICE(S), INTRA-ARTICULAR (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	12/31/2382	1
OPH	20802	REPLANTATION, ARM (INCLUDES SURGICAL NECK OF HUMERUS THROUGH ELBOW JOINT); COMPLETE AMPUTATION	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	20805	REPLANTATION, FOREARM (INCLUDES RADIUS AND ULNA TO RADIAL CARPAL JOINT); COMPLETE AMPUTATION	1/1/2021	12/31/2382	1
OPH	20808	REPLANTATION, HAND (INCLUDES HAND THROUGH METACARPOPHALANGEAL JOINTS); COMPLETE AMPUTATION	1/1/2021	12/31/2382	1
OPH	20816	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES METACARPOPHALANGEAL JOINT TO INSERTION OF FLEXOR SUBLIMIS TENDO)	1/1/2021	12/31/2382	3
OPH	20822	REPLANTATION, DIGIT, EXCLUDING THUMB (INCLUDES DISTAL TIP TO SUBLIMIS TENDON INSERTION); COMPLETE AMPUTATION	10/1/2013	12/31/2382	3
OPH	20824	REPLANTATION, THUMB (INCLUDES CARPOMETACARPAL JOINT TO MP JOINT); COMPLETE AMPUTATION	1/1/2021	12/31/2382	1
OPH	20827	REPLANTATION, THUMB (INCLUDES DISTAL TIP TO MP JOINT); COMPLETE AMPUTATION	1/1/2021	12/31/2382	1
OPH	20838	REPLANTATION, FOOT; COMPLETE AMPUTATION	1/1/2021	12/31/2382	1
OPH	20900	BONE GRAFT, ANY DONOR AREA; MINOR OR SMALL (EG, DOWEL OR BUTTON)	10/1/2010	12/31/2382	2
OPH	20902	BONE GRAFT, ANY DONOR AREA; MAJOR OR LARGE	4/1/2015	12/31/2382	2
OPH	20910	CARTILAGE GRAFT; COSTOCHONDRAL	4/1/2015	12/31/2382	1
OPH	20912	CARTILAGE GRAFT; NASAL SEPTUM	10/1/2010	12/31/2382	1
OPH	20920	FASCIA LATA GRAFT; BY STRIPPER	4/1/2015	12/31/2382	1
OPH	20922	FASCIA LATA GRAFT; BY INCISION AND AREA EXPOSURE, COMPLEX OR SHEET	4/1/2015	12/31/2382	1
OPH	20924	TENDON GRAFT, FROM A DISTANCE (EG, PALMARIS, TOE EXTENSOR, PLANTARIS)	4/1/2015	12/31/2382	2
OPH	20930	ALLOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED	1/1/2014	12/31/2382	1
OPH	20931	ALLOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL	10/1/2013	12/31/2382	1
OPH	20932	DONOR BONE AND JOINT GRAFT TO JOINT SURFACE AND NEIGHBORING BONE	1/1/2019	12/31/2382	1
OPH	20933	HALF-CYLINDRICAL DONOR BONE GRAFT	1/1/2019	12/31/2382	1
OPH	20934	CYLINDRICAL DONOR BONE GRAFT	1/1/2019	12/31/2382	1
OPH	20936	AUTOGRAFT FOR SPINE SURGERY ONLY (INCLUDES HARVESTING THE GRAFT); LOCAL OBTAINED FROM SAME INCISION	1/1/2014	12/31/2382	1
OPH	20937	AUTOGRAFT FOR SPINE SURGERY ONLY; MORSELIZED (THROUGH SEPARATE SKIN OR FASCIAL INCISION)	10/1/2017	12/31/2382	1
OPH	20938	AUTOGRAFT FOR SPINE SURGERY ONLY; STRUCTURAL, BICORTICAL OR TRICORTICAL	10/1/2017	12/31/2382	1
OPH	20939	BONE MARROW ASPIRATION FOR BONE GRAFTING, SPINE SURGERY ONLY, THROUGH SEPARATE SKIN OR FASCIAL INCISION (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	20950	MONITORING OF INTERSTITIAL FLUID PRESSURE (INCLUDES INSERTION OF DEVICE, EG, WICK CATHETER TECHNIQUE, NEEDLE M	4/1/2014	12/31/2382	2
OPH	20955	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; FIBULA	1/1/2021	12/31/2382	1
OPH	20956	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	1/1/2021	12/31/2382	1
OPH	20957	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	1/1/2021	12/31/2382	1
OPH	20962	BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN FIBULA, ILIAC CREST, OR METATARSAL	1/1/2021	12/31/2382	1
OPH	20969	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN ILIAC CREST, METATARSAL, OR GRE	1/1/2021	12/31/2382	2
OPH	20970	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; ILIAC CREST	1/1/2021	12/31/2382	2
OPH	20972	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; METATARSAL	10/1/2010	12/31/2382	2
OPH	20973	FREE OSTEOCUTANEOUS FLAP WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE WITH WEB SPACE	4/1/2013	12/31/2382	1
OPH	20974	ELECTRICAL STIMULATION TO AID BONE HEALING; NONINVASIVE (NONOPERATIVE)	10/1/2010	12/31/2382	1
OPH	20975	ELECTRICAL STIMULATION TO AID BONE HEALING; INVASIVE (OPERATIVE)	10/1/2010	12/31/2382	1
OPH	20979	LOW INTENSITY ULTRASOUND STIMULATION TO AID BONE HEALING, NONINVASIVE (NONOPERATIVE)	10/1/2010	12/31/2382	1
OPH	20982	ABLATION, BONE TUMOR RADIOFREQUENCY, PRECUTANEOUS, INCLUDING COMPUTED TOMOGRAPHIC GUIDANCE	10/1/2010	12/31/2382	1
OPH	20983	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE BONE TUMORS INCLUDING ADJACENT SOFT TISSUE	1/1/2015	12/31/2382	1
OPH	20985	COMPUTER-ASSISTED SURGICAL NAVIGATIONAL PROCEDURE FOR MUSCULOSKELETAL PROCEDURES; IMAGE-LESS	10/1/2010	12/31/2382	2
OPH	20999	UNLISTED PROCEDURE, MUSCULOSKELETAL SYSTEM, GENERAL	4/1/2018	12/31/2382	1
OPH	21010	ARTHROTOMY, TEMPOROMANDIBULAR JOINT	7/1/2013	12/31/2382	1
OPH	21011	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; LESS THAN 2 CM	4/1/2015	12/31/2382	4
OPH	21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	7/1/2012	12/31/2382	3
OPH	21013	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); LESS THAN 2 CM	4/1/2019	12/31/2382	2
OPH	21014	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBFASCIAL (EG, SUBGALEAL, INTRAMUSCULAR); 2 CM OR GREATER	4/1/2019	12/31/2382	2
OPH	21015	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; LESS THAN 2 CM	10/1/2010	12/31/2382	1

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OPH	21016	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FACE OR SCALP; 2 CM OR GREATER	4/1/2012	12/31/2382	2
OPH	21025	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); MANDIBLE	10/1/2010	12/31/2382	2
OPH	21026	EXCISION OF BONE (EG, FOR OSTEOMYELITIS OR BONE ABSCESS); FACIAL BONE(S)	10/1/2010	12/31/2382	2
OPH	21029	REMOVAL BY CONTOURING OF BENIGN TUMOR OF FACIAL BONE (EG, FIBROUS DYSPLASIA)	7/1/2013	12/31/2382	1
OPH	21030	EXCISION OF BENIGN TUMOR OR CYST OF FACIAL BONE OTHER THAN MANDIBLE	4/1/2013	12/31/2382	1
OPH	21031	EXCISION OF TORUS MANDIBULARIS	4/1/2014	12/31/2382	2
OPH	21032	EXCISION OF MAXILLARY TORUS PALATINUS	10/1/2010	12/31/2382	1
OPH	21034	EXCISION OF MALIGNANT TUMOR OF FACIAL BONE OTHER THAN MANDIBLE	10/1/2010	12/31/2382	1
OPH	21040	EXCISION OF BENIGN CYST OR TUMOR OF MANDIBLE; SIMPLE	10/1/2010	12/31/2382	2
OPH	21044	EXCISION OF MALIGNANT TUMOR OF MANDIBLE;	10/1/2010	12/31/2382	1
OPH	21045	EXCISION OF MALIGNANT TUMOR OF MANDIBLE; RADICAL RESECTION	1/1/2021	12/31/2382	1
OPH	21046	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE O	10/1/2010	12/31/2382	2
OPH	21047	EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MANDIBULECTOMY (EG LC	10/1/2010	12/31/2382	2
OPH	21048	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING INTRA-ORAL OSTEOTOMY (EG, LOCALLY AGGRESSIVE OR DESTRUCT	10/1/2010	12/31/2382	2
OPH	21049	EXCISION OF BENIGN TUMOR OR CYST OF MAXILLA; REQUIRING EXTRA-ORAL OSTEOTOMY AND PARTIAL MAXILLECTOMY (EG, LOCA	4/1/2015	12/31/2382	1
OPH	21050	CONDYLECTOMY, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	21060	MENISCECTOMY, PARTIAL OR COMPLETE, TEMPOROMANDIBULAR JOINT (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	21070	CORONOIDECTOMY (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ), THERAPEUTIC, REQUIRING AN ANESTHESIA SERVICE	10/1/2010	12/31/2382	1
OPH	21076	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21077	IMPRESSION AND CUSTOM PREPARATION; SURGICAL OBTURATOR PROSTHESIS	1/1/2012	12/31/2382	1
OPH	21079	IMPRESSION AND CUSTOM PREPARATION; INTERIM OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21080	IMPRESSION AND CUSTOM PREPARATION; DEFINITIVE OBTURATOR PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21081	IMPRESSION AND CUSTOM PREPARATION; MANDIBULAR RESECTION PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21082	IMPRESSION AND CUSTOM PREPARATION; PALATAL AUGMENTATION PROSTHESIS	10/1/2010	12/31/2382	1

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OPH	21083	IMPRESSION AND CUSTOM PREPARATION; PALATAL LIFT PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21084	IMPRESSION AND CUSTOM PREPARATION; SPEECH AID PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21085	IMPRESSION AND CUSTOM PREPARATION; ORAL SURGICAL SPLINT	10/1/2010	12/31/2382	1
OPH	21086	IMPRESSION AND CUSTOM PREPARATION; AURICULAR PROSTHESIS	1/1/2012	12/31/2382	1
OPH	21087	IMPRESSION AND CUSTOM PREPARATION; NASAL PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21088	IMPRESSION AND CUSTOM PREPARATION; FACIAL PROSTHESIS	10/1/2010	12/31/2382	1
OPH	21089	UNLISTED MAXILLOFACIAL PROSTHETIC PROCEDURE	4/1/2018	12/31/2382	1
OPH	21100	APPLICATION OF HALO TYPE APPLIANCE FOR MAXILLOFACIAL FIXATION, INCLUDES REMOVAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	21110	APPLICATION OF INTERDENTAL FIXATION DEVICE FOR CONDITIONS OTHER THAN FRACTURE OR DISLOCATION, INCLUDES REMOVAL	10/1/2010	12/31/2382	2
OPH	21116	INJECTION PROCEDURE FOR TEMPOROMANDIBULAR JOINT ARTHROGRAPHY	4/1/2013	12/31/2382	1
OPH	21120	GENIOPLASTY; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, PROSTHETIC MATERIAL)	10/1/2010	12/31/2382	1
OPH	21121	GENIOPLASTY; SLIDING OSTEOTOMY, SINGLE PIECE	10/1/2010	12/31/2382	1
OPH	21122	GENIOPLASTY; SLIDING OSTEOTOMIES, TWO OR MORE OSTEOTOMIES (EG, WEDGE EXCISION OR BONE WEDGE REVERSAL FOR ASYMM	10/1/2010	12/31/2382	1
OPH	21123	GENIOPLASTY; SLIDING, AUGMENTATION WITH INTERPOSITIONAL BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	10/1/2010	12/31/2382	1
OPH	21125	AUGMENTATION, MANDIBULAR BODY OR ANGLE; PROSTHETIC MATERIAL	10/1/2010	12/31/2382	2
OPH	21127	AUGMENTATION, MANDIBULAR BODY OR ANGLE; WITH BONE GRAFT, ONLAY OR INTERPOSITIONAL (INCLUDES OBTAINING AUTOGRAF	10/1/2010	12/31/2382	2
OPH	21137	REDUCTION FOREHEAD; CONTOURING ONLY	10/1/2010	12/31/2382	1
OPH	21138	REDUCTION FOREHEAD; CONTOURING AND APPLICATION OF PROSTHETIC MATERIAL OR BONE GRAFT (INCLUDES OBTAINING AUTOGR	10/1/2010	12/31/2382	1
OPH	21139	REDUCTION FOREHEAD; CONTOURING AND SETBACK OF ANTERIOR FRONTAL SINUS WALL	10/1/2010	12/31/2382	1
OPH	21141	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1/1/2021	12/31/2382	1
OPH	21142	RECONSTRUCTION MIDFACE, LEFORTI; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1/1/2021	12/31/2382	1
OPH	21143	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, WITHOUT BONE GRAFT	1/1/2021	12/31/2382	1
OPH	21145	RECONSTRUCTION MIDFACE, LEFORT I; SINGLE PIECE, SEGMENTMOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	10/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21146	RECONSTRUCTION MIDFACE, LEFORT I; TWO PIECES, SEGMENT MOVEMENT IN ANY DIRECTION, REQUIRING BONE GRAFTS	1/1/2021	12/31/2382	1
OPH	21147	RECONSTRUCTION MIDFACE, LEFORT I; THREE OR MORE PIECES, SEGMENT MOVEMENT IN ANY DIRECTIONS, REQUIRING BONE GRAF	1/1/2021	12/31/2382	1
OPH	21150	RECONSTRUCTION MIDFACE, LEFORT II; ANTERIOR INTRUSION (EG, TREACHER-COLLINS SYNDROME)	10/1/2010	12/31/2382	1
OPH	21151	RECONSTRUCTION MIDFACE, LEFORT II; ANY DIRECTION, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2021	12/31/2382	1
OPH	21154	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	1/1/2021	12/31/2382	1
OPH	21155	RECONSTRUCTION MIDFACE, LEFORT III (EXTRACRANIAL), ANY TYPE, REQUIRING BONE GRAFTS (INCLUDES OBTAINING AUTOGRA	1/1/2021	12/31/2382	1
OPH	21159	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	1/1/2021	12/31/2382	1
OPH	21160	RECONSTRUCTION MIDFACE, LEFORT III (EXTRA AND INTRACRANIAL) WITH FOREHEAD ADVANCEMENT (EG, MONO BLOC), REQUIRI	1/1/2021	12/31/2382	1
OPH	21172	RECONSTRUCTION SUPERIOR-LATERAL ORBITAL RIM AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION, WITH OR WITHOUT GRA	10/1/2018	12/31/2382	1
OPH	21175	RECONSTRUCTION, BIFRONTAL, SUPERIOR-LATERAL ORBITAL RIMS AND LOWER FOREHEAD, ADVANCEMENT OR ALTERATION (EG, PL	10/1/2010	12/31/2382	1
OPH	21179	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH GRAFTS (ALLOGRAFT OR PROSTHETIC	1/1/2021	12/31/2382	1
OPH	21180	RECONSTRUCTION, ENTIRE OR MAJORITY OF FOREHEAD AND/OR SUPRAORBITAL RIMS; WITH AUTOGRAFT (INCLUDES OBTAINING GR	1/1/2021	12/31/2382	1
OPH	21181	RECONSTRUCTION BY CONTOURING OF BENIGN TUMOR OF CRANIAL BONES (EG, FIBROUS DYSPLASIA), EXTRACRANIAL	10/1/2010	12/31/2382	1
OPH	21182	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	1/1/2021	12/31/2382	1
OPH	21183	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	1/1/2021	12/31/2382	1
OPH	21184	RECONSTRUCTION OF ORBITAL WALLS, RIMS, FOREHEAD, NASOETHMOID COMPLEX FOLLOWING INTRA AND EXTRACRANIAL EXCISION	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21188	RECONSTRUCTION MIDFACE, OSTEOTOMIES (OTHER THAN LEFORT TYPE) AND BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2021	12/31/2382	1
OPH	21193	RECONSTRUCTION OF MANDIBULAR RAMI, HORIZONTAL, VERTICAL "C", OR "L" OSTEOTOMY; WITHOUT BONE GRAFT	1/1/2013	12/31/2382	1
OPH	21194	RECONSTRUCTION OF MANDIBULAR RAMUS, HORIZONTAL, VERTICAL, "C", OR "L" OSTEOTOMY; WITH BONE GRAFT (INCLUDES	1/1/2021	12/31/2382	1
OPH	21195	RECONSTRUCTION OF MANDIBULAR RAMI AND/OR BODY, SAGITTAL SPLIT; WITHOUT INTERNAL RIGID FIXATION	10/1/2010	12/31/2382	1
OPH	21196	RECONSTRUCTION OF MANDIBULAR RAMUS, SAGITTAL SPLIT; WITH INTERNAL RIGID FIXATION	1/1/2021	12/31/2382	1
OPH	21198	OSTEOTOMY, MANDIBLE, SEGMENTAL	7/1/2013	12/31/2382	1
OPH	21199	OSTEOTOMY, MANDIBLE, SEGMENTAL; WITH GENIOGLOSSUS ADVANCEMENT	10/1/2010	12/31/2382	1
OPH	21206	OSTEOTOMY, MAXILLA, SEGMENTAL (EG, WASSMUND OR SCHUCHARD)	10/1/2010	12/31/2382	1
OPH	21208	OSTEOPLASTY, FACIAL BONES; AUGMENTATION (AUTOGRAFT, ALLOGRAFT, OR PROSTHETIC IMPLANT)	10/1/2013	12/31/2382	1
OPH	21209	OSTEOPLASTY, FACIAL BONES; REDUCTION	10/1/2013	12/31/2382	1
OPH	21210	GRAFT, BONE; NASAL, MAXILLARY OR MALAR AREAS (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
OPH	21215	GRAFT, BONE; MANDIBLE (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
OPH	21230	GRAFT; RIB CARTILAGE, AUTOGENOUS, TO FACE, CHIN, NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
OPH	21235	GRAFT; EAR CARTILAGE, AUTOGENOUS, TO NOSE OR EAR (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2
OPH	21240	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH OR WITHOUT AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	21242	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	21243	ARTHROPLASTY, TEMPOROMANDIBULAR JOINT, WITH PROSTHETIC JOINT REPLACEMENT	1/1/2012	12/31/2382	1
OPH	21244	RECONSTRUCTION OF MANDIBLE, EXTRAORAL, WITH TRANSOSTEAL BONE PLATE (EG, MANDIBULAR STAPLE BONE PLATE)	7/1/2013	12/31/2382	1
OPH	21245	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; PARTIAL	10/1/2010	12/31/2382	2
OPH	21246	RECONSTRUCTION OF MANDIBLE OR MAXILLA, SUBPERIOSTEAL IMPLANT; COMPLETE	10/1/2021	12/31/2382	1
OPH	21247	RECONSTRUCTION OF MANDIBULAR CONDYLE WITH BONE AND CARTILAGE AUTOGRAFTS (INCLUDES OBTAINING GRAFTS) (EG, FOR H	1/1/2021	12/31/2382	1
OPH	21248	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL	4/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21249	RECONSTRUCTION OF MANDIBLE OR MAXILLA, ENDOSTEAL IMPLANT (EG, BLADE, CYLINDER); PARTIAL COMPLETE	4/1/2015	12/31/2382	2
OPH	21255	RECONSTRUCTION OF ZYGOMATIC ARCH AND GLENOID FOSSA WITH BONE AND CARTILAGE (INCLUDES OBTAINING AUTOGRAFTS)	1/1/2021	12/31/2382	1
OPH	21256	RECONSTRUCTION OF ORBIT WITH OSTEOTOMIES (EXTRACRANIAL) AND WITH BONE GRAFTS (INCLUDES OBTAINING AUTOGRAFTS) (4/1/2013	12/31/2382	1
OPH	21260	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	10/1/2010	12/31/2382	1
OPH	21261	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL APPROACH	10/1/2010	12/31/2382	1
OPH	21263	PERIORBITAL OSTEOTOMIES FOR ORBITAL HYPERTELORISM, WITH BONE GRAFTS; WITH FOREHEAD ADVANCEMENT	10/1/2010	12/31/2382	1
OPH	21267	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; EXTRACRANIAL APPROACH	4/1/2013	12/31/2382	1
OPH	21268	ORBITAL REPOSITIONING, PERIORBITAL OSTEOTOMIES, UNILATERAL, WITH BONE GRAFTS; COMBINED INTRA- AND EXTRACRANIAL	1/1/2021	12/31/2382	1
OPH	21270	MALAR AUGMENTATION, PROSTHETIC MATERIAL	4/1/2013	12/31/2382	1
OPH	21275	SECONDARY REVISION OF ORBITOCRANIOFACIAL RECONSTRUCTION	7/1/2013	12/31/2382	1
OPH	21280	MEDIAL CANTHOPEXY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	21282	LATERAL CANTHOPEXY	1/1/2012	12/31/2382	1
OPH	21295	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); EXTRAORAL APPROACH	4/1/2013	12/31/2382	1
OPH	21296	REDUCTION OF MASSETER MUSCLE AND BONE (EG, FOR TREATMENT OF BENIGN MASSETERIC HYPERTROPHY); INTRAORAL APPROACH	4/1/2013	12/31/2382	1
OPH	21299	UNLISTED CRANIOFACIAL AND MAXILLOFACIAL PROCEDURE	4/1/2018	12/31/2382	1
OPH	21310	CLOSED TREATMENT OF NASAL BONE FRACTURE WITHOUT MANIPULATION	10/1/2010	6/30/2022	1
OPH	21315	CLOSED TREATMENT, NASAL BONE FRACTURE; WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
OPH	21320	CLOSED TREATMENT, NASAL BONE FRACTURE; WITH STABILIZATION	10/1/2010	12/31/2382	1
OPH	21325	OPEN TREATMENT OF NASAL FRACTURE; UNCOMPLICATED	10/1/2010	12/31/2382	1
OPH	21330	OPEN TREATMENT OF NASAL FRACTURE; COMPLICATED, WITH INTERNAL AND/OR EXTERNAL SKELETAL FIXATION	10/1/2010	12/31/2382	1
OPH	21335	OPEN TREATMENT OF NASAL FRACTURE; WITH CONCOMITANT OPEN TREATMENT OF FRACTURED SEPTUM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21336	OPEN TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
OPH	21337	CLOSED TREATMENT OF NASAL SEPTAL FRACTURE, WITH OR WITHOUT STABILIZATION	10/1/2010	12/31/2382	1
OPH	21338	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITHOUT EXTERNAL FIXATION	10/1/2010	12/31/2382	1
OPH	21339	OPEN TREATMENT OF NASOETHMOID FRACTURE; WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1
OPH	21340	PERCUTANEOUS TREATMENT OF NASOETHMOID COMPLEX FRACTURE, WITH SPLINT, WIRE OR HEADCAP FIXATION, INCLUDING REPAI	10/1/2010	12/31/2382	1
OPH	21343	OPEN TREATMENT OF DEPRESSED FRONTAL SINUS FRACTURE	1/1/2021	12/31/2382	1
OPH	21344	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING POSTERIOR WALL) FRONTAL SINUS FRACTURE, VIA CORONAL	1/1/2021	12/31/2382	1
OPH	21345	CLOSED TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATIO	7/1/2013	12/31/2382	1
OPH	21346	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH WIRING AND/OR LOCAL FIXATION	1/1/2013	12/31/2382	1
OPH	21347	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); REQUIRING MULTIPLE OPEN APPROACHES	1/1/2021	12/31/2382	1
OPH	21348	OPEN TREATMENT OF NASOMAXILLARY COMPLEX FRACTURE (LEFORT II TYPE); WITH BONE GRAFTING (INCLUDES OBTAINING GRAF	1/1/2021	12/31/2382	1
OPH	21355	PERCUTANEOUS TREATMENT OF FRACTURE OF MALAR AREA, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD, WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	21356	OPEN TREATMENT OF DEPRESSED ZYGOMATIC ARCH FRACTURE (EG, GILLES APPROACH)	4/1/2013	12/31/2382	1
OPH	21360	OPEN TREATMENT OF DEPRESSED MALAR FRACTURE, INCLUDING ZYGOMATIC ARCH AND MALAR TRIPOD	4/1/2013	12/31/2382	1
OPH	21365	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	4/1/2013	12/31/2382	1
OPH	21366	OPEN TREATMENT OF COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL NERVE FORAMINA) FRACTURE(S) OF MALAR AREA,	1/1/2021	12/31/2382	1
OPH	21385	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; TRANSANTRAL APPROACH (CALDWELL-LUC TYPE OPERATION)	4/1/2013	12/31/2382	1
OPH	21386	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH	4/1/2013	12/31/2382	1
OPH	21387	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; COMBINED APPROACH	4/1/2013	12/31/2382	1
OPH	21390	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH, WITH ALLOPLASTIC OR OTHER IMPLANT	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21395	OPEN TREATMENT OF ORBITAL FLOOR "BLOWOUT" FRACTURE; PERIORBITAL APPROACH WITH BONE GRAFT (INCLUDES OBTAINING	4/1/2013	12/31/2382	1
OPH	21400	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT MANIPULATION	4/1/2013	12/31/2382	1
OPH	21401	CLOSED TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	21406	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITHOUT IMPLANT	4/1/2013	12/31/2382	1
OPH	21407	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH IMPLANT	4/1/2013	12/31/2382	1
OPH	21408	OPEN TREATMENT OF FRACTURE OF ORBIT, EXCEPT "BLOWOUT"; WITH BONE GRAFTING (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
OPH	21421	CLOSED TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE), WITH INTERDENTAL WIRE FIXATION OR FIXATION	10/1/2010	12/31/2382	1
OPH	21422	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE);	1/1/2021	12/31/2382	1
OPH	21423	OPEN TREATMENT OF PALATAL OR MAXILLARY FRACTURE (LEFORT I TYPE); COMPLICATED (COMMINUTED OR INVOLVING CRANIAL	1/1/2021	12/31/2382	1
OPH	21431	CLOSED TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE) USING INTERDENTAL WIRE FIXATION OF DENTURE OR SP	1/1/2021	12/31/2382	1
OPH	21432	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); WITH WIRING AND/OR INTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	21433	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED (EG, COMMINUTED OR INVOLVING CRANIAL	1/1/2021	12/31/2382	1
OPH	21435	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, UTILIZING INTERNAL AND/OR EXTERNAL F	1/1/2021	12/31/2382	1
OPH	21436	OPEN TREATMENT OF CRANIOFACIAL SEPARATION (LEFORT III TYPE); COMPLICATED, MULTIPLE SURGICAL APPROACHES, INTERN	1/1/2021	12/31/2382	1
OPH	21440	CLOSED TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	21445	OPEN TREATMENT OF MANDIBULAR OR MAXILLARY ALVEOLAR RIDGE FRACTURE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	21450	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITHOUT MANIPULATION	10/1/2010	12/31/2382	1
OPH	21451	CLOSED TREATMENT OF MANDIBULAR FRACTURE; WITH MANIPULATION	10/1/2010	12/31/2382	1
OPH	21452	PERCUTANEOUS TREATMENT OF MANDIBULAR FRACTURE, WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1
OPH	21453	CLOSED TREATMENT OF MANDIBULAR FRACTURE WITH INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
OPH	21454	OPEN TREATMENT OF MANDIBULAR FRACTURE WITH EXTERNAL FIXATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21461	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITHOUT INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
OPH	21462	OPEN TREATMENT OF MANDIBULAR FRACTURE; WITH INTERDENTAL FIXATION	10/1/2010	12/31/2382	1
OPH	21465	OPEN TREATMENT OF MANDIBULAR CONDYLAR FRACTURE	4/1/2013	12/31/2382	1
OPH	21470	OPEN TREATMENT OF COMPLICATED MANDIBULAR FRACTURE BY MULTIPLE SURGICAL APPROACHES INCLUDING INTERNAL FIXATION,	10/1/2010	12/31/2382	1
OPH	21480	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT	1/1/2012	12/31/2382	1
OPH	21485	CLOSED TREATMENT OF TEMPOROMANDIBULAR DISLOCATION, INITIAL OR SUBSEQUENT COMPLICATED (EG, RECURRENT REQUIRING	1/1/2012	12/31/2382	1
OPH	21490	OPEN TREATMENT OF TEMPOROMANDIBULAR DISLOCATION	1/1/2012	12/31/2382	1
OPH	21497	INTERDENTAL WIRING, FOR CONDITION OTHER THAN FRACTURE	10/1/2010	12/31/2382	1
OPH	21499	UNLISTED MUSCULOSKELETAL PROCEDURE, HEAD	4/1/2018	12/31/2382	1
OPH	21501	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX;	10/1/2010	12/31/2382	3
OPH	21502	INCISION AND DRAINAGE, DEEP ABSCESS OR HEMATOMA, SOFT TISSUES OF NECK OR THORAX; WITH PARTIAL RIB OSTECTOMY	10/1/2010	12/31/2382	1
OPH	21510	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), THORAX	1/1/2021	12/31/2382	1
OPH	21550	BIOPSY, SOFT TISSUE OF NECK OR THORAX	4/1/2019	12/31/2382	2
OPH	21552	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2
OPH	21554	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG,INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
OPH	21555	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
OPH	21556	EXCISION TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX; SUBFASCIAL, (EG,INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	2
OPH	21557	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	10/1/2010	12/31/2382	1
OPH	21558	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF NECK OR ANTERIOR THORAX	7/1/2012	12/31/2382	1
OPH	21600	EXCISION OF RIB, PARTIAL	4/1/2015	12/31/2382	5
OPH	21601	EXCISION OF CHEST WALL TUMOR INCLUDING RIB(S)	1/1/2020	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21602	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITHOUT MEDIASTINAL LYMPHADENECTOMY	1/1/2020	12/31/2382	1
OPH	21603	EXCISION OF CHEST WALL TUMOR INVOLVING RIB(S), WITH PLASTIC RECONSTRUCTION; WITH MEDIASTINAL LYMPHADENECTOMY	1/1/2020	12/31/2382	1
OPH	21610	COSTOTRANSVERSECTOMY (SEPARATE PROCEDURE)	4/1/2015	12/31/2382	1
OPH	21615	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE;	1/1/2021	12/31/2382	1
OPH	21616	EXCISION FIRST AND/OR CERVICAL RIB FOR OUTLET COMPRESSION SYNDROME OR OTHER CAUSE; WITH SYMPATHECTOMY	1/1/2021	12/31/2382	1
OPH	21620	OSTECTOMY OF STERNUM, PARTIAL	1/1/2021	12/31/2382	1
OPH	21627	STERNAL DEBRIDEMENT	1/1/2021	12/31/2382	1
OPH	21630	RADICAL RESECTION OF STERNUM; FOR TUMOR	1/1/2021	12/31/2382	1
OPH	21632	RADICAL RESECTION OF STERNUM; WITH MEDIASTINAL LYMPHADENECTOMY	1/1/2021	12/31/2382	1
OPH	21685	HYOID MYOTOMY AND SUSPENSION	10/1/2010	12/31/2382	1
OPH	21700	DIVISION OF SCALENUS ANTICUS; WITHOUT RESECTION OF CERVICAL RIB	4/1/2013	12/31/2382	1
OPH	21705	DIVISION OF SCALENUS ANTICUS; WITH RESECTION OF CERVICAL RIB	1/1/2021	12/31/2382	1
OPH	21720	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITHOUT CAST APPLICATION	10/1/2010	12/31/2382	1
OPH	21725	DIVISION OF STERNOCLEIDOMASTOID FOR TORTICOLLIS, OPEN OPERATION; WITH CAST APPLICATION	10/1/2010	12/31/2382	1
OPH	21740	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM	1/1/2021	12/31/2382	1
OPH	21742	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE), WITHOUT	10/1/2010	12/31/2382	1
OPH	21743	RECONSTRUCTIVE REPAIR OF PECTUS EXCAVATUM OR CARINATUM; MINIMALLY INVASIVE APPROACH (NUSS PROCEDURE) WITH THOR	10/1/2010	12/31/2382	1
OPH	21750	CLOSURE OF STERNOTOMY SEPARATION WITH OR WITHOUT DEBRIDEMENT (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	21811	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1
OPH	21812	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1
OPH	21813	OPEN TREATMENT OF RIB FRACTURE(S) WITH INTERNAL FIXATION, INCLUDES THORACOSCOPIC VISUALIZATION WHEN PERFORMED	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	21820	CLOSED TREATMENT OF STERNUM FRACTURE	10/1/2010	12/31/2382	1
OPH	21825	OPEN TREATMENT OF STERNUM FRACTURE WITH OR WITHOUT SKELETAL FIXATION	1/1/2021	12/31/2382	1
OPH	21899	UNLISTED PROCEDURE, NECK OR THORAX	4/1/2018	12/31/2382	1
OPH	21920	BIOPSY, SOFT TISSUE OF BACK OR FLANK; SUPERFICIAL	4/1/2019	12/31/2382	2
OPH	21925	BIOPSY, SOFT TISSUE OF BACK OR FLANK; DEEP	4/1/2019	12/31/2382	2
OPH	21930	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK	4/1/2015	12/31/2382	5
OPH	21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
OPH	21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	2
OPH	21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2019	12/31/2382	2
OPH	21935	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; LESS THAN 5 CM	10/1/2010	12/31/2382	1
OPH	21936	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF BACK OR FLANK; 5 CM OR GREATER	4/1/2014	12/31/2382	1
OPH	22010	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; CERVICAL, THORACIC, OR CERVICOTHO	1/1/2021	12/31/2382	2
OPH	22015	INCISION AND DRAINAGE, OPEN, OF DEEP ABSCESS (SUBFASCIAL), POSTERIOR SPINE; LUMBAR, SACRAL, OR LUMBOSACRAL	1/1/2021	12/31/2382	2
OPH	22100	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENTS (EG SPINOUS PROCESS, LAMINA OR FACET) FOR INTRINSIC BONY	10/1/2010	12/31/2382	1
OPH	22101	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; THORACIC	10/1/2010	12/31/2382	1
OPH	22102	PARTIAL RESECTION OF VERTEBRAL COMPONENT, SPINOUS PROCESSES; LUMBAR	10/1/2010	12/31/2382	1
OPH	22103	PARTIAL EXCISION OF POSTERIOR VERTEBRAL COMPONENT FOR INTRINSIC BONY LESION; EACH ADDITIONAL	10/1/2010	12/31/2382	3
OPH	22110	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION, WITHOUT DECOMPRESSION OF SPINAL CORD OR NERVE	1/1/2021	12/31/2382	1
OPH	22112	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); THORACIC	1/1/2021	12/31/2382	1
OPH	22114	PARTIAL EXCISION OF VERTEBRAE (EG, FOR OSTEOMYELITIS); LUMBAR	1/1/2021	12/31/2382	1
OPH	22116	PARTIAL EXCISION OF VERTEBRAL BODY FOR INTRINSIC BONY LESION; EACH ADDITIONAL VERTEBRAL SEGMENT	1/1/2021	12/31/2382	3
OPH	22206	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; THORACIC	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	22207	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; LUMBAR	1/1/2021	12/31/2382	1
OPH	22208	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, THREE COLUMNS, ONE VERTEBRAL SEGMENT; EACH ADDITION	1/1/2021	12/31/2382	5
OPH	22210	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; CERVICAL	1/1/2021	12/31/2382	1
OPH	22212	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	1/1/2021	12/31/2382	1
OPH	22214	OSTEOTOMY OF SPINE, POSTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	1/1/2021	12/31/2382	1
OPH	22216	OSTEOTOMY OF SPINE, POSTERIOR OR POSTEROLATERAL APPROACH, ONE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	1/1/2021	12/31/2382	6
OPH	22220	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; CERVICAL	1/1/2021	12/31/2382	1
OPH	22222	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; THORACIC	1/1/2021	12/31/2382	1
OPH	22224	OSTEOTOMY OF SPINE, ANTERIOR APPROACH, FOR CORRECTION OF DEFORMITY, SINGLE SEGMENT; LUMBAR	1/1/2021	12/31/2382	1
OPH	22226	OSTEOTOMY OF SPINE, INCLUDING DISCECTOMY, ANTERIOR APPROACH, SINGLE VERTEBRAL SEGMENT; EACH ADDITIONAL VERTEBRAL	1/1/2021	12/31/2382	4
OPH	22310	CLOSED TREATMENT OF VERTEBRAL BODY FRACTURE(S), WITHOUT MANIPULATION, REQUIRING AND INCLUDING CASTING	10/1/2010	12/31/2382	1
OPH	22315	CLOSED TREATMENT OF VERTEBRAL FRACTURE(S), AND/OR DISLOCATION(S) REQUIRING CASTING OR BRACING, WITH OR	10/1/2010	12/31/2382	1
OPH	22318	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH, WITHOUT GRAFTING	1/1/2021	12/31/2382	1
OPH	22319	OPEN TREATMENT AND/OR REDUCTION OF ODONTOID FRACTURE(S) AND/OR DISLOCATION(S), ANTERIOR APPROACH; WITH GRAFTING	1/1/2021	12/31/2382	1
OPH	22325	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); LUMBAR	1/1/2021	12/31/2382	1
OPH	22326	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); CERVICAL	1/1/2021	12/31/2382	1

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OPH	22327	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURE(S) AND/OR DISLOCATION(S); THORACIC	1/1/2021	12/31/2382	1
OPH	22328	OPEN TREATMENT AND/OR REDUCTION OF VERTEBRAL FRACTURES AND OR DISLOCATION(S); EACH ADDITIONAL FRACTURED VERTEB	1/1/2021	12/31/2382	6
OPH	22505	MANIPULATION OF SPINE REQUIRING ANESTHESIA, ANY REGION	10/1/2010	12/31/2382	1
OPH	22510	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	1/1/2015	12/31/2382	1
OPH	22511	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	1/1/2015	12/31/2382	1
OPH	22512	PERCUTANEOUS VERTEBROPLASTY, 1 VERTEBRAL BODY, UNILATERAL OR BILATERAL INJECTION, INCLUSIVE OF ALL IMAGING	10/1/2017	12/31/2382	3
OPH	22513	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	1/1/2015	12/31/2382	1
OPH	22514	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	1/1/2015	12/31/2382	1
OPH	22515	PERCUTANEOUS VERTEBRAL AUGMENTATION, INCLUDING CAVITY CREATION USING MECHANICAL DEVICE, 1 VERTEBRAL BODY,	10/1/2017	12/31/2382	3
OPH	22526	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	1/1/2014	12/31/2382	1
OPH	22527	PERCUTANEOUS INTRADISCAL ELECTROTHERMAL ANNULPASTY, UNILATERAL OR BILATERAL INCLUDING FLUOROSCOPIC GUIDANCE;	1/1/2014	12/31/2382	1
OPH	22532	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	1/1/2021	12/31/2382	1
OPH	22533	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	1/1/2021	12/31/2382	1
OPH	22534	ARTHRODESIS, LATERAL EXTRACAVITARY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC OR	1/1/2021	12/31/2382	3
OPH	22548	ARTHRODESIS, ANTERIOR TRANSORAL OR EXTRAORAL TECHNIQUE,CLIVUS-C1-C2 (ATLAS-AXIS), WITH OR WITHOUT EXCISION	1/1/2021	12/31/2382	1
OPH	22551	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	1/1/2013	12/31/2382	1
OPH	22552	ARTHRODESIS, ANTERIOR INTERBODY, INCLUDING DISC SPACE PREPARATION, DISCECTOMY, OSTEOPHYTECTOMY AND	10/1/2017	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	22554	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; CERVICAL	1/1/2013	12/31/2382	1
OPH	22556	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; THORACIC	1/1/2021	12/31/2382	1
OPH	22558	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; LUMBAR	1/1/2021	12/31/2382	1
OPH	22585	ARTHRODESIS, ANTERIOR INTERBODY TECHNIQUE, INCLUDING MINIMAL DISKECTOMY TO PREPARE INTERSPACE; EACH ADDITONA	4/1/2019	12/31/2382	5
OPH	22586	FUSION OF SPINE BONES WITH REMOVAL OF DISC AT LOWER SPINAL COLUMN WITH POSTERIOR INSTRUMENTATION AND IMAGE	1/1/2021	12/31/2382	1
OPH	22590	ARTHRODESIS, POSTERIOR TECHNIQUE, CRANIOCERVICAL (OCCIPUT-C2)	1/1/2021	12/31/2382	1
OPH	22595	ARTHRODESIS, POSTERIOR TECHNIQUE, ATLAS-AXIS (C1-C2)	1/1/2021	12/31/2382	1
OPH	22600	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; CERVICAL BELOW C2 SEGMENT	1/1/2021	12/31/2382	1
OPH	22610	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; THORACIC (WITH OR WITHOUT LATERAL TRANSVE	1/1/2021	12/31/2382	1
OPH	22612	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; LUMBAR (WITH OR WITHOUT LATERAL TRANSVERS	10/1/2010	12/31/2382	1
OPH	22614	ARTHRODESIS, POSTERIOR OR POSTEROLATERAL TECHNIQUE, SINGLE LEVEL; EACH ADDITIONAL VERTEBRAL SEGMENT	7/1/2015	12/31/2382	13
OPH	22630	ARTHRODESIS, POSTERIOR INTERBODY TECHNIQUE, INCLUDING LAMINECTOMY AND/OR	1/1/2021	12/31/2382	1
OPH	22632	ARTHRODISIS, POSTERIOR INTERBODY TECHNIQUE, SINGLE INTERSPACE; EACH ADDITIONAL INTERSPACE	1/1/2021	12/31/2382	4
OPH	22633	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHINQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	1/1/2020	12/31/2382	1
OPH	22634	ARTHRODESIS, COMBINED POSTERIOR OR POSTEROLATERAL TECHINQUE WITH POSTERIOR INTERBODY TECHNIQUE INCLUDING	1/1/2020	12/31/2382	4
OPH	22800	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST, UP TO 6 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22802	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 7 TO 12 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22804	ARTHRODESIS, POSTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 13 OR MORE VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	22808	ARTHRODISIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 2 TO 3 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22810	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 4 TO 7 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22812	ARTHRODESIS, ANTERIOR, FOR SPINAL DEFORMITY, WITH OR WITHOUT CAST; 8 OR MORE VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22818	KYPHESTOMY, CIRCUMFERENTIAL EXPOSURE OF SPINE AND RESECTION OF VERTEBRAL SEGMENT(S) (INCLUDING BODY AND	1/1/2021	12/31/2382	1
OPH	22819	KYPHECTOMY: 3 OR MORE SEGMENTS	1/1/2021	12/31/2382	1
OPH	22830	EXPLORATION OF SPINAL FUSION	1/1/2021	12/31/2382	1
OPH	22840	POSTERIOR NON-SEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD TECHNIQUE), PEDICLE	10/1/2017	12/31/2382	1
OPH	22841	INTERNAL SPINAL FIXATION BY WIRING OF SPINOUS PROCESSES	1/1/2021	12/31/2382	1
OPH	22842	POSTERIOR SEGMENTAL INSTRUMENTATION; 3 TO 6 VERTEBRAL SEGMENTS	10/1/2017	12/31/2382	1
OPH	22843	POSTERIOR SEGMENTAL INSTRUMENTATION; 7 TO 12 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22844	POSTERIOR SEGMENTAL INSTRUMENTATION; 13 OR MORE VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22845	ANTERIOR INSTRUMENTATION; 2 TO 3 VERTEBRAL SEGMENTS	10/1/2017	12/31/2382	1
OPH	22846	ANTERIOR INSTRUMENTATION; 4 TO 7 VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22847	ANTERIOR INSTRUMENTATION; 8 OR MORE VERTEBRAL SEGMENTS	1/1/2021	12/31/2382	1
OPH	22848	PELVIC FIXATION(ATTACHMENT OF CAUDAL END OF INSTRUMENTATION TO PELVIC BONY STRUCTURES) OTHER THAN SACRUM	1/1/2021	12/31/2382	1
OPH	22849	REINSERTION OF SPINAL FIXATION DEVICE	1/1/2021	12/31/2382	1
OPH	22850	REMOVAL OF POSTERIOR NONSEGMENTAL INSTRUMENTATION (EG, HARRINGTON ROD)	1/1/2021	12/31/2382	1
OPH	22852	REMOVAL OF POSTERIOR SEGMENTAL INSTRUMENTATION	1/1/2021	12/31/2382	1
OPH	22853	INSERTION OF DEVICE INTO INTERVERTEBRAL DISC SPACE OF SPINE AND FUSION OF VERTEBRAE	4/1/2018	12/31/2382	4
OPH	22854	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA AND FUSION OF VERTEBRAE	4/1/2018	12/31/2382	4
OPH	22855	REMOVAL OF ANTERIOR INSTRUMENTATION	1/1/2021	12/31/2382	1
OPH	22856	TOTAL DISC ARTHROPLASTY (ARTIFICIAL DISC), ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION	1/1/2013	12/31/2382	1
OPH	22857	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY TO PREPARE INTERSPACE, LUMBAR, SINGLE INTER	1/1/2021	12/31/2382	1

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OPH	22858	TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, INCLUDING DISCECTOMY WITH END PLATE PREPARATION; SECOND LEVEL	1/1/2015	12/31/2382	1
OPH	22859	INSERTION OF DEVICE INTO GAP LEFT BY REMOVAL OF PART OF VERTEBRA	4/1/2018	12/31/2382	4
OPH	22861	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1/1/2021	12/31/2382	1
OPH	22862	REVISION INCLUDING REPLACEMENT OF TOTAL DISC ARTHROPLASTY ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	1/1/2021	12/31/2382	1
OPH	22864	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, SINGLE INTERSPACE; CERVICAL	1/1/2021	12/31/2382	1
OPH	22865	REMOVAL OF TOTAL DISC ARTHROPLASTY, ANTERIOR APPROACH, LUMBAR, SINGLE INTERSPACE	1/1/2021	12/31/2382	1
OPH	22867	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL WITH OPEN DECOMPRESSION	1/1/2017	12/31/2382	1
OPH	22868	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT ADDITIONAL LEVEL WITH OPEN DECOMPRESSION	1/1/2017	12/31/2382	1
OPH	22869	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SINGLE LEVEL	1/1/2017	12/31/2382	1
OPH	22870	INSERTION OF STABILIZING OR SEPARATING DEVICE INTO LOWER SPINE AT SECOND LEVEL	1/1/2017	12/31/2382	1
OPH	22899	UNLISTED PROCEDURE, SPINE	4/1/2018	12/31/2382	1
OPH	22900	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	3
OPH	22901	EXCISION, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
OPH	22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	4/1/2015	12/31/2382	4
OPH	22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
OPH	22904	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; LESS THAN 5 CM	4/1/2014	12/31/2382	1
OPH	22905	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF ABDOMINAL WALL; 5 CM OR GREATER	4/1/2014	12/31/2382	1
OPH	22999	UNLISTED PROCEDURE, ABDOMEN, MUSCULOSKELETAL SYSTEM	4/1/2018	12/31/2382	1
OPH	23000	REMOVAL OF SUBDELTOID (OR INTRATENDINOUS) CALCAREOUS DEPOSITS, ANY METHOD	7/1/2013	12/31/2382	1
OPH	23020	CAPSULAR CONTRACTURE RELEASE (EG, SEVER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	23030	INCISION AND DRAINAGE, SHOULDER AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	23031	INCISION AND DRAINAGE, SHOULDER AREA; INFECTED BURSA	4/1/2015	12/31/2382	1
OPH	23035	INCISION , BONE CORTEX (EG, OSTEOMYELITIS OR BONE ABSCESS), SHOULDER AREA	4/1/2015	12/31/2382	1
OPH	23040	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	23044	ARTHROTOMY, ACROMIOCLAVICULAR, STERNOCLAVICULAR JOINT, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	1/1/2012	12/31/2382	1
OPH	23065	BIOPSY, SOFT TISSUE OF SHOULDER AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
OPH	23066	BIOPSY, SOFT TISSUE OF SHOULDER AREA; DEEP	10/1/2010	12/31/2382	2
OPH	23071	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	4/1/2015	12/31/2382	2
OPH	23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	4/1/2015	12/31/2382	2
OPH	23075	EXCISION,TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
OPH	23076	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	2
OPH	23077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA;LESS THAN 5 CM	10/1/2010	12/31/2382	1
OPH	23078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF SHOULDER AREA; 5 CM OR GREATER	4/1/2014	12/31/2382	1
OPH	23100	ARTHROTOMY, GLENOHUMERAL JOINT, INCLUDING BIOPSY	1/1/2012	12/31/2382	1
OPH	23101	ARTHROTOMY, ACROMIOCLAVICULAR JOINT OR STEROCCLAVICULAR JOINT, INCLUDING BIOPSY AND/OR EXCISION OF TORN CARTILA	10/1/2018	12/31/2382	1
OPH	23105	ARTHROTOMY; GLENOHUMERAL JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	1/1/2012	12/31/2382	1
OPH	23106	ANTHROTOMY; STERNOCLAVICULAR JOINT, WITH SYNOVECTOMY, WITH OR WITHOUT BIOPSY	1/1/2012	12/31/2382	1
OPH	23107	ARTHROTOMY, GLENOHUMERAL JOINT, WITH JOINT EXPLORATION, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	23120	CLAVICULECTOMY; PARTIAL	4/1/2013	12/31/2382	1
OPH	23125	CLAVICULECTOMY; TOTAL	1/1/2012	12/31/2382	1
OPH	23130	ACROMIOPLASTY OR ACROMIONECTOMY, PARTIAL, WITH OR WITHOUT CORACOACROMIAL LIGAMENT RELEASE	1/1/2012	12/31/2382	1
OPH	23140	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA;	4/1/2014	12/31/2382	1
OPH	23145	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH AUTOGRAFT (INCLUDES OBTAINING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	23146	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CLAVICLE OR SCAPULA; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
OPH	23150	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS;	10/1/2010	12/31/2382	1
OPH	23155	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRA	10/1/2010	12/31/2382	1
OPH	23156	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL HUMERUS; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
OPH	23170	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), CLAVICLE	10/1/2010	12/31/2382	1
OPH	23172	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SCAPULA	10/1/2010	12/31/2382	1
OPH	23174	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERAL HEAD TO SURGICAL NECK	10/1/2010	12/31/2382	1
OPH	23180	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), CLAVICLE	10/1/2010	12/31/2382	1
OPH	23182	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), SCAPULA	10/1/2010	12/31/2382	1
OPH	23184	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), PROXIMAL HU	10/1/2010	12/31/2382	1
OPH	23190	OSTECTOMY OF SCAPULA, PARTIAL (EG, SUPERIOR MEDIAL ANGLE)	10/1/2010	12/31/2382	1
OPH	23195	RESECTION HUMERAL HEAD	10/1/2010	12/31/2382	1
OPH	23200	RADICAL RESECTION OF TUMOR; CLAVICLE	1/1/2021	12/31/2382	1
OPH	23210	RADICAL RESECTION OF TUMOR; SCAPULA	1/1/2021	12/31/2382	1
OPH	23220	RADICAL RESECTION OF TUMOR, PROXIMAL HUMERUS	1/1/2021	12/31/2382	1
OPH	23330	REMOVAL OF FOREIGN BODY, SHOULDER; SUBCUTANEOUS	10/1/2010	12/31/2382	2
OPH	23333	REMOVAL OF FOREIGN BODY, SHOULDER; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	4/1/2015	12/31/2382	1
OPH	23334	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	1/1/2014	12/31/2382	1
OPH	23335	REMOVAL OF PROSTHESIS, INCLUDES DEBRIDEMENT AND SYNOVECTOMY WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	1/1/2021	12/31/2382	1
OPH	23350	INJECTION PROCEDURE FOR SHOULDER ARTHROGRAPHY	1/1/2012	12/31/2382	1
OPH	23395	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; SINGLE	10/1/2010	12/31/2382	1
OPH	23397	MUSCLE TRANSFER, ANY TYPE FOR PARALYSIS OF SHOULDER OR UPPER ARM; MULTIPLE	10/1/2010	12/31/2382	1
OPH	23400	SCAPULOPEXY (EG, SPRENGEL'S DEFORMITY OR FOR PARALYSIS)	10/1/2010	12/31/2382	1
OPH	23405	TENOTOMY, SHOULDER AREA; SINGLE TENDON	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	23406	TENOTOMY, SHOULDER AREA; MULTIPLE TENDONS THROUGH SAME INCISION	10/1/2013	12/31/2382	1
OPH	23410	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; ACUTE	1/1/2012	12/31/2382	1
OPH	23412	REPAIR OF RUPTURED SUPRASPINATUS TENDON (ROTATOR CUFF) OR MUSCULOTENDINOUS CUFF; CHRONIC	1/1/2012	12/31/2382	1
OPH	23415	CORACOACROMIAL LIGAMENT RELEASE, WITH OR WITHOUT ACROMIOPLASTY	1/1/2012	12/31/2382	1
OPH	23420	RECONSTRUCTION OF COMPLETE SHOULDER (ROTATOR) CUFF AVULSION, CHRONIC (INCLUDES ACROMIOPLASTY)	1/1/2012	12/31/2382	1
OPH	23430	TENODESIS FOR RUPTURE OF LONG TENDON OF BICEPS	1/1/2012	12/31/2382	1
OPH	23440	RESECTION OR TRANSPLANTATION OF LONG TENDON OF BICEPS, FOR CHRONIC TENOSYNOVITIS	1/1/2012	12/31/2382	1
OPH	23450	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR; PUTTI-PLATT PROCEDURE OR MAGNUSON TYPE OPERATION	1/1/2012	12/31/2382	1
OPH	23455	CAPSULORRHAPHY, ANTERIOR; WITH LABRAL REPAIR (EG, BANKART PROCEDURE)	1/1/2012	12/31/2382	1
OPH	23460	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH BONE BLOCK	1/1/2012	12/31/2382	1
OPH	23462	CAPSULORRHAPHY FOR RECURRENT DISLOCATION, ANTERIOR, ANY TYPE; WITH CORACOID PROCESS TRANSFER	1/1/2012	12/31/2382	1
OPH	23465	CAPSULORRHAPHY, GLENOHUMERAL JOINT, POSTERIOR, WITH OR WITHOUT BONE BLOCK	1/1/2012	12/31/2382	1
OPH	23466	CAPSULORRHAPHY, GLENOHUMERAL JOINT, ANY TYPE MULTI-DIRECTIONAL INSTABILITY	1/1/2012	12/31/2382	1
OPH	23470	ARTHROPLASTY, GLENOHUMERAL JOINT; HEMIARTHROPLASTY	1/1/2012	12/31/2382	1
OPH	23472	ARTHROPLASTY, GLENOHUMERAL JOINT; TOTAL SHOULDER (GLENOID AND PROXIMAL HUMERAL REPLACEMENT (EG, TOTAL SHOULDER	1/1/2021	12/31/2382	1
OPH	23473	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR GLENOID COMPONENT	1/1/2013	12/31/2382	1
OPH	23474	REVISION OF TOTAL SHOULDER ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND GLENOID COMPONENT	1/1/2021	12/31/2382	1
OPH	23480	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION;	1/1/2012	12/31/2382	1
OPH	23485	OSTEOTOMY, CLAVICLE, WITH OR WITHOUT INTERNAL FIXATION; WITH BONE GRAFT FOR NONUNION OR MALUNION (INCLUDES OBT	1/1/2012	12/31/2382	1
OPH	23490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; CLAVICLE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	23491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; PROXIMAL HUME	1/1/2012	12/31/2382	1
OPH	23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23505	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23515	OPEN TREATMENT OF CLAVICULAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	23520	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23525	CLOSED TREATMENT OF STERNOCLAVICULAR DISLOCATION; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23530	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	1/1/2012	12/31/2382	1
OPH	23532	OPEN TREATMENT OF STERNOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAFT	1/1/2012	12/31/2382	1
OPH	23540	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23545	CLOSED TREATMENT OF ACROMIOCLAVICULAR DISLOCATION; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23550	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC;	1/1/2012	12/31/2382	1
OPH	23552	OPEN TREATMENT OF ACROMIOCLAVICULAR DISLOCATION, ACUTE OR CHRONIC; WITH FASCIAL GRAFT (INCLUDES OBTAINING GRAF	1/1/2012	12/31/2382	1
OPH	23570	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23575	CLOSED TREATMENT OF SCAPULAR FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION (WITH OR WITHOUT S	1/1/2012	12/31/2382	1
OPH	23585	OPEN TREATMENT OF SCAPULAR FRACTURE (BODY, GLENOID OR ACROMION) WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23605	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE; WITH MANIPULATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
OPH	23615	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2012	12/31/2382	1
OPH	23616	OPEN TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2012	12/31/2382	1
OPH	23620	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	23625	CLOSED TREATMENT OF GREATER TUBEROSITY FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23630	OPEN TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	23655	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	23660	OPEN TREATMENT OF ACUTE SHOULDER DISLOCATION	1/1/2012	12/31/2382	1
OPH	23665	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23670	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH FRACTURE OF GREATER HUMERAL TUBEROSITY, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
OPH	23675	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	23680	OPEN TREATMENT OF SHOULDER DISLOCATION, WITH SURGICAL OR ANATOMICAL NECK FRACTURE, WITH OR WITHOUT INTERNAL OR	1/1/2012	12/31/2382	1
OPH	23700	MANIPULATION UNDER ANESTHESIA, SHOULDER JOINT, INCLUDING APPLICATION OF FIXATION APPARATUS (DISLOCATION EXCLUD	1/1/2012	12/31/2382	1
OPH	23800	ARTHRODESIS, GLENOHUMERAL JOINT	1/1/2012	12/31/2382	1
OPH	23802	ARTHRODESIS, GLENOHUMERAL JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
OPH	23900	INTERTHORACOSCAPULAR AMPUTATION (FOREQUARTER)	1/1/2021	12/31/2382	1
OPH	23920	DISARTICULATION OF SHOULDER;	1/1/2021	12/31/2382	1
OPH	23921	DISARTICULATION OF SHOULDER; SECONDARY CLOSURE OR SCAR REVISION	4/1/2013	12/31/2382	1
OPH	23929	UNLISTED PROCEDURE, SHOULDER	4/1/2018	12/31/2382	1
OPH	23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2
OPH	23931	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; BURSA	10/1/2010	12/31/2382	2
OPH	23935	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), HUMERUS OR ELBOW	10/1/2010	12/31/2382	2
OPH	24000	ARTHROTOMY, ELBOW, INCLUDING EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	24006	ARTHROTOMY OF THE ELBOW, WITH CAPSULAR EXCISION FOR CAPSULAR RELEASE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	24065	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
OPH	24066	BIOPSY, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2
OPH	24073	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR), 5 CM OR	4/1/2019	12/31/2382	2
OPH	24075	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2015	12/31/2382	5
OPH	24076	EXCISION, TUMOR,SOFT TISSUE OF UPPER ARM OR ELBOW AREA; DEEP, SUBFASCIAL (EG, INTRAMUSCULAR)	4/1/2015	12/31/2382	4
OPH	24077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA	4/1/2014	12/31/2382	1
OPH	24079	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF UPPER ARM OR ELBOW AREA; 5 CM	7/1/2012	12/31/2382	1
OPH	24100	ARTHROTOMY, ELBOW; FOR SYNOVIAL BIOPSY ONLY	1/1/2012	12/31/2382	1
OPH	24101	ARTHROTOMY, ELBOW; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	1/1/2012	12/31/2382	1
OPH	24102	ARTHROTOMY, ELBOW; FOR SYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	24105	EXCISION, OLECRANON BURSA	1/1/2012	12/31/2382	1
OPH	24110	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS;	10/1/2010	12/31/2382	1
OPH	24115	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	24116	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, HUMERUS; WITH ALLOGRAFT	10/1/2010	12/31/2382	1
OPH	24120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS;	1/1/2012	12/31/2382	1
OPH	24125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH AUTOGR	10/1/2010	12/31/2382	1
OPH	24126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF HEAD OR NECK OF RADIUS OR OLECRANON PROCESS; WITH ALLOGR	10/1/2010	12/31/2382	1
OPH	24130	EXCISION, RADIAL HEAD	1/1/2012	12/31/2382	1
OPH	24134	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), SHAFT OR DISTAL HUMERUS	10/1/2010	12/31/2382	1
OPH	24136	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), RADIAL HEAD OR NECK	10/1/2010	12/31/2382	1
OPH	24138	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), OLECRANON PROCESS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24140	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), HUMERUS	1/1/2012	12/31/2382	1
OPH	24145	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), RADIAL HEAD	1/1/2012	12/31/2382	1
OPH	24147	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS), OLECRANON PR	1/1/2012	12/31/2382	1
OPH	24149	RADICAL RESECTION OF CAPSULE, SOFT TISSUE, AND HETEROTOPIC BONE, ELBOW, WITH CONTRACTURE RELEASE (SEPARATE PRO	1/1/2012	12/31/2382	1
OPH	24150	RADICAL RESECTION OF TUMOR, SHAFT OR DISTAL HUMERUS	10/1/2010	12/31/2382	1
OPH	24152	RADICAL RESECTION OF TUMOR, RADIAL HEAD OR NECK	10/1/2010	12/31/2382	1
OPH	24155	RESECTION OF ELBOW JOINT (ARTHRECTOMY)	1/1/2012	12/31/2382	1
OPH	24160	IMPLANT REMOVAL; ELBOW JOINT	1/1/2012	12/31/2382	1
OPH	24164	IMPLANT REMOVAL; RADIAL HEAD	1/1/2012	12/31/2382	1
OPH	24200	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; SUBCUTANEOUS	10/1/2010	12/31/2382	3
OPH	24201	REMOVAL OF FOREIGN BODY, UPPER ARM OR ELBOW AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	10/1/2010	12/31/2382	3
OPH	24220	INJECTION PROCEDURE FOR ELBOW ARTHROGRAPHY	1/1/2012	12/31/2382	1
OPH	24300	MANIPULATION, ELBOW, UNDER ANESTHESIA	1/1/2012	12/31/2382	1
OPH	24301	MUSCLE OR TENDON TRANSFER, ANY TYPE, UPPER ARM OR ELBOW, SINGLE (EXCLUDING 24320-24331)	10/1/2010	12/31/2382	2
OPH	24305	TENDON LENGTHENING, UPPER ARM OR ELBOW,EACH TENDON	10/1/2010	12/31/2382	4
OPH	24310	TENOTOMY, OPEN, ELBOW TO SHOULDER, EACH TENDON	4/1/2019	12/31/2382	2
OPH	24320	TENOPLASTY, WITH MUSCLE TRANSFER, WITH OR WITHOUT FREE GRAFT, ELBOW TO SHOULDER, SINGLE (SEDDON-BROOKES TYPE P	10/1/2010	12/31/2382	2
OPH	24330	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT);	1/1/2012	12/31/2382	1
OPH	24331	FLEXOR-PLASTY, ELBOW (EG, STEINDLER TYPE ADVANCEMENT); WITH EXTENSOR ADVANCEMENT	1/1/2012	12/31/2382	1
OPH	24332	TENOLYSIS, TRICEPS	1/1/2012	12/31/2382	1
OPH	24340	TENODESIS FOR RUPTURE OF BICEPS TENDON AT ELBOW	1/1/2012	12/31/2382	1
OPH	24341	REPAIR, TENDON OR MUSCLE, UPPER ARM OR ELBOW, EACH TENDON OR MUSCLE, PRIMARY OR SECONDARY (EXLUDES ROTATOR CUF	4/1/2015	12/31/2382	2
OPH	24342	REINSERTION OF RUPTURED BICEPS OR TRICEPS TENDON, DISTAL, WITH OR WITHOUT TENDON GRAFT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24343	REPAIR LATERAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	1/1/2012	12/31/2382	1
OPH	24344	RECONSTRUCTION LATERAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	1/1/2012	12/31/2382	1
OPH	24345	REPAIR MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH LOCAL TISSUE	1/1/2012	12/31/2382	1
OPH	24346	RECONSTRUCTION MEDIAL COLLATERAL LIGAMENT, ELBOW, WITH TENDON GRAFT (INCLUDES HARVESTING OF GRAFT)	1/1/2012	12/31/2382	1
OPH	24357	TENOTOMY, ELBOW, LATERAL OR MEDICAL; PERCUTANEOUS	10/1/2018	12/31/2382	1
OPH	24358	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN	10/1/2018	12/31/2382	1
OPH	24359	TENOTOMY, ELBOW, LATERAL OR MEDICAL; DEBRIDEMENT, SOFT TISSUE AND/OR BONE, OPEN WITH TENDON REPAIR OR REATTACH	10/1/2010	12/31/2382	2
OPH	24360	ARTHROPLASTY, ELBOW; WITH MEMBRANE	1/1/2012	12/31/2382	1
OPH	24361	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERAL PROSTHETIC REPLACEMENT	1/1/2012	12/31/2382	1
OPH	24362	ARTHROPLASTY, ELBOW; WITH IMPLANT AND FASCIA LATA LIGAMENT RECONSTRUCTION	1/1/2012	12/31/2382	1
OPH	24363	ARTHROPLASTY, ELBOW; WITH DISTAL HUMERUS AND PROXIMAL ULNAR PROSTHETIC REPLACEMENT ("TOTAL ELBOW")	1/1/2012	12/31/2382	1
OPH	24365	ARTHROPLASTY, RADIAL HEAD;	1/1/2012	12/31/2382	1
OPH	24366	ARTHROPLASTY, RADIAL HEAD; WITH IMPLANT	1/1/2012	12/31/2382	1
OPH	24370	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL OR ULNAR COMPONENT	1/1/2013	12/31/2382	1
OPH	24371	REVISION OF TOTAL ELBOW ARTHROPLASTY, INCLUDING ALLOGRAFT WHEN PERFORMED; HUMERAL AND ULNAR COMPONENT	1/1/2013	12/31/2382	1
OPH	24400	OSTEOTOMY, HUMERUS, WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	24410	MULTIPLE OSTEOTOMIES WITH REALIGNMENT ON INTRAMEDULLARY ROD, HUMERAL SHAFT (SOFIELD TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	24420	OSTEOPLASTY, HUMERUS (EG, SHORTENING OR LENGTHENING) (EXCLUDING 64876)	1/1/2012	12/31/2382	1
OPH	24430	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
OPH	24435	REPAIR OF NONUNION OR MALUNION, HUMERUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	24470	HEMIEPIPHYSEAL ARREST (EG, FOR CUBITUS VARUS OR VALGUS, DISTAL HUMERUS)	1/1/2012	12/31/2382	1
OPH	24495	DECOMPRESSION FASCIOTOMY, FOREARM, WITH BRACHIAL ARTERY EXPLORATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24498	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING), WITH OR WITHOUT METHYLMETHACRYLATE, HUMERAL	1/1/2012	12/31/2382	1
OPH	24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24505	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2012	12/31/2382	1
OPH	24515	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1/1/2012	12/31/2382	1
OPH	24516	OPEN TREATMENT OF HUMERAL SHAFT FRACTURE, WITH INSERTION OF INTRAMEDULLARY IMPLANT, WITH OR WITHOUT CERCLAGE A	1/1/2012	12/31/2382	1
OPH	24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	1/1/2012	12/31/2382	1
OPH	24535	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYLAR EXTENSION;	1/1/2012	12/31/2382	1
OPH	24538	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR WITHOUT INTERCONDYL	1/1/2012	12/31/2382	1
OPH	24545	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
OPH	24546	OPEN TREATMENT OF HUMERAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
OPH	24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24565	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24566	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24575	OPEN TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
OPH	24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24577	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24579	OPEN TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24582	PERCUTANEOUS SKELETAL FIXATION OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24586	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	1/1/2012	12/31/2382	1
OPH	24587	OPEN TREATMENT OF PERIARTICULAR FRACTURE AND/OR DISLOCATION OF THE ELBOW (FRACTURE DISTAL HUMERUS AND PROXIMAL	1/1/2012	12/31/2382	1
OPH	24600	TREATMENT OF CLOSED ELBOW DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	24605	TREATMENT OF CLOSED ELBOW DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	24615	OPEN TREATMENT OF ACUTE OR CHRONIC ELBOW DISLOCATION	1/1/2012	12/31/2382	1
OPH	24620	CLOSED TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOC	1/1/2012	12/31/2382	1
OPH	24635	OPEN TREATMENT OF MONTEGGIA TYPE OF FRACTURE DISLOCATION AT ELBOW (FRACTURE PROXIMAL END OF ULNA WITH DISLOCAT	1/1/2012	12/31/2382	1
OPH	24640	CLOSED TREATMENT OF RADIAL HEAD SUBLUXATION IN CHILD, "NURSEMAID ELBOW", WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24655	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24665	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION;	1/1/2012	12/31/2382	1
OPH	24666	OPEN TREATMENT OF RADIAL HEAD OR NECK FRACTURE, WITH OR WITHOUT INTERNAL FIXATION OR RADIAL HEAD EXCISION; WIT	1/1/2012	12/31/2382	1
OPH	24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	24675	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	24685	OPEN TREATMENT OF ULNAR FRACTURE PROXIMAL END (OLECRANON PROCESS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATI	1/1/2012	12/31/2382	1
OPH	24800	ARTHRODESIS, ELBOW JOINT; LOCAL	1/1/2012	12/31/2382	1
OPH	24802	ARTHRODESIS, ELBOW JOINT; WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	24900	AMPUTATION, ARM THROUGH HUMERUS; WITH PRIMARY CLOSURE	1/1/2021	12/31/2382	1
OPH	24920	AMPUTATION, ARM THROUGH HUMERUS; OPEN, CIRCULAR (GUILLotine)	1/1/2021	12/31/2382	1
OPH	24925	AMPUTATION, ARM THROUGH HUMERUS; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	24930	AMPUTATION, ARM THROUGH HUMERUS; RE-AMPUTATION	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	24931	AMPUTATION, ARM THROUGH HUMERUS; WITH IMPLANT	1/1/2021	12/31/2382	1
OPH	24935	STUMP ELONGATION, UPPER EXTREMITY	1/1/2012	12/31/2382	1
OPH	24940	CINEPLASTY, UPPER EXTREMITY, COMPLETE PROCEDURE	1/1/2021	12/31/2382	1
OPH	24999	UNLISTED PROCEDURE, HUMERUS OR ELBOW	4/1/2018	12/31/2382	1
OPH	25000	INCISION, EXTENSOR TENDON SHEATH, WRIST (EG, DEQUERVAIN'S DISEASE)	7/1/2013	12/31/2382	2
OPH	25001	INCISION, FLEXOR TENDON SHEATH, WRIST (EG, FLEXOR CAPRI RADIALIS)	1/1/2012	12/31/2382	1
OPH	25020	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; FLEXOR OR EXTENSOR COMPARTMENT	1/1/2012	12/31/2382	1
OPH	25023	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERVE	1/1/2012	12/31/2382	1
OPH	25024	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/O DEBRIDEMENT OF NONVIABLE	1/1/2012	12/31/2382	1
OPH	25025	DECOMPRESSION FASCIOTOMY, FOREARM AND/OR WRIST, FLEXOR AND EXTENSOR COMPARTMENT;W/ DEBRIDEMENT ON NONVIABLE MU	1/1/2012	12/31/2382	1
OPH	25028	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; DEEP ABSCESS OR HEMATOMA	4/1/2015	12/31/2382	4
OPH	25031	INCISION AND DRAINAGE, FOREARM AND/OR WRIST; BURSA	10/1/2010	12/31/2382	2
OPH	25035	INCISION, DEEP, BONE CORTEX, FOREARM AND/OR WRIST (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
OPH	25040	ARTHROTOMY, RADIOCARPAL OR MEDIOCARPAL JOINT, FOR INFECTION, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN	1/1/2012	12/31/2382	1
OPH	25065	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; SUPERFICIAL	4/1/2019	12/31/2382	2
OPH	25066	BIOPSY, SOFT TISSUE OF FOREARM AND/OR WRIST; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	7/1/2015	12/31/2382	2
OPH	25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; 3 CM OR GREATER	7/1/2012	12/31/2382	3
OPH	25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); 3 CM OR GREATER	10/1/2018	12/31/2382	2
OPH	25075	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBCUTANEOUS; LESS THAN 3 CM	7/1/2015	12/31/2382	6
OPH	25076	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 3 CM	4/1/2019	12/31/2382	3
OPH	25077	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	4/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25078	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOREARM AND/OR WRIST AREA	7/1/2012	12/31/2382	1
OPH	25085	CAPSULOTOMY, WRIST (EG, FOR CONTRACTURE)	1/1/2012	12/31/2382	1
OPH	25100	ARTHROTOMY, WRIST JOINT; FOR BIOPSY	1/1/2012	12/31/2382	1
OPH	25101	ARTHROTOMY, WRIST JOINT; WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR F	1/1/2012	12/31/2382	1
OPH	25105	ARTHROTOMY, WRIST JOINT; FOR SYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	25107	ARTHROTOMY, DISTAL RADIOULNAR JOINT INCLUDING REPAIR OF TRIANGULAR CARTILAGE, COMPLEX	1/1/2012	12/31/2382	1
OPH	25109	EXCISION OF TENDON, FOREARM AND/OR WRIST, FLEXOR OR EXTENSOR, EACH	7/1/2015	12/31/2382	4
OPH	25110	EXCISION, LESION OF TENDON SHEATH, FOREARM AND/OR WRIST	4/1/2019	12/31/2382	2
OPH	25111	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); PRIMARY	1/1/2012	12/31/2382	1
OPH	25112	EXCISION OF GANGLION, WRIST (DORSAL OR VOLAR); RECURRENT	1/1/2012	12/31/2382	1
OPH	25115	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	1/1/2012	12/31/2382	1
OPH	25116	RADICAL EXCISION OF BURSA, SYNOVIA OF WRIST, OR FOREARM TENDON SHEATHS (EG, TENOSYNOVITIS, FUNGUS, TBC, OR OTH	1/1/2012	12/31/2382	1
OPH	25118	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT;	7/1/2015	12/31/2382	5
OPH	25119	SYNOVECTOMY, EXTENSOR TENDON SHEATH, WRIST, SINGLE COMPARTMENT; WITH RESECTION OF DISTAL ULNA	1/1/2012	12/31/2382	1
OPH	25120	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	1/1/2012	12/31/2382	1
OPH	25125	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	10/1/2010	12/31/2382	1
OPH	25126	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF RADIUS OR ULNA (EXCLUDING HEAD OR NECK OF RADIUS AND OLE	10/1/2010	12/31/2382	1
OPH	25130	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES;	1/1/2012	12/31/2382	1
OPH	25135	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	25136	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF CARPAL BONES; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	25145	SEQUESTRECTOMY (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOREARM AND/OR WRIST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25150	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); ULNA	10/1/2010	12/31/2382	1
OPH	25151	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); RADIUS	10/1/2010	12/31/2382	1
OPH	25170	RADICAL RESECTION OF TUMOR, RADIUS OR ULNA	10/1/2010	12/31/2382	1
OPH	25210	CARPECTOMY; ONE BONE	10/1/2010	12/31/2382	2
OPH	25215	CARPECTOMY; ALL BONES OF PROXIMAL ROW	4/1/2013	12/31/2382	1
OPH	25230	RADIAL STYLOIDECTOMY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	25240	EXCISION DISTAL ULNA (DARRACH TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	25246	INJECTION PROCEDURE FOR WRIST ARTHROGRAPHY	1/1/2012	12/31/2382	1
OPH	25248	EXPLORATION FOR REMOVAL OF DEEP FOREIGN BODY, FOREARM OR WRIST	10/1/2010	12/31/2382	3
OPH	25250	REMOVAL OF WRIST PROSTHESIS; (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	25251	REMOVAL OF WRIST PROSTHESIS; COMPLICATED, INCLUDING "TOTAL WRIST"	4/1/2013	12/31/2382	1
OPH	25259	MANIPULATION, WRIST, UNDER ANESTHESIA	1/1/2012	12/31/2382	1
OPH	25260	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	7
OPH	25263	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	4
OPH	25265	REPAIR, TENDON OR MUSCLE, FLEXOR, FOREARM AND/OR WRIST; SECONDARY, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT),	7/1/2015	12/31/2382	4
OPH	25270	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; PRIMARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	8
OPH	25272	REPAIR, TENDON OR MUSCLE, EXTENSOR, FOREARM AND/OR WRIST; SECONDARY, SINGLE, EACH TENDON OR MUSCLE	7/1/2015	12/31/2382	4
OPH	25274	REPAIR, TENDON OR MUSCLE, EXTENSOR, SECONDARY, WITH TENDON GRAFT (INCLUDES OBTAINING GRAFT), FOREARM AND/OR WR	7/1/2015	12/31/2382	4
OPH	25275	REPAIR, TENDON SHEATH, EXTENSOR, FOREARM AND/OR WRIST, WITH FREE GRAFT (INCLUDES OBTAINING GRAFT) (EG, FOR EXE	10/1/2010	12/31/2382	2
OPH	25280	LENGTHENING OR SHORTENING OF FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	7/1/2015	12/31/2382	9
OPH	25290	TENOTOMY, OPEN, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	4/1/2019	12/31/2382	10

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25295	TENOLYSIS, FLEXOR OR EXTENSOR TENDON, FOREARM AND/OR WRIST, SINGLE, EACH TENDON	10/1/2010	12/31/2382	9
OPH	25300	TENODESIS AT WRIST; FLEXORS OF FINGERS	1/1/2012	12/31/2382	1
OPH	25301	TENODESIS AT WRIST; EXTENSORS OF FINGERS	1/1/2012	12/31/2382	1
OPH	25310	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; EACH TENDON	7/1/2015	12/31/2382	5
OPH	25312	TENDON TRANSPLANTATION OR TRANSFER, FLEXOR OR EXTENSOR, FOREARM AND/OR WRIST, SINGLE; WITH TENDON GRAFT(S) (IN	4/1/2019	12/31/2382	4
OPH	25315	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST;	1/1/2012	12/31/2382	1
OPH	25316	FLEXOR ORIGIN SLIDE FOR CEREBRAL PALSY, FOREARM AND/OR WRIST; WITH TENDON(S) TRANSFER	1/1/2012	12/31/2382	1
OPH	25320	CAPSULORRHAPHY OR RECONSTRUCTION, CAPSULECTOMY, WRIST (INCLUDES SYNOVECTOMY, RESECTION OF CAPSULE, TENDON INSE	1/1/2012	12/31/2382	1
OPH	25332	ARTHROPLASTY, WRIST, WITH OR WITHOUT INTERPOSITION, WITH OR WITHOUT EXTERNAL OR INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	25335	CENTRALIZATION OF WRIST ON ULNA (EG, RADIAL CLUB HAND)	1/1/2012	12/31/2382	1
OPH	25337	RECONSTRUCTION FOR STABILIZATION OF UNSTABLE DISTAL ULNA OR DISTAL RADIOULNAR JOINT, SECONDARY BY SOFT TISSUE	1/1/2012	12/31/2382	1
OPH	25350	OSTEOTOMY, RADIUS; DISTAL THIRD	1/1/2012	12/31/2382	1
OPH	25355	OSTEOTOMY, RADIUS; MIDDLE OR PROXIMAL THIRD	1/1/2012	12/31/2382	1
OPH	25360	OSTEOTOMY; ULNA	1/1/2012	12/31/2382	1
OPH	25365	OSTEOTOMY; RADIUS AND ULNA	1/1/2012	12/31/2382	1
OPH	25370	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS OR ULNA	1/1/2012	12/31/2382	1
OPH	25375	MULTIPLE OSTEOTOMIES, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE); RADIUS AND ULNA	1/1/2012	12/31/2382	1
OPH	25390	OSTEOPLASTY, RADIUS OR ULNA; SHORTENING	1/1/2012	12/31/2382	1
OPH	25391	OSTEOPLASTY, RADIUS OR ULNA; LENGTHENING WITH AUTOGRAFT	1/1/2012	12/31/2382	1
OPH	25392	OSTEOPLASTY, RADIUS AND ULNA; SHORTENING (EXCLUDING 64876)	1/1/2012	12/31/2382	1
OPH	25393	OSTEOPLASTY, RADIUS AND ULNA; LENGTHENING WITH AUTOGRAFT	1/1/2012	12/31/2382	1
OPH	25394	OSTEOPLASTY, CARPAL BONE, SHORTENING	1/1/2012	12/31/2382	1
OPH	25400	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25405	REPAIR OF NONUNION OR MALUNION, RADIUS OR ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	25415	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
OPH	25420	REPAIR OF NONUNION OR MALUNION, RADIUS AND ULNA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	25425	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS OR ULNA	1/1/2012	12/31/2382	1
OPH	25426	REPAIR OF DEFECT WITH AUTOGRAFT; RADIUS AND ULNA	1/1/2012	12/31/2382	1
OPH	25430	INSERTION OF VASCULAR PEDICLE INTO CARPAL BONE (EG, HARII PROCEDURE)	1/1/2012	12/31/2382	1
OPH	25431	REPAIR OF NONUNION OF CARPAL BONE (EXCLUDONG CARPAL SCAPHOID (NAVICULAR))(INCLUDES OBTAINING GRAFT), EACH BONE	7/1/2015	12/31/2382	1
OPH	25440	REPAIR OF NONUNION, SCAPHOID (NAVICULAR) BONE, WITH OR WITHOUT RADIAL STYLOIDECTOMY (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	25441	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS	1/1/2012	12/31/2382	1
OPH	25442	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL ULNA	1/1/2012	12/31/2382	1
OPH	25443	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; SCAPHOID (NAVICULAR)	1/1/2012	12/31/2382	1
OPH	25444	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; LUNATE	1/1/2012	12/31/2382	1
OPH	25445	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; TRAPEZIUM	1/1/2012	12/31/2382	1
OPH	25446	ARTHROPLASTY WITH PROSTHETIC REPLACEMENT; DISTAL RADIUS AND PARTIAL OR ENTIRE CARPUS ("TOTAL WRIST")	1/1/2012	12/31/2382	1
OPH	25447	ARTHROPLASTY, INTERPOSITION, INTERCARPAL OR CARPOMETACARPAL JOINTS	7/1/2015	12/31/2382	4
OPH	25449	REVISION OF ARTHROPLASTY, INCLUDING REMOVAL OF IMPLANT, WRIST JOINT	1/1/2012	12/31/2382	1
OPH	25450	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS OR ULNA	1/1/2012	12/31/2382	1
OPH	25455	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL RADIUS AND ULNA	1/1/2012	12/31/2382	1
OPH	25490	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS	1/1/2012	12/31/2382	1
OPH	25491	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; ULNA	1/1/2012	12/31/2382	1
OPH	25492	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE; RADIUS AND UL	1/1/2012	12/31/2382	1
OPH	25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	25505	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25515	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	25520	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE, WITH DISLOCATION OF DISTAL RADIOULNAR JOINT (GALEAZZI FRACTURE/DISL	1/1/2012	12/31/2382	1
OPH	25525	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND CLOSED TREATMENT OF DISLO	1/1/2012	12/31/2382	1
OPH	25526	OPEN TREATMENT OF RADIAL SHAFT FRACTURE, WITH INTERNAL AND/ OR EXTERNAL FIXATION AND OPEN TREATMENT, WITH OR W	1/1/2012	12/31/2382	1
OPH	25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	25535	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25545	OPEN TREATMENT OF ULNAR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	25565	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25574	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS OR ULNA	1/1/2012	12/31/2382	1
OPH	25575	OPEN TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES, WITH INTERNAL OR EXTERNAL FIXATION; OF RADIUS AND ULNA	1/1/2012	12/31/2382	1
OPH	25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
OPH	25605	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR EPIPHYSEAL SEPARATION, WITH OR WITHOU	1/1/2012	12/31/2382	1
OPH	25606	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIAL FRACTURE OR EPIPHYSEAL SEPERATION	1/1/2012	12/31/2382	1
OPH	25607	OPEN TREATMENT OF DISTAL RADIAL EXTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION, WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	25608	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPERATION; WITH INTERNAL FIXATION OF 2	1/1/2012	12/31/2382	1
OPH	25609	OPEN TREATMENT OF DISTAL RADIAL INTRA-ARTICULAR FRACTURE OR EPIPHYSEAL SEPARATION; WITH INTERNAL FIXATION OF 3	1/1/2012	12/31/2382	1
OPH	25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	25624	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25628	OPEN TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITHOUT MANIPULATION, EACH B	1/1/2012	12/31/2382	1
OPH	25635	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)); WITH MANIPULATION, EACH BONE	1/1/2012	12/31/2382	1
OPH	25645	OPEN TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID (NAVICULAR)), EACH BONE	4/1/2014	12/31/2382	1
OPH	25650	CLOSED TREATMENT OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
OPH	25651	PERCUTANEOUS SKELETAL FIXATION OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
OPH	25652	OPEN TREATMENT OF ULNAR STYLOID FRACTURE	1/1/2012	12/31/2382	1
OPH	25660	CLOSED TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25670	OPEN TREATMENT OF RADIOCARPAL OR INTERCARPAL DISLOCATION, ONE OR MORE BONES	1/1/2012	12/31/2382	1
OPH	25671	PERCUTANEOUS SKELETAL FIXATION OF DISTAL RADIOULNAR DISLOCATION	1/1/2012	12/31/2382	1
OPH	25675	CLOSED TREATMENT OF DISTAL RADIOULNAR DISLOCATION WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25676	OPEN TREATMENT OF DISTAL RADIOULNAR DISLOCATION, ACUTE OR CHRONIC	1/1/2012	12/31/2382	1
OPH	25680	CLOSED TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25685	OPEN TREATMENT OF TRANS-SCAPHOPERILUNAR TYPE OF FRACTURE DISLOCATION	1/1/2012	12/31/2382	1
OPH	25690	CLOSED TREATMENT OF LUNATE DISLOCATION, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	25695	OPEN TREATMENT OF LUNATE DISLOCATION	1/1/2012	12/31/2382	1
OPH	25800	ARTHRODESIS, WRIST; COMPLETE, WITHOUT BONE GRAFT (INCLUDES RADIOCARPAL AND/OR INTERCARPAL AND/OR CARPOME)	1/1/2012	12/31/2382	1
OPH	25805	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH SLIDING GRAFT	1/1/2012	12/31/2382	1
OPH	25810	ARTHRODESIS, WRIST JOINT (INCLUDING RADIOCARPAL AND/OR ULNOCARPAL FUSION); WITH ILIAC OR OTHER AUTOGRAFT (INCL	1/1/2012	12/31/2382	1
OPH	25820	ARTHRODESIS, WRIST; LIMITED, WITHOUT BONE GRAFT (EG, INTERCARPAL OR RADIOCARPAL)	1/1/2012	12/31/2382	1

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OPH	25825	INTERCARPAL FUSION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	25830	ARTHRODESIS, DISTAL RADIOULNAR JOINT WITH SEGMENTAL RESECTION OF ULNA, WITH OR WITHOUT BONE GRAFT	1/1/2012	12/31/2382	1
OPH	25900	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA;	1/1/2021	12/31/2382	1
OPH	25905	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; OPEN, CIRCULAR (GUILLOTINE)	1/1/2021	12/31/2382	1
OPH	25907	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	25909	AMPUTATION, FOREARM, THROUGH RADIUS AND ULNA; RE-AMPUTATION	1/1/2012	12/31/2382	1
OPH	25915	KRUKENBERG PROCEDURE	1/1/2021	12/31/2382	1
OPH	25920	DISARTICULATION THROUGH WRIST;	1/1/2021	12/31/2382	1
OPH	25922	DISARTICULATION THROUGH WRIST; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	25924	DISARTICULATION THROUGH WRIST; RE-AMPUTATION	1/1/2021	12/31/2382	1
OPH	25927	TRANSMETACARPAL AMPUTATION;	1/1/2021	12/31/2382	1
OPH	25929	TRANSMETACARPAL AMPUTATION; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	25931	TRANSMETACARPAL AMPUTATION; RE-AMPUTATION	1/1/2012	12/31/2382	1
OPH	25999	UNLISTED PROCEDURE, FOREARM OR WRIST	4/1/2018	12/31/2382	1
OPH	26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	7/1/2015	12/31/2382	2
OPH	26011	DRAINAGE OF FINGER ABSCESS; COMPLICATED (EG, FELON)	10/1/2010	12/31/2382	3
OPH	26020	DRAINAGE OF TENDON SHEATH, DIGIT AND/OR PALM, EACH	7/1/2015	12/31/2382	4
OPH	26025	DRAINAGE OF PALMAR BURSA; SINGLE, BURSA	4/1/2013	12/31/2382	1
OPH	26030	DRAINAGE OF PALMAR BURSA; MULTIPLE BURSA	4/1/2013	12/31/2382	1
OPH	26034	INCISION, BONE CORTEX, HAND OR FINGER (EG, OSTEOMYELITIS OR BONE ABSCESS)	10/1/2010	12/31/2382	2
OPH	26035	DECOMPRESSION FINGERS AND/OR HAND, INJECTION INJURY (EG, GREASE GUN)	7/1/2015	12/31/2382	1
OPH	26037	DECOMPRESSIVE FASCIOTOMY, HAND (EXCLUDES 26035)	4/1/2013	12/31/2382	1
OPH	26040	FASCIOTOMY, PALMAR (EG, DUPUYTREN'S CONTRACTURE); PERCUTANEOUS	1/1/2012	12/31/2382	1
OPH	26045	FASCIOTOMY, PALMAR, FOR DUPUYTREN'S CONTRACTURE; OPEN, PARTIAL	1/1/2012	12/31/2382	1
OPH	26055	TENDON SHEATH INCISION FOR TRIGGER FINGER	7/1/2015	12/31/2382	5
OPH	26060	TENOTOMY, PERCUTANEOUS, SINGLE, EACH DIGIT	7/1/2015	12/31/2382	5
OPH	26070	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CARPOMETACARPAL JOINT	7/1/2015	12/31/2382	2
OPH	26075	ARTHROTOMY, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF LOOSE OR FOREIGN BODY; METACARPOPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26080	ARTHROTOMY, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY; INTERPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	3
OPH	26100	ARTHROTOMY WITH BIOPSY; CARPOMETACARPAL JOINT, EACH	7/1/2015	12/31/2382	1
OPH	26105	ARTHROTOMY WITH BIOPSY; METACARPOPHALANGEAL JOINT, EACH	10/1/2010	12/31/2382	2
OPH	26110	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT, EACH	4/1/2019	12/31/2382	2
OPH	26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; 1.5 CM OR GREATER	7/1/2015	12/31/2382	4
OPH	26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG,INTRAMUSCULAR);	4/1/2019	12/31/2382	3
OPH	26115	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER; SUBCUTANEOUS; LESS THAN 1.5 CM	7/1/2015	12/31/2382	4
OPH	26116	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER, SUBFASCIAL, (EG,INTRAMUSCULAR);	4/1/2014	12/31/2382	2
OPH	26117	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; LESS THAN 3 CM	10/1/2010	12/31/2382	2
OPH	26118	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF HAND OR FINGER; 3 CM OR GREATER	7/1/2012	12/31/2382	1
OPH	26121	FASCIECTOMY, PALM ONLY, WITH OR WITHOUT Z-PLASTY, OTHER LOCAL TISSUE REARRANGEMENT, OR SKIN GRAFTING (INCLUDES	1/1/2012	12/31/2382	1
OPH	26123	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	1/1/2012	12/31/2382	1
OPH	26125	FASCIECTOMY, PARTIAL PALMAR WITH RELEASE OF SINGLE DIGIT INCLUDING PROXIMAL INTERPHALANGEAL JOINT, WITH OR WIT	7/1/2015	12/31/2382	4
OPH	26130	SYNOVECTOMY, CARPOMETACARPAL JOINT	7/1/2015	12/31/2382	1
OPH	26135	SYNOVECTOMY, METACARPOPHALANGEAL JOINT INCLUDING INTRINSIC RELEASE AND EXTENSOR HOOD RECONSTRUCTION, EACH DIGI	7/1/2015	12/31/2382	4
OPH	26140	SYNOVECTOMY, PROXIMAL INTERPHALANGEAL JOINT, INCLUDING EXTENSOR RECONSTRUCTION, EACH INTERPHALANGEAL JOINT	4/1/2019	12/31/2382	2
OPH	26145	SYNOVECTOMY, TENDON SHEATH, RADICAL (TENOSYNOVECTOMY), FLEXOR TENDON, PALM AND/OR FINGER, EACH TENDON	7/1/2015	12/31/2382	6
OPH	26160	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST, MUCOUS CYST, OR GANGLION), HAND OR FINGER	4/1/2019	12/31/2382	4
OPH	26170	EXCISION OF TENDON, PALM, FLEXOR, SINGLE (SEPARATE PROCEDURE), EACH	4/1/2019	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26180	EXCISION OF TENDON, FINGER, FLEXOR (SEPARATE PROCEDURE), EACH TENDON	7/1/2015	12/31/2382	4
OPH	26185	SESAMOIDECTOMY, THUMB OR FINGER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	26200	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL;	4/1/2014	12/31/2382	2
OPH	26205	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF METACARPAL; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	4/1/2014	12/31/2382	1
OPH	26210	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER;	4/1/2014	12/31/2382	2
OPH	26215	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF PROXIMAL, MIDDLE OR DISTAL PHALANX OF FINGER; WITH AUTOG	10/1/2010	12/31/2382	2
OPH	26230	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); METACARPAL	4/1/2014	12/31/2382	2
OPH	26235	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); PROXIMAL OR	4/1/2014	12/31/2382	2
OPH	26236	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS); DISTAL PHAL	4/1/2014	12/31/2382	2
OPH	26250	RADICAL RESECTION OF TUMOR, METACARPAL	10/1/2010	12/31/2382	2
OPH	26260	RADICAL RESECTION OF TUMOR, PROXIMAL OR MIDDLE PHALANX OF FINGER	4/1/2014	12/31/2382	1
OPH	26262	RADICAL RESECTION OF TUMOR, DISTAL PHALANX OF FINGER	4/1/2014	12/31/2382	1
OPH	26320	REMOVAL OF IMPLANT FROM FINGER OR HAND	7/1/2015	12/31/2382	4
OPH	26340	MANIPULATION, FINGER JOINT, UNDER ANESTHESIA, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26341	MANIPULATION, PALMAR FACIAL CORD POST ENZYME INJECTION, SINLGE CORD	1/1/2022	12/31/2382	1
OPH	26350	REPAIR OR ADVANCEMENT, FLEXOR TENDON, NOT IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY OR SECONDARY WITHOUT FREE	7/1/2015	12/31/2382	6
OPH	26352	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, NOT IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBT	7/1/2015	12/31/2382	2
OPH	26356	REPAIR OR ADVANCEMENT, FLEXOR TENDON, IN DIGITAL FLEXOR TENDON SHEATH; PRIMARY, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26357	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY, EACH TENDON	7/1/2015	12/31/2382	2
OPH	26358	FLEXOR TENDON REPAIR OR ADVANCEMENT, SINGLE, IN "NO MAN'S LAND"; SECONDARY WITH FREE GRAFT (INCLUDES OBTAINI	7/1/2015	12/31/2382	2
OPH	26370	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; PRIMARY, EACH TENDON	7/1/2015	12/31/2382	3

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OPH	26372	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITH FREE GRAFT, EACH	7/1/2015	12/31/2382	1
OPH	26373	REPAIR OR ADVANCEMENT OF PROFUNDUS TENDON, WITH INTACT SUPERFICIALIS TENDON; SECONDARY WITHOUT FREE GRAFT,EACH	7/1/2015	12/31/2382	2
OPH	26390	EXCISION FLEXOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	2
OPH	26392	REMOVAL OF PROSTHETIC ROD AND INSERTION OF FLEXOR TENDON GRAFT, HAND OR FINGER,(INCLUDES OBTIANING GRAFT) EACH	7/1/2015	12/31/2382	2
OPH	26410	REPAIR, EXTENSOR TENDON, HAND, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26412	EXTENSOR TENDON REPAIR, DORSUM OF HAND, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAF	7/1/2015	12/31/2382	3
OPH	26415	EXCISION OF EXTENSOR TENDON, IMPLANTATION OF PROSTHETIC ROD FOR DELAYED TENDON GRAFT, HAND OR FINGER	7/1/2015	12/31/2382	2
OPH	26416	REMOVAL OF PROSTHETIC ROD AND INSERTION OF EXTENSOR TENDON GRAFT (INCLUDES	10/1/2010	12/31/2382	2
OPH	26418	REPAIR, EXTENSOR TENDON, FINGER, PRIMARY OR SECONDARY; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26420	EXTENSOR TENDON REPAIR, DORSUM OF FINGER, SINGLE, PRIMARY OR SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GR	4/1/2019	12/31/2382	3
OPH	26426	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY (EG,BOUTONNIERE DEFORMITY); USING LOCAL TISSUE(S), INCLUD	7/1/2015	12/31/2382	4
OPH	26428	REPAIR OF EXTENSOR TENDON, CENTRAL SLIP, SECONDARY; WITH FREE GRAFT (INCLUDES OBTAINING GRAFT), EACH TENDON	10/1/2010	12/31/2382	2
OPH	26432	CLOSED TREATMENT OF DISTAL EXTENSOR TENDON INSERTION, WITH OR WITHOUT PERCUTANEOUS PINNING (EG, MALLET FINGER	10/1/2010	12/31/2382	2
OPH	26433	REPAIR OF EXTENSOR TENDON, DISTAL INSERTION, PRIMARY OR SECONDARY; WITHOUT GRAFT (EG, MALLET FINGER)	10/1/2010	12/31/2382	2
OPH	26434	EXTENSOR TENDON REPAIR, DISTAL INSERTION ("MALLET FINGER"), OPEN, PRIMARY OR SECONDARY REPAIR; WITH FREE GRA	7/1/2015	12/31/2382	2
OPH	26437	REALIGNMENT OF EXTENSOR TENDON, HAND, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26440	TENOLYSIS, FLEXOR TENDON; PALM OR FINGER; EACH TENDON	7/1/2015	12/31/2382	6
OPH	26442	TENOLYSIS, SIMPLE, FLEXOR TENDON; PALM AND FINGER, EACH TENDON	7/1/2015	12/31/2382	5
OPH	26445	TENOLYSIS, EXTENSOR TENDON, HAND OR FINGER; EACH TENDON	7/1/2015	12/31/2382	5

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OPH	26449	TENOLYSIS, COMPLEX, EXTENSOR TENDON, FINGER, INCLUDING FOREARM, EACH TENDON	7/1/2015	12/31/2382	5
OPH	26450	TENOTOMY, FLEXOR, PALM, OPEN, EACH TENDON	7/1/2015	12/31/2382	6
OPH	26455	TENOTOMY, FLEXOR, FINGER, OPEN, EACH TENDON	7/1/2015	12/31/2382	6
OPH	26460	TENOTOMY, EXTENSOR, HAND OR FINGER, OPEN, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26471	TENODESIS; OF PROXIMAL INTERPHALANGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26474	TENODESIS; OF DISTAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26476	LENGTHENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26477	SHORTENING OF TENDON, EXTENSOR, HAND OR FINGER, EACH TENDON	4/1/2019	12/31/2382	2
OPH	26478	LENGTHENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	6
OPH	26479	SHORTENING OF TENDON, FLEXOR, HAND OR FINGER, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26480	TRANSFER OR TRANSPLANT OF TENDON, CARPOMETACARPAL AREA OR DORSUM OF HAND; WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26483	TENDON TRANSFER OR TRANSPLANT, CARPOMETACARPAL AREA OR DORSUM OF HAND, SINGLE; WITH FREE TENDON GRAFT (INCLUDE	7/1/2015	12/31/2382	4
OPH	26485	TRANSFER OR TRANSPLANT OF TENDON, PALMAR; WITHOUT FREE TENDON GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
OPH	26489	TENDON TRANSFER OR TRANSPLANT, PALMAR, SINGLE, EACH TENDON; WITH FREE TENDON GRAFT (INCLUDES OBTAINING GRAFT),	4/1/2019	12/31/2382	2
OPH	26490	OPPONENSPLASTY; SUPERFICIALIS TENDON TRANSFER TYPE, EACH TENDON	7/1/2015	12/31/2382	3
OPH	26492	OPPONENSPLASTY; TENDON TRANSFER WITH GRAFT (INCLUDES OBTAINING GRAFT) EACH TENDON	7/1/2015	12/31/2382	2
OPH	26494	OPPONENSPLASTY; HYPOTHENAR MUSCLE TRANSFER	4/1/2014	12/31/2382	1
OPH	26496	OPPONENSPLASTY; OTHER METHODS	4/1/2014	12/31/2382	1
OPH	26497	TRANSFER TO TENDON TO RESTORE INTRINSIC FUNCTION; RING AND SMALL FINGER	10/1/2010	12/31/2382	2
OPH	26498	TENDON TRANSFER TO RESTORE INTRINSIC FUNCTION; ALL FOUR FINGERS	10/1/2013	12/31/2382	1
OPH	26499	CORRECTION CLAW FINGER, OTHER METHODS	7/1/2015	12/31/2382	2
OPH	26500	RECONSTRUCTION OF TENDON PULLEY, EACH TENDON; WITH LOCAL TISSUES (SEPARATE PROCEDURE)	4/1/2019	12/31/2382	3
OPH	26502	TENDON PULLEY RECONSTRUCTION; WITH TENDON OR FASCIAL GRAFT (INCLUDES OBTAINING GRAFT) (SEPARATE PROCEDURE)	4/1/2019	12/31/2382	2
OPH	26508	RELEASE OF THENAR MUSCLE(S) (EG, THUMB CONTRACTURE)	4/1/2013	12/31/2382	1
OPH	26510	CROSS INTRINSIC TRANSFER	7/1/2015	12/31/2382	4
OPH	26516	CAPSULODESIS, METACARPOPHALANGEAL JOINT; SINGLE DIGIT	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26517	CAPSULODESIS FOR M-P JOINT STABILIZATION; TWO DIGITS	4/1/2013	12/31/2382	1
OPH	26518	CAPSULODESIS FOR M-P JOINT STABILIZATION; THREE OR FOUR DIGITS	4/1/2013	12/31/2382	1
OPH	26520	CAPSULECTOMY OR CAPSULOTOMY; METACARPOPHALANGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26525	CAPSULECTOMY OR CAPSULOTOMY; INTERPHALGEAL JOINT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26530	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; EACH JOINT	7/1/2015	12/31/2382	4
OPH	26531	ARTHROPLASTY, METACARPOPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26535	ARTHROPLASTY INTERPHALANGEAL JOINT; EACH JOINT	4/1/2019	12/31/2382	3
OPH	26536	ARTHROPLASTY INTERPHALANGEAL JOINT; WITH PROSTHETIC IMPLANT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26540	REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL OR INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
OPH	26541	RECONSTRUCTION, COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT, SINGLE; WITH TENDON OR	7/1/2015	12/31/2382	4
OPH	26542	PRIMARY REPAIR OF COLLATERAL LIGAMENT, METACARPOPHALANGEAL JOINT; WITH LOCAL TISSUE (EG, ADDUCTOR ADVANCEMENT)	7/1/2015	12/31/2382	4
OPH	26545	RECONSTRUCTION, COLLATERAL LIGAMENT, INTERPHALANGEAL JOINT, SINGLE, INCLUDING GRAFT, EACH JOINT	7/1/2015	12/31/2382	4
OPH	26546	REPAIR NON-UNION, METACARPAL OR PHALANX, (INCLUDES OBTAINING BONE GRAFT WITH OR WITHOUT EXTERNAL OR INTERNAL I	7/1/2015	12/31/2382	2
OPH	26548	REPAIR AND RECONSTRUCTION, FINGER, VOLAR PLATE, INTERPHALANGEAL JOINT	10/1/2010	12/31/2382	3
OPH	26550	POLLICIZATION OF A DIGIT	4/1/2013	12/31/2382	1
OPH	26551	TRANSFER, TOE-TO-HAND WITH MICROVASCULAR ANASTOMOSIS; GREAT TOE "WRAP-AROUND" WITH BONE GRAFT	1/1/2021	12/31/2382	1
OPH	26553	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, SINGLE	1/1/2021	12/31/2382	1
OPH	26554	TOE-TO-HAND TRANSFER WITH MICROVASCULAR ANASTOMOSIS; OTHER THAN GREAT TOE, DOUBLE	1/1/2021	12/31/2382	1
OPH	26555	TRNASFER, FINGER TO ANOTHER POSITION WITHOUT MICROVASCULAR ANASTOMOSIS	10/1/2010	12/31/2382	2
OPH	26556	TRANSFER, FREE TOE JOINT, WITH MICROVASCULAR ANASTOMOSIS	1/1/2021	12/31/2382	2
OPH	26560	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS	10/1/2010	12/31/2382	2
OPH	26561	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; WITH SKIN FLAPS AND GRAFTS	10/1/2010	12/31/2382	2
OPH	26562	REPAIR OF SYNDACTYLY (WEB FINGER) EACH WEB SPACE; COMPLEX (EG, INVOLVING BONE, NAILS)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26565	OSTEOTOMY METACARPAL, EACH	4/1/2019	12/31/2382	2
OPH	26567	OSTEOTOMY; PHALANX OF FINGER, EACH	7/1/2015	12/31/2382	3
OPH	26568	OSTEOPLASTY, LENGTHENING, METACARPAL OR PHALANX	7/1/2015	12/31/2382	2
OPH	26580	REPAIR CLEFT HAND	4/1/2013	12/31/2382	1
OPH	26587	RECONSTRUCTION OF SUPERNUMERARY DIGIT, SOFT TISSUE AND BONE	7/1/2015	12/31/2382	2
OPH	26590	REPAIR MACRODACTYLIA	7/1/2015	12/31/2382	2
OPH	26591	REPAIR, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	7/1/2015	12/31/2382	4
OPH	26593	RELEASE, INTRINSIC MUSCLES OF HAND, EACH MUSCLE	4/1/2019	12/31/2382	8
OPH	26596	EXCISION OF CONSTRICTING RING OF FINGER, WITH MULTIPLE Z-PLASTIES	7/1/2015	12/31/2382	1
OPH	26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	10/1/2015	12/31/2382	2
OPH	26605	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITH MANIPULATION, EACH BONE	7/1/2015	12/31/2382	3
OPH	26607	CLOSED TREATMENT OF METACARPAL FRACTURE, WITH MANIPULATION, WITH INTERNAL OR EXTERNAL FIXATION, EACH BONE	7/1/2015	12/31/2382	2
OPH	26608	PERCUTANEOUS SKELETAL FIXATION OF METACARPAL FRACTURE, EACH BONE	4/1/2019	12/31/2382	4
OPH	26615	OPEN TREATMENT OF METACARPAL FRACTURE, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH BONE	4/1/2019	12/31/2382	3
OPH	26641	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, THUMB, WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	26645	CLOSED TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	26650	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH MANIPUL	4/1/2013	12/31/2382	1
OPH	26665	OPEN TREATMENT OF CARPOMETACARPAL FRACTURE DISLOCATION, THUMB (BENNETT FRACTURE), WITH OR WITHOUT INTERNAL OR	4/1/2013	12/31/2382	1
OPH	26670	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	7/1/2015	12/31/2382	2
OPH	26675	CLOSED TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WITH MANIPULATIO	7/1/2015	12/31/2382	1
OPH	26676	PERCUTANEOUS SKELETAL FIXATION OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE), SINGLE, WI	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26685	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); SINGLE, WITH OR WITHOUT IN	7/1/2015	12/31/2382	3
OPH	26686	OPEN TREATMENT OF CARPOMETACARPAL DISLOCATION, OTHER THAN THUMB (BENNETT FRACTURE); COMPLEX, MULTIPLE OR DELAY	7/1/2015	12/31/2382	3
OPH	26700	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	4/1/2019	12/31/2382	2
OPH	26705	CLOSED TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	7/1/2015	12/31/2382	3
OPH	26706	PERCUTANEOUS SKELETAL FIXATION OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH MANIPULATION	4/1/2019	12/31/2382	2
OPH	26715	OPEN TREATMENT OF METACARPOPHALANGEAL DISLOCATION, SINGLE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2019	12/31/2382	3
OPH	26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITHOUT MANIPULATI	7/1/2015	12/31/2382	4
OPH	26725	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB; WITH MANIPULATION,	4/1/2019	12/31/2382	3
OPH	26727	PERCUTANEOUS SKELETAL FIXATION OF UNSTABLE PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR TH	4/1/2019	12/31/2382	3
OPH	26735	OPEN TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX, FINGER OR THUMB, WITH OR WITHOUT INTE	7/1/2015	12/31/2382	4
OPH	26740	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITHO	10/1/2010	12/31/2382	3
OPH	26742	CLOSED TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT; WITH	10/1/2010	12/31/2382	3
OPH	26746	OPEN TREATMENT OF ARTICULAR FRACTURE, INVOLVING METACARPOPHALANGEAL OR PROXIMAL INTERPHALANGEAL JOINT, WITH OR	10/1/2010	12/31/2382	3
OPH	26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	3
OPH	26755	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITH MANIPULATION, EACH	4/1/2019	12/31/2382	2
OPH	26756	PERCUTANEOUS SKELETAL FIXATION OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, EACH	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26765	OPEN TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION,	4/1/2019	12/31/2382	3
OPH	26770	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; WITHOUT ANESTHESIA	7/1/2015	12/31/2382	3
OPH	26775	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION; REQUIRING ANESTHESIA	4/1/2019	12/31/2382	2
OPH	26776	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, SINGLE, WITH MANIPULATION	7/1/2015	12/31/2382	4
OPH	26785	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, SINGLE	7/1/2015	12/31/2382	3
OPH	26820	FUSION IN OPPOSITION, THUMB, WITH AUTOGENOUS GRAFT (INCLUDES OBTAINING GRAFT)	4/1/2013	12/31/2382	1
OPH	26841	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION;	4/1/2013	12/31/2382	1
OPH	26842	ARTHRODESIS, CARPOMETACARPAL JOINT, THUMB, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINI	4/1/2013	12/31/2382	1
OPH	26843	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB;	7/1/2015	12/31/2382	2
OPH	26844	ARTHRODESIS, CARPOMETACARPAL JOINT, DIGITS, OTHER THAN THUMB; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	7/1/2015	12/31/2382	2
OPH	26850	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	7/1/2015	12/31/2382	5
OPH	26852	ARTHRODESIS, METACARPOPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING	7/1/2015	12/31/2382	2
OPH	26860	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION;	10/1/2010	12/31/2382	1
OPH	26861	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; EACH ADDITIONAL INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
OPH	26862	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	10/1/2010	12/31/2382	1
OPH	26863	ARTHRODESIS, INTERPHALANGEAL JOINT, WITH OR WITHOUT INTERNAL FIXATION; WITH AUTOGRAFT (INCLUDES OBTAINING GRAF	4/1/2019	12/31/2382	2
OPH	26910	AMPUTATION, METACARPAL, WITH FINGER OR THUMB (RAY AMPUTATION), SINGLE, WITH OR WITHOUT INTEROSSEOUS TRANSFER	7/1/2015	12/31/2382	4
OPH	26951	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	7/1/2015	12/31/2382	8

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	26952	AMPUTATION, FINGER OR THUMB, PRIMARY OR SECONDARY, ANY JOINT OR PHALANX, SINGLE, INCLUDING NEURECTOMIES; WITH	4/1/2019	12/31/2382	4
OPH	26989	UNLISTED PROCEDURE, HANDS OR FINGERS	4/1/2018	12/31/2382	1
OPH	26990	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; DEEP ABSCESS OR HEMATOMA	10/1/2010	12/31/2382	2
OPH	26991	INCISION AND DRAINAGE, PELVIS OR HIP JOINT AREA; INFECTED BURSA	7/1/2015	12/31/2382	1
OPH	26992	INCISION, BONE CORTEX, PELVIS AND/OR HIP JOINT (EG, OSTEOMYELITIS OR BONE ABSCESS)	1/1/2021	12/31/2382	2
OPH	27000	TENOTOMY, ADDUCTOR OF HIP, PERCUTANEOUS (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27001	TENOTOMY, ADDUCTOR OF HIP, OPEN	7/1/2013	12/31/2382	1
OPH	27003	TENOTOMY, ADDUCTOR, SUBCUTANEOUS, OPEN, WITH OBTURATOR NEURECTOMY	7/1/2013	12/31/2382	1
OPH	27005	TENOTOMY, HIP FLEXOR(S), OPEN (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	27006	TENOTOMY, ABDUCTORS AND/OR EXTENSOR(S) OF HIP, OPEN (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27025	FASCIOTOMY, HIP OR THIGH, ANY TYPE	1/1/2021	12/31/2382	1
OPH	27027	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	10/1/2010	12/31/2382	1
OPH	27030	ARTHROTOMY, HIP, WITH DRAINAGE (EG, INFECTION)	1/1/2021	12/31/2382	1
OPH	27033	ARTHROTOMY, HIP, INCLUDING EXPLORATION OR REMOVAL OF LOOSE OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	27035	DENERVATION, HIP JOINT, INTRAPELVIC OR EXTRAPELVIC INTRA-ARTICULAR BRANCHES OF SCIATIC, FEMORAL, OR OBTURATOR	1/1/2012	12/31/2382	1
OPH	27036	CAPSULECTOMY OR CAPSULOTOMY, HIP, WITH OR WITHOUT EXCISION OF HETEROTOPIC BONE, WITH RELEASE OF HIP FLEXOR MUC	1/1/2021	12/31/2382	1
OPH	27040	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; SUPERFICIAL	10/1/2010	12/31/2382	2
OPH	27041	BIOPSY, SOFT TISSUE OF PELVIS AND HIP AREA; DEEP, SUBFASCIAL OR INTRAMUSCULAR	10/1/2010	12/31/2382	3
OPH	27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	2
OPH	27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBFASCIAL (EG, INTRAMUSCULAR); 5 CM OR GREATER	7/1/2012	12/31/2382	3
OPH	27047	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	2
OPH	27048	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA; SUBFASCIAL (EG, INTRAMUSCULAR); LESS THAN 5 CM	10/1/2010	12/31/2382	2
OPH	27049	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; LESS THAN 5 CM	4/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27050	ARTHROTOMY, WITH BIOPSY; SACROILIAC JOINT	1/1/2012	12/31/2382	1
OPH	27052	ARTHROTOMY, FOR BIOPSY; HIP JOINT	1/1/2012	12/31/2382	1
OPH	27054	ARTHROTOMY FOR SYNOVECTOMY, HIP JOINT	1/1/2021	12/31/2382	1
OPH	27057	DECOMPRESSION FASCIOTOMY(IES), PELVIC (BUTTOCK) COMPARTMENT(S) (EG, GLUTEUS MEDIUS-MINIMUS, GLUTEUS MAXIMUS,	10/1/2010	12/31/2382	1
OPH	27059	RADICAL RESECTION OF TUMOR, (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF PELVIS AND HIP AREA; 5 CM OR GREATER	7/1/2012	12/31/2382	1
OPH	27060	EXCISION; ISCHIAL BURSA	1/1/2012	12/31/2382	1
OPH	27062	EXCISION; TROCHANTERIC BURSA OR CALCIFICATION	1/1/2012	12/31/2382	1
OPH	27065	EXCISION OF BONE CYST OR BENIGN TUMOR; SUPERFICIAL (WING OF ILIUM, SYMPHYSIS PUBIS, OR GREATER TROCHANTER OF F	1/1/2012	12/31/2382	1
OPH	27066	EXCISION OF BONE CYST OR BENIGN TUMOR; DEEP, WITH OR WITHOUT AUTOGRAFT	1/1/2012	12/31/2382	1
OPH	27067	EXCISION OF BONE CYST OR BENIGN TUMOR; WITH AUTOGRAFT REQUIRING SEPARATE INCISION	1/1/2012	12/31/2382	1
OPH	27070	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); SUPERFICIAL	1/1/2021	12/31/2382	1
OPH	27071	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION) (EG, OSTEOMYELITIS OR BONE ABSCESS); DEEP (SUBFASCIAL OR IN	1/1/2021	12/31/2382	1
OPH	27075	RADICAL RESECTION OF TUMOR; WING OF ILIUM, 1 PUBIC OR ISCHIAL RAMUS OR SYMPHYSIS PUBIS	1/1/2021	12/31/2382	1
OPH	27076	RADICAL RESECTION OF TUMOR; ILIUM, INCLUDING ACETABULUM, BOTH PUBIC RAMI, OR ISCHIUM AND ACETABU	1/1/2021	12/31/2382	1
OPH	27077	RADICAL RESECTION OF TUMOR; INNOMINATE BONE, TOTAL	1/1/2021	12/31/2382	1
OPH	27078	RADICAL RESECTION OF TUMOR; ISCHIAL TUBEROSITY AND GREATER TROCHANTER OF FEMUR	1/1/2021	12/31/2382	1
OPH	27080	COCCYGECTOMY, PRIMARY	10/1/2010	12/31/2382	1
OPH	27086	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; SUBCUTANEOUS TISSUE	7/1/2015	12/31/2382	1
OPH	27087	REMOVAL OF FOREIGN BODY, PELVIS OR HIP; DEEP	7/1/2015	12/31/2382	1
OPH	27090	REMOVAL OF HIP PROSTHESIS; (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	27091	REMOVAL OF HIP PROSTHESIS; COMPLICATED, INCLUDING TOTAL HIP PROSTHESIS, METHYLMETHACRYLATE WITH OR WITH	1/1/2021	12/31/2382	1
OPH	27093	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27095	INJECTION PROCEDURE FOR HIP ARTHROGRAPHY; WITH ANESTHESIA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27096	INJECTION PROCEDURE FOR SACROILIAC JOINT, ARTHROGRAPHY AND/OR ANESTHETIC/STEROID	7/1/2013	12/31/2382	1
OPH	27097	RELEASE OR RECESSION, HAMSTRING, PROXIMAL	1/1/2012	12/31/2382	1
OPH	27098	TRANSFER, ADDUCTOR TO ISCHIUM	1/1/2012	12/31/2382	1
OPH	27100	TRANSFER EXTERNAL OBLIQUE MUSCLE TO GREATER TROCHANTER INCLUDING FASCIAL OR TENDON EXTENSION (GRAFT)	1/1/2012	12/31/2382	1
OPH	27105	TRANSFER PARASPINAL MUSCLE TO HIP (INCLUDES FASCIAL OR TENDON EXTENSION GRAFT)	1/1/2012	12/31/2382	1
OPH	27110	TRANSFER ILIOPSOAS; TO GREATER TROCHANTER	1/1/2012	12/31/2382	1
OPH	27111	TRANSFER ILIOPSOAS; TO FEMORAL NECK	1/1/2012	12/31/2382	1
OPH	27120	ACETABULOPLASTY; (EG, WHITMAN, COLONNA, HAYGROVES, OR CUP TYPE)	1/1/2021	12/31/2382	1
OPH	27122	ACETABULOPLASTY; RESECTION FEMORAL HEAD (GIRDLESTONE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	27125	HEMIARTHROPLASTY, HIP, PARTIAL (EG, FEMORAL STEM PROSTHESIS, BIPOLAR ARTHROPLASTY)	1/1/2021	12/31/2382	1
OPH	27130	ARTHROPLASTY, ACETABULAR AND PROXIMAL FEMORAL PROSTHETIC REPLACEMENT (TOTAL HIP REPLACEMENT), WITH OR WITHOUT	1/1/2020	12/31/2382	1
OPH	27132	CONVERSION OF PREVIOUS HIP SURGERY TO TOTAL HIP REPLACEMENT, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2021	12/31/2382	1
OPH	27134	REVISION OF TOTAL HIP ARTHROPLASTY; BOTH COMPONENTS, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2021	12/31/2382	1
OPH	27137	REVISION OF TOTAL HIP ARTHROPLASTY; ACETABULAR COMPONENT ONLY, WITH OR WITHOUT AUTOGRAFT OR ALLOGRAFT	1/1/2021	12/31/2382	1
OPH	27138	REVISION OF TOTAL HIP ARTHROPLASTY; FEMORAL COMPONENT ONLY, WITH OR WITHOUT ALLOGRAFT	1/1/2021	12/31/2382	1
OPH	27140	OSTEOTOMY AND TRANSFER OF GREATER TROCHANTER (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	27146	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE;	1/1/2021	12/31/2382	1
OPH	27147	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH OPEN REDUCTION OF HIP	1/1/2021	12/31/2382	1
OPH	27151	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY	1/1/2021	12/31/2382	1
OPH	27156	OSTEOTOMY, ILIAC, ACETABULAR OR INNOMINATE BONE; WITH FEMORAL OSTEOTOMY AND WITH OPEN REDUCTION OF HIP	1/1/2021	12/31/2382	1
OPH	27158	OSTEOTOMY, PELVIS, BILATERAL(EG, CONGENITAL MALFORMATION)	1/1/2021	12/31/2382	1
OPH	27161	OSTEOTOMY, FEMORAL NECK (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27165	OSTEOTOMY, INTERTROCHANTERIC OR SUBTROCHANTERIC INCLUDING INTERNAL OR EXTERNAL FIXATION AND/OR CAST	1/1/2021	12/31/2382	1
OPH	27170	BONE GRAFT, FEMORAL HEAD, NECK, INTERTROCHANTERIC OR SUBTROCHANTERIC AREA (INCLUDES OBTAINING BONE GRAFT)	1/1/2021	12/31/2382	1
OPH	27175	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY TRACTION, WITHOUT REDUCTION	1/1/2021	12/31/2382	2
OPH	27176	TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; BY SINGLE OR MULTIPLE PINNING, IN SITU	1/1/2021	12/31/2382	2
OPH	27177	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; SINGLE OR MULTIPLE PINNING OR BONE GRAFT (INCLUDES OBTAINING GRAF	1/1/2021	12/31/2382	2
OPH	27178	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; CLOSED MANIPULATION WITH SINGLE OR MULTIPLE PINNING	1/1/2021	12/31/2382	2
OPH	27179	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOPLASTY OF FEMORAL NECK (HEYMAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27181	OPEN TREATMENT OF SLIPPED FEMORAL EPIPHYSIS; OSTEOTOMY AND INTERNAL FIXATION	1/1/2021	12/31/2382	2
OPH	27185	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, GREATER TROCHANTER	1/1/2021	12/31/2382	2
OPH	27187	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMORAL NECK	1/1/2021	12/31/2382	1
OPH	27197	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM	1/1/2017	12/31/2382	1
OPH	27198	CLOSED TREATMENT OF FRACTURE AND OR DISLOCATION OF PELVIS AND/OR SACRUM WITH MANIPULATION	1/1/2017	12/31/2382	1
OPH	27200	CLOSED TREATMENT OF COCCYGEAL FRACTURE	10/1/2010	12/31/2382	1
OPH	27202	OPEN TREATMENT OF COCCYGEAL FRACTURE	10/1/2010	12/31/2382	1
OPH	27215	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S) (EG, PELVIC FRACTURE(S) WHICH	7/1/2018	12/31/2382	1
OPH	27216	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC RING FRACTURE AND/OR DISLOCATION (INCLUDES ILIUM, SACROILIA	7/1/2018	12/31/2382	1
OPH	27217	OPEN TREATMENT OF ANTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION, (INCLUDES PUBIC SYMPHYSIS	7/1/2018	12/31/2382	1
OPH	27218	OPEN TREATMENT OF POSTERIOR RING FRACTURE AND/OR DISLOCATION WITH INTERNAL FIXATION (INCLUDES ILIUM, SACROILIA	7/1/2018	12/31/2382	1
OPH	27220	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27222	CLOSED TREATMENT OF ACETABULUM (HIP SOCKET) FRACTURE(S); WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2021	12/31/2382	1
OPH	27226	OPEN TREATMENT OF POSTERIOR OR ANTERIOR ACETABULAR WALL FRACTURE, WITH INTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	27227	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR OR POSTERIOR (ONE) COLUMN, OR A FRACTURE RUNNING T	1/1/2021	12/31/2382	1
OPH	27228	OPEN TREATMENT OF ACETABULAR FRACTURE(S) INVOLVING ANTERIOR AND POSTERIOR (TWO) COLUMNS, INCLUDES T-FRACTURE A	1/1/2021	12/31/2382	1
OPH	27230	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27232	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK; WITH MANIPULATION, WITH OR WITHOUT SKELETAL TRACTION	1/1/2021	12/31/2382	1
OPH	27235	PERCUTANEOUS SKELETAL FIXATION OF FEMORAL FRACTURE, PROXIMAL END, NECK, UNDISPLACED, MILDLY DISPLACED, OR IMPA	1/1/2012	12/31/2382	1
OPH	27236	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, NECK, INTERNAL FIXATION OR PROSTHETIC REPLACEMENT (DIRECT FR	1/1/2021	12/31/2382	1
OPH	27238	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITHOUT MANIPULAT	1/1/2012	12/31/2382	1
OPH	27240	CLOSED TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC, OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH MANIPULATION	1/1/2021	12/31/2382	1
OPH	27244	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH PLATE/SCREW TYP	1/1/2021	12/31/2382	1
OPH	27245	OPEN TREATMENT OF INTERTROCHANTERIC, PERTROCHANTERIC OR SUBTROCHANTERIC FEMORAL FRACTURE; WITH INTRAMEDULLARY	1/1/2021	12/31/2382	1
OPH	27246	CLOSED TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27248	OPEN TREATMENT OF GREATER TROCHANTERIC FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	27250	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27252	CLOSED TREATMENT OF HIP DISLOCATION, TRAUMATIC; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27253	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITHOUT INTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	27254	OPEN TREATMENT OF HIP DISLOCATION, TRAUMATIC, WITH ACETABULAR WALL AND FEMORAL HEAD FRACTURE, WITH OR WITHOUT	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27256	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	1/1/2012	12/31/2382	1
OPH	27257	TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), BY ABDUCTION,	1/1/2012	12/31/2382	1
OPH	27258	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT	1/1/2021	12/31/2382	1
OPH	27259	OPEN TREATMENT OF SPONTANEOUS HIP DISLOCATION (DEVELOPMENTAL, INCLUDING CONGENITAL OR PATHOLOGICAL), REPLACEMENT	1/1/2021	12/31/2382	1
OPH	27265	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27266	CLOSED TREATMENT OF POST HIP ARTHROPLASTY DISLOCATION; REQUIRING REGIONAL OR GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27267	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27268	CLOSED TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; WITH MANIPULATION	1/1/2021	12/31/2382	1
OPH	27269	OPEN TREATMENT OF FEMORAL FRACTURE, PROXIMAL END, HEAD; INCLUDES INTERNAL FIXATION, WHEN PERFORMED	1/1/2021	12/31/2382	1
OPH	27275	MANIPULATION, HIP JOINT, REQUIRING GENERAL ANESTHESIA	10/1/2010	12/31/2382	2
OPH	27279	ARTHRODESIS, SACROILIAC JOINT, PERCUTANEOUS OR MINIMALLY INVASIVE, WITH IMAGE GUIDANCE, INCLUDES OBTAINING	1/1/2015	12/31/2382	1
OPH	27280	ARTHRODESIS, SACROILIAC JOINT (INCLUDING OBTAINING GRAFT)	1/1/2021	12/31/2382	1
OPH	27282	ARTHRODESIS, SYMPHYSIS PUBIS (INCLUDING OBTAINING GRAFT)	1/1/2021	12/31/2382	1
OPH	27284	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT);	1/1/2021	12/31/2382	1
OPH	27286	ARTHRODESIS, HIP JOINT (INCLUDES OBTAINING GRAFT); WITH SUBTROCHANTERIC OSTEOTOMY	1/1/2021	12/31/2382	1
OPH	27290	INTERPELVIC ABDOMINAL AMPUTATION (HINDQUARTER AMPUTATION)	1/1/2021	12/31/2382	1
OPH	27295	DISARTICULATION OF HIP	1/1/2021	12/31/2382	1
OPH	27299	UNLISTED PROCEDURE, PELVIS OR HIP JOINT	4/1/2018	12/31/2382	1
OPH	27301	INCISION AND DRAINAGE, DEEP ABSCESS, BURSA, OR HEMATOMA, THIGH OR KNEE REGION	7/1/2015	12/31/2382	3
OPH	27303	INCISION, DEEP, WITH OPENING OF BONE CORTEX, FEMUR OR KNEE (EG, OSTEOMYELITIS OR BONE ABSCESS)	1/1/2021	12/31/2382	2
OPH	27305	FASCIOTOMY, ILIOTIBIAL (TENOTOMY), OPEN	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27306	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; SINGLE TENDON (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27307	TENOTOMY, PERCUTANEOUS, ADDUCTOR OR HAMSTRING; MULTIPLE TENDONS	1/1/2012	12/31/2382	1
OPH	27310	ARTHROTOMY, KNEE, WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY (EG, INFECTION)	1/1/2012	12/31/2382	1
OPH	27323	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; SUPERFICIAL	7/1/2015	12/31/2382	2
OPH	27324	BIOPSY, SOFT TISSUE OF THIGH OR KNEE AREA; DEEP (SUBFASCIAL OR INTRAMUSCULAR)	7/1/2015	12/31/2382	3
OPH	27325	NEURECTOMY, HAMSTRING MUSCLE	10/1/2010	12/31/2382	1
OPH	27326	NEURECTOMY, POPLITEAL (GASTROCNEMIUS)	10/1/2010	12/31/2382	1
OPH	27327	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; LESS THAN 3 CM	7/1/2015	12/31/2382	5
OPH	27328	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 5 CM	4/1/2019	12/31/2382	3
OPH	27329	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; LESS TH	4/1/2014	12/31/2382	1
OPH	27330	ARTHROTOMY, KNEE; FOR SYNOVIAL BIOPSY ONLY	1/1/2012	12/31/2382	1
OPH	27331	ARTHROTOMY, KNEE; INCLUDING JOINT EXPLORATION, BIOPSY, OR REMOVAL OF LOOSE OR FOREIGN BODIES	1/1/2012	12/31/2382	1
OPH	27332	ARTHROTOMY, WITH EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY) KNEE; MEDIAL OR LATERAL	1/1/2012	12/31/2382	1
OPH	27333	ARTHROTOMY, KNEE, FOR EXCISION OF SEMILUNAR CARTILAGE (MENISCECTOMY); MEDIAL AND LATERAL	1/1/2012	12/31/2382	1
OPH	27334	ARTHROTOMY, WITH SYNOVECTOMY KNEE; ANTERIOR OR POSTERIOR	1/1/2012	12/31/2382	1
OPH	27335	ARTHROTOMY, KNEE, FOR SYNOVECTOMY; ANTERIOR AND POSTERIOR INCLUDING POPLITEAL AREA	1/1/2012	12/31/2382	1
OPH	27337	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	3
OPH	27339	EXCISION, TUMOR,SOFT TISSUE OF THIGH OR KNEE AREA; SUBFASCIAL, (EG, INTRAMUSCULAR); 5 CM OR GREATER	7/1/2015	12/31/2382	4
OPH	27340	EXCISION, PREPATELLAR BURSA	1/1/2012	12/31/2382	1
OPH	27345	EXCISION OF SYNOVIAL CYST OF POPLITEAL SPACE (BAKER'S CYST)	1/1/2012	12/31/2382	1
OPH	27347	EXCISION OF LESION OF MENISCUS OR CAPSULE, KNEE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27350	PATELLECTOMY OR HEMIPATELLECTOMY	1/1/2012	12/31/2382	1
OPH	27355	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR;	1/1/2012	12/31/2382	1
OPH	27356	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	27357	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	27358	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR OF FEMUR; WITH INTERNAL FIXATION (LIST IN ADDITION TO 27355	4/1/2014	12/31/2382	1
OPH	27360	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) BONE, FEMUR, PROXIMAL TIBIA AND/OR FIBUL	1/1/2012	12/31/2382	2
OPH	27364	RADICAL RESECTION OF TUMOR EXCISION, TUMOR(EG, MALIGNANT NEOPLASM),SOFT TISSUE OF THIGH OR KNEE AREA; 5 CM OR	4/1/2014	12/31/2382	1
OPH	27365	RADICAL RESECTION OF TUMOR, FEMUR OR KNEE	1/1/2021	12/31/2382	1
OPH	27369	INJECTION OF CONTRAST FOR IMAGING OF KNEE JOINT	1/1/2019	12/31/2382	1
OPH	27372	REMOVAL OF FOREIGN BODY, DEEP, THIGH REGION OR KNEE AREA	7/1/2015	12/31/2382	2
OPH	27380	SUTURE OF INFRAPATELLAR TENDON; PRIMARY	10/1/2018	12/31/2382	1
OPH	27381	SUTURE OF INFRAPATELLAR TENDON; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	10/1/2018	12/31/2382	1
OPH	27385	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; PRIMARY	10/1/2010	12/31/2382	2
OPH	27386	SUTURE OF QUADRICEPS OR HAMSTRING MUSCLE RUPTURE; SECONDARY RECONSTRUCTION, INCLUDING FASCIAL OR TENDON GRAFT	10/1/2010	12/31/2382	2
OPH	27390	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; SINGLE TENDON	4/1/2013	12/31/2382	1
OPH	27391	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, ONE LEG	10/1/2010	12/31/2382	1
OPH	27392	TENOTOMY, OPEN, HAMSTRING, KNEE TO HIP; MULTIPLE TENDONS, BILATERAL	10/1/2010	12/31/2382	1
OPH	27393	LENGTHENING OF HAMSTRING TENDON; SINGLE	4/1/2013	12/31/2382	1
OPH	27394	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, ONE LEG	10/1/2010	12/31/2382	1
OPH	27395	LENGTHENING OF HAMSTRING TENDON; MULTIPLE TENDONS, BILATERAL	10/1/2010	12/31/2382	1
OPH	27396	TRANSPLANT, HAMSTRING TENDON TO PATELLA; SINGLE TENDON	4/1/2013	12/31/2382	1
OPH	27397	TRANSPLANT, HAMSTRING TENDON TO PATELLA; MULTIPLE TENDONS	4/1/2013	12/31/2382	1
OPH	27400	TRANSFER, TENDON OR MUSCLE, HAMSTRINGS TO FEMUR (EG, EGGER'S TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27403	ARTHROTOMY WITH OPEN MENISCUS REPAIR; KNEE	1/1/2012	12/31/2382	1
OPH	27405	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL	10/1/2021	12/31/2382	1
OPH	27407	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; CRUCIATE	10/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27409	REPAIR, PRIMARY, TORN LIGAMENT AND/OR CAPSULE, KNEE; COLLATERAL AND CRUCIATE LIGAMENTS	1/1/2012	12/31/2382	1
OPH	27412	AUTOLOGOUS CHONDROCYTE IMPLANTATION, KNEE	1/1/2012	12/31/2382	1
OPH	27415	OSTEOCHONDRAL ALLOGRAFT, KNEE, OPEN	1/1/2012	12/31/2382	1
OPH	27416	OSTEOCHONDRAL AUTOGRAFT(S), KNEE OPEN (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF AUTOGRAFT)	1/1/2012	12/31/2382	1
OPH	27418	ANTERIOR TIBIAL TUBERCLEPLASTY (EG, MAQUET TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27420	RECONSTRUCTION DISLOCATING PATELLA; (EG, HAUSER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27422	RECONSTRUCTION OF DISLOCATING PATELLA; WITH EXTENSOR REALIGNMENT AND/OR MUSCLE ADVANCEMENT OR RELEASE	1/1/2012	12/31/2382	1
OPH	27424	RECONSTRUCTION FOR RECURRENT DISLOCATING PATELLA; WITH PATELLECTOMY	1/1/2012	12/31/2382	1
OPH	27425	LATERAL RETINACULAR RELEASE (ANY METHOD)	1/1/2012	12/31/2382	1
OPH	27427	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; EXTRA-ARTICULAR	1/1/2012	12/31/2382	1
OPH	27428	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN)	1/1/2012	12/31/2382	1
OPH	27429	LIGAMENOUS RECONSTRUCTION (AUGMENTATION), KNEE; INTRA-ARTICULAR (OPEN) AND EXTRA-ARTICULAR	1/1/2012	12/31/2382	1
OPH	27430	QUADRICEPSPLASTY (EG, BENNETT OR THOMPSON TYPE)	1/1/2012	12/31/2382	1
OPH	27435	CAPSULOTOMY, POSTERIOR CAPSULAR RELEASE, KNEE	1/1/2012	12/31/2382	1
OPH	27437	ARTHROPLASTY, PATELLA; WITHOUT PROSTHESIS	1/1/2012	12/31/2382	1
OPH	27438	ARTHROPLASTY, PATELLA; WITH PROSTHESIS	1/1/2012	12/31/2382	1
OPH	27440	ARTHROPLASTY, KNEE, TIBIAL PLATEAU;	1/1/2012	12/31/2382	1
OPH	27441	ARTHROPLASTY, KNEE, TIBIAL PLATEAU; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	27442	ARTHROPLASTY, FEMORAL CONDYLES OR TIBIAL PLATEAU(S); KNEE	1/1/2012	12/31/2382	1
OPH	27443	ARTHROPLASTY, KNEE, FEMORAL CONDYLES OR TIBIAL PLATEAUS; WITH DEBRIDEMENT AND PARTIAL SYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	27445	ARTHROPLASTY, KNEE, HINGE PROSTHESIS (EG, WALLDIUS TYPE)	1/1/2021	12/31/2382	1
OPH	27446	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL OR LATERAL COMPARTMENT	1/1/2012	12/31/2382	1
OPH	27447	ARTHROPLASTY, KNEE, CONDYLE AND PLATEAU; MEDIAL AND LATERAL COMPARTMENTS WITH OR WITHOUT PATELLA RESURFACING (1/1/2018	12/31/2382	1
OPH	27448	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITHOUT FIXATION	1/1/2021	12/31/2382	1
OPH	27450	OSTEOTOMY, FEMUR, SHAFT OR SUPRACONDYLAR; WITH FIXATION	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27454	OSTEOTOMY, MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD, FEMORAL SHAFT (EG, SOFIELD TYPE PROCEDURE)	1/1/2021	12/31/2382	2
OPH	27455	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	1/1/2021	12/31/2382	2
OPH	27457	OSTEOTOMY, PROXIMAL TIBIA, INCLUDING FIBULAR EXCISION OR OSTEOTOMY (INCLUDES CORRECTION OF GENU VARUS (BOWLEG)	1/1/2021	12/31/2382	2
OPH	27465	OSTEOPLASTY, FEMUR; SHORTENING (EXCLUDING 64876)	1/1/2021	12/31/2382	2
OPH	27466	OSTEOPLASTY, FEMUR; LENGTHENING	1/1/2021	12/31/2382	2
OPH	27468	OSTEOPLASTY, FEMUR; COMBINED, LENGTHENING AND SHORTENING WITH FEMORAL SEGMENT TRANSFER	1/1/2021	12/31/2382	2
OPH	27470	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITHOUT GRAFT (EG, COMPRESSION TECHNIQUE)	1/1/2021	12/31/2382	1
OPH	27472	REPAIR, NONUNION OR MALUNION, FEMUR, DISTAL TO HEAD AND NECK; WITH ILIAC OR OTHER AUTOGENOUS BONE GRAFT (INCLU	1/1/2021	12/31/2382	1
OPH	27475	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FEMUR	1/1/2012	12/31/2382	1
OPH	27477	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; TIBIA AND FIBULA, PROXIMAL	4/1/2013	12/31/2382	1
OPH	27479	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; COMBINED DISTAL FEMUR, PROXIMAL TIBIA AND FIBULA	1/1/2012	12/31/2382	1
OPH	27485	ARREST, HEMIEPIPHYSEAL, DISTAL FEMUR OR PROXIMAL LEG (EG, FOR GENU VARUS OR VALGUS)	4/1/2013	12/31/2382	1
OPH	27486	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ONE COMPONENT	1/1/2021	12/31/2382	1
OPH	27487	REVISION OF TOTAL KNEE ARTHROPLASTY, WITH OR WITHOUT ALLOGRAFT; ALL COMPONENTS	1/1/2021	12/31/2382	1
OPH	27488	REMOVAL OF KNEE PROSTHESIS, INCLUDING "TOTAL KNEE," METHYLMETHACRYLATE AND INSERTION OF SPACER, WHEN APPLICA	1/1/2021	12/31/2382	1
OPH	27495	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, FEMUR	1/1/2021	12/31/2382	1
OPH	27496	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR);	1/1/2012	12/31/2382	1
OPH	27497	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, ONE COMPARTMENT (FLEXOR OR EXTENSOR OR ADDUCTOR); WITH DEBRIDEMEN	1/1/2012	12/31/2382	1
OPH	27498	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS;	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27499	DECOMPRESSION FASCIOTOMY, THIGH AND/OR KNEE, MULTIPLE COMPARTMENTS; WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/O	1/1/2012	12/31/2382	1
OPH	27500	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27501	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION, W	1/1/2012	12/31/2382	1
OPH	27502	CLOSED TREATMENT OF FEMORAL SHAFT FRACTURE, WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	1/1/2012	12/31/2382	1
OPH	27503	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE WITH OR WITHOUT INTERCONDYLAR EXTENSION; W	1/1/2012	12/31/2382	1
OPH	27506	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE, WITH OR WITHOUT EXTERNAL FIXATION, WITH INSERTION OF INTRAMEDULLARY	1/1/2021	12/31/2382	1
OPH	27507	OPEN TREATMENT OF FEMORAL SHAFT FRACTURE WITH PLATE/SCREWS, WITH OR WITHOUT CERCLAGE	1/1/2021	12/31/2382	1
OPH	27508	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27509	PERCUTANEOUS SKELETAL FIXATION OF SUPRACONDYLAR OR TRANSCONDYLAR FEMORAL FRACTURE, WITH OR WITHOUT INTERCONDYL	1/1/2012	12/31/2382	1
OPH	27510	CLOSED TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	27511	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITHOUT INTERCONDYLAR EXTENSION, WITH OR WIT	1/1/2021	12/31/2382	1
OPH	27513	OPEN TREATMENT OF FEMORAL SUPRACONDYLAR OR TRANSCONDYLAR FRACTURE WITH INTERCONDYLAR EXTENSION, WITH OR WITHOU	1/1/2021	12/31/2382	1
OPH	27514	OPEN TREATMENT OF FEMORAL FRACTURE, DISTAL END, MEDIAL OR LATERAL CONDYLE, WITH OR WITHOUT INTERNAL OR EXTERNA	1/1/2021	12/31/2382	1
OPH	27516	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27517	CLOSED TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL	1/1/2012	12/31/2382	1
OPH	27519	OPEN TREATMENT OF DISTAL FEMORAL EPIPHYSEAL SEPARATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	27520	CLOSED TREATMENT OF PATELLAR FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27524	OPEN TREATMENT OF PATELLAR FRACTURE, WITH INTERNAL FIXATION AND/OR PARTIAL OR COMPLETE PATELLECTOMY AND SOFT T	1/1/2012	12/31/2382	1
OPH	27530	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27532	CLOSED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); WITH OR WITHOUT MANIPULATION, WITH SKELETAL TRACTION	1/1/2012	12/31/2382	1
OPH	27535	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXAT	1/1/2021	12/31/2382	1
OPH	27536	OPEN TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL FIXATION	1/1/2021	12/31/2382	1
OPH	27538	CLOSED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF KNEE, WITH OR WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27540	OPEN TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR WITHOUT INTERNAL O	1/1/2021	12/31/2382	1
OPH	27550	CLOSED TREATMENT OF KNEE DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27552	CLOSED TREATMENT OF KNEE DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27556	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITHOUT PRIMARY LIGAMENTOUS	1/1/2021	12/31/2382	1
OPH	27557	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE	1/1/2021	12/31/2382	1
OPH	27558	OPEN TREATMENT OF KNEE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY LIGAMENTOUS RE	1/1/2021	12/31/2382	1
OPH	27560	CLOSED TREATMENT OF PATELLAR DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27562	CLOSED TREATMENT OF PATELLAR DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27566	OPEN TREATMENT OF PATELLAR DISLOCATION, WITH OR WITHOUT PARTIAL OR TOTAL PATELLECTOMY	1/1/2012	12/31/2382	1
OPH	27570	MANIPULATION OF KNEE JOINT UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION DEVICE	4/1/2013	12/31/2382	1
OPH	27580	FUSION OF KNEE, ANY TECHNIQUE	1/1/2021	12/31/2382	1
OPH	27590	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL;	1/1/2021	12/31/2382	1
OPH	27591	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; IMMEDIATE FITTING TECHNIQUE INCLUDING FIRST CAST	1/1/2021	12/31/2382	1
OPH	27592	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; OPEN, CIRCULAR (GUILLOTINE)	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27594	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	27596	AMPUTATION, THIGH, THROUGH FEMUR, ANY LEVEL; RE-AMPUTATION	1/1/2021	12/31/2382	1
OPH	27598	DISARTICULATION AT KNEE	1/1/2021	12/31/2382	1
OPH	27599	UNLISTED PROCEDURE, FEMUR OR KNEE	4/1/2018	12/31/2382	1
OPH	27600	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY	1/1/2012	12/31/2382	1
OPH	27601	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY	1/1/2012	12/31/2382	1
OPH	27602	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S)	1/1/2012	12/31/2382	1
OPH	27603	INCISION AND DRAINAGE, LEG OR ANKLE; DEEP ABSCESS OR HEMATOMA	7/1/2015	12/31/2382	2
OPH	27604	INCISION AND DRAINAGE, LEG OR ANKLE; INFECTED BURSA	10/1/2010	12/31/2382	2
OPH	27605	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); LOCAL ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27606	TENOTOMY, ACHILLES TENDON, SUBCUTANEOUS (SEPARATE PROCEDURE); GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27607	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), LEG OR ANKLE	10/1/2010	12/31/2382	2
OPH	27610	ARTHROTOMY, ANKLE, FOR INFECTION, WITH EXPLORATION, DRAINAGE OR REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	27612	ARTHROTOMY, ANKLE, POSTERIOR CAPSULAR RELEASE, WITH OR WITHOUT ACHILLES TENDON LENGTHENING	1/1/2012	12/31/2382	1
OPH	27613	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; SUPERFICIAL	4/1/2019	12/31/2382	3
OPH	27614	BIOPSY, SOFT TISSUE OF LEG OR ANKLE AREA; DEEP	7/1/2015	12/31/2382	3
OPH	27615	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; LESS THAN 5 CM	4/1/2014	12/31/2382	1
OPH	27616	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF LEG OR ANKLE AREA; 5 CM OR GREATER	7/1/2012	12/31/2382	1
OPH	27618	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; LESS THAN 3 CM	4/1/2019	12/31/2382	3
OPH	27619	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; LESS THAN 5 CM	4/1/2019	12/31/2382	2
OPH	27620	ARTHROTOMY, ANKLE, WITH JOINT EXPLORATION, WITH OR WITHOUT BIOPSY, WITH OR WITHOUT REMOVAL OF LOOSE OR FOREIGN	1/1/2012	12/31/2382	1
OPH	27625	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY;	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27626	ARTHROTOMY, ANKLE, FOR SYNOVECTOMY; INCLUDING TENOSYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	27630	EXCISION OF LESION OF TENDON SHEATH OR CAPSULE (EG, CYST OR GANGLION), LEG AND/OR ANKLE	10/1/2010	12/31/2382	2
OPH	27632	EXCISION, TUMOR,SOFT TISSUE OF LEG OR ANKLE AREA; SUBCUTANEOUS; 3 CM OR GREATER	4/1/2019	12/31/2382	3
OPH	27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA; SUBFASCIAL (EG, INTRAMUSCULAR) ; 5 CM OR GREATER	7/1/2015	12/31/2382	2
OPH	27635	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA;	1/1/2012	12/31/2382	1
OPH	27637	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	27638	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TIBIA OR FIBULA; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	27640	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); TIBIA	1/1/2012	12/31/2382	1
OPH	27641	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY),BONE (EG,OSTEOMYELITIS); FIBULA	1/1/2012	12/31/2382	1
OPH	27645	RADICAL RESECTION OF TUMOR; TIBIA	1/1/2021	12/31/2382	1
OPH	27646	RADICAL RESECTION OF TUMOR; FIBULA	1/1/2021	12/31/2382	1
OPH	27647	RADICAL RESECTION OF TUMOR; TALUS OR CALCANEUS	1/1/2012	12/31/2382	1
OPH	27648	INJECTION PROCEDURE FOR ANKLE ARTHROGRAPHY	1/1/2012	12/31/2382	1
OPH	27650	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON;	1/1/2012	12/31/2382	1
OPH	27652	REPAIR, PRIMARY, OPEN OR PERCUTANEOUS, RUPTURED ACHILLES TENDON; WITH GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	27654	REPAIR, SECONDARY, RUPTURED ACHILLES TENDON, WITH OR WITHOUT GRAFT	1/1/2012	12/31/2382	1
OPH	27656	REPAIR, FASCIAL DEFECT OF LEG	7/1/2015	12/31/2382	1
OPH	27658	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	10/1/2010	12/31/2382	2
OPH	27659	REPAIR OR SUTURE OF FLEXOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	10/1/2010	12/31/2382	2
OPH	27664	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; PRIMARY, WITHOUT GRAFT, SINGLE, EACH	10/1/2010	12/31/2382	2
OPH	27665	REPAIR OR SUTURE OF EXTENSOR TENDON OF LEG; SECONDARY WITH OR WITHOUT GRAFT, SINGLE TENDON, EACH	10/1/2010	12/31/2382	2
OPH	27675	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITHOUT FIBULAR OSTEOTOMY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27676	REPAIR FOR DISLOCATING PERONEAL TENDONS; WITH FIBULAR OSTEOTOMY	1/1/2012	12/31/2382	1
OPH	27680	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; SINGLE	4/1/2019	12/31/2382	2
OPH	27681	TENOLYSIS, INCLUDING TIBIA, FIBULA AND ANKLE FLEXOR; MULTIPLE (THROUGH SAME INCISION), EACH	4/1/2013	12/31/2382	1
OPH	27685	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; SINGLE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	27686	LENGTHENING OR SHORTENING OF TENDON, LEG OR ANKLE; MULTIPLE (THROUGH SAME INCISION), EACH	7/1/2015	12/31/2382	3
OPH	27687	GASTROCNEMIUS RECESSION (EG, STRAYER PROCEDURE)	1/1/2012	12/31/2382	1
OPH	27690	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); SUPERFICIAL (EG, ANTERIOR TIBI	10/1/2010	12/31/2382	2
OPH	27691	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); DEEP (EG ANTERIOR TIBIAL OR	10/1/2010	12/31/2382	2
OPH	27692	TRANSFER OR TRANSPLANT OF SINGLE TENDON (WITH MUSCLE REDIRECTION OR REROUTING); EACH ADDITIONAL TENDON	7/1/2015	12/31/2382	4
OPH	27695	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; COLLATERAL	1/1/2012	12/31/2382	1
OPH	27696	SUTURE, PRIMARY, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE; BOTH COLLATERAL LIGAMENTS	1/1/2012	12/31/2382	1
OPH	27698	SUTURE, SECONDARY REPAIR, TORN, RUPTURED OR SEVERED LIGAMENT, ANKLE, COLLATERAL (EG, WATSON-JONES PROCEDURE)	1/1/2022	12/31/2382	1
OPH	27700	ARTHROPLASTY, ANKLE;	1/1/2012	12/31/2382	1
OPH	27702	ARTHROPLASTY, ANKLE; WITH IMPLANT ("TOTAL ANKLE")	1/1/2021	12/31/2382	1
OPH	27703	ARTHROPLASTY, ANKLE; SECONDARY RECONSTRUCTION, TOTAL ANKLE	1/1/2021	12/31/2382	1
OPH	27704	REMOVAL OF ANKLE IMPLANT	1/1/2012	12/31/2382	1
OPH	27705	OSTEOTOMY; TIBIA	1/1/2012	12/31/2382	1
OPH	27707	OSTEOTOMY; FIBULA	1/1/2012	12/31/2382	1
OPH	27709	OSTEOTOMY; TIBIA AND FIBULA	1/1/2012	12/31/2382	1
OPH	27712	OSTEOTOMY; MULTIPLE, WITH REALIGNMENT ON INTRAMEDULLARY ROD (SOFIELD TYPE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	27715	OSTEOPLASTY, TIBIA AND FIBULA, LENGTHENING	1/1/2021	12/31/2382	1
OPH	27720	REPAIR OF NONUNION OR MALUNION, TIBIA; WITHOUT GRAFT, (EG, COMPRESSION TECHNIQUE)	1/1/2012	12/31/2382	1
OPH	27722	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH SLIDING GRAFT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27724	REPAIR OF NONUNION OR MALUNION, TIBIA; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDES OBTAINING GRAFT)	1/1/2021	12/31/2382	1
OPH	27725	REPAIR OF NONUNION OR MALUNION, TIBIA; BY SYNOSTOSIS, WITH FIBULA, ANY METHOD	1/1/2021	12/31/2382	1
OPH	27726	REPAIR OF FIBULA NONUNION AND/OR MALUNION WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	27727	REPAIR OF CONGENITAL PSEUDARTHROSIS, TIBIA	1/1/2021	12/31/2382	1
OPH	27730	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA	1/1/2012	12/31/2382	1
OPH	27732	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL FIBULA	1/1/2012	12/31/2382	1
OPH	27734	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING; DISTAL TIBIA AND FIBULA	1/1/2012	12/31/2382	1
OPH	27740	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA;	1/1/2012	12/31/2382	1
OPH	27742	EPIPHYSEAL ARREST BY EPIPHYSIODESIS OR STAPLING, COMBINED, PROXIMAL AND DISTAL TIBIA AND FIBULA; AND DISTAL FE	1/1/2012	12/31/2382	1
OPH	27745	PROPHYLACTIC TREATMENT (NAILING, PINNING, PLATING OR WIRING) WITH OR WITHOUT METHYLMETHACRYLATE, TIBIA	1/1/2012	12/31/2382	1
OPH	27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27752	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE); WITH MANIPULATION, WITH OR WITHO	1/1/2012	12/31/2382	1
OPH	27756	PERCUTANEOUS SKELETAL FIXATION OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) (EG, PINS OR SCREWS	1/1/2012	12/31/2382	1
OPH	27758	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE, (WITH OR WITHOUT FIBULAR FRACTURE) WITH PLATE/SCREWS, WITH OR WITHOUT	1/1/2012	12/31/2382	1
OPH	27759	OPEN TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE) BY INTRAMEDULLARY IMPLANT, WITH OR	1/1/2012	12/31/2382	1
OPH	27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27762	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITH MANIPULATION, WITH OR WITHOUT SKIN OR SKELETAL TRACTION	1/1/2012	12/31/2382	1
OPH	27766	OPEN TREATMENT OF MEDIAL MALLEOLUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27769	OPEN TREATMENT OF POSTERIOR MALLEOLUS FRACTURE, INCLUDES INTERNAL FIXATION, WHEN PERFORMED	1/1/2012	12/31/2382	1
OPH	27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27781	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	27784	OPEN TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27788	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	27792	OPEN TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27810	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	27814	OPEN TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	27818	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	27822	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	1/1/2012	12/31/2382	1
OPH	27823	OPEN TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, MEDIAL AND/OR LA	1/1/2012	12/31/2382	1
OPH	27824	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	1/1/2012	12/31/2382	1
OPH	27825	CLOSED TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL PLAFOND)	1/1/2012	12/31/2382	1
OPH	27826	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1
OPH	27827	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27828	OPEN TREATMENT OF FRACTURE OF WEIGHT BEARING ARTICULAR SURFACE/ PORTION OF DISTAL TIBIA (EG, PILON OR TIBIAL P	1/1/2012	12/31/2382	1
OPH	27829	OPEN TREATMENT OF DISTAL TIBIOFIBULAR JOINT (SYNDESMOSIS) DISRUPTION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIX	1/1/2012	12/31/2382	1
OPH	27830	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27831	CLOSED TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION; REQUIRING ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27832	OPEN TREATMENT OF PROXIMAL TIBIOFIBULAR JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, OR W	1/1/2012	12/31/2382	1
OPH	27840	CLOSED TREATMENT OF ANKLE DISLOCATION; WITHOUT ANESTHESIA	1/1/2012	12/31/2382	1
OPH	27842	CLOSED TREATMENT OF ANKLE DISLOCATION; REQUIRING ANESTHESIA, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION	1/1/2012	12/31/2382	1
OPH	27846	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITHOUT REPAIR OR INTERNA	1/1/2012	12/31/2382	1
OPH	27848	OPEN TREATMENT OF ANKLE DISLOCATION, WITH OR WITHOUT PERCUTANEOUS SKELETAL FIXATION; WITH REPAIR OR INTERNAL O	1/1/2012	12/31/2382	1
OPH	27860	MANIPULATION OF ANKLE UNDER GENERAL ANESTHESIA (INCLUDES APPLICATION OF TRACTION OR OTHER FIXATION APPARATUS)	4/1/2013	12/31/2382	1
OPH	27870	ARTHRODESIS, ANKLE, ANY METHOD	1/1/2012	12/31/2382	1
OPH	27871	ARTHRODESIS, TIBIOFIBULAR JOINT, PROXIMAL OR DISTAL	1/1/2012	12/31/2382	1
OPH	27880	AMPUTATION LEG, THROUGH TIBIA AND FIBULA;	1/1/2021	12/31/2382	1
OPH	27881	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; WITH IMMEDIATE FITTING TECHNIQUE INCLUDING APPLICATION OF FIRST CAST	1/1/2021	12/31/2382	1
OPH	27882	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; OPEN, CIRCULAR (GUILLOTINE)	1/1/2021	12/31/2382	1
OPH	27884	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; SECONDARY CLOSURE OR SCAR REVISION	1/1/2012	12/31/2382	1
OPH	27886	AMPUTATION LEG, THROUGH TIBIA AND FIBULA; RE-AMPUTATION	1/1/2021	12/31/2382	1
OPH	27888	AMPUTATION, ANKLE, THROUGH MALLEOLI OF TIBIA AND FIBULA (SYME, PIROGOFF TYPE PROCEDURES), WITH PLASTIC CLOSURE	1/1/2021	12/31/2382	1
OPH	27889	ANKLE DISARTICULATION	1/1/2012	12/31/2382	1
OPH	27892	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL COMPARTMENTS ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	27893	DECOMPRESSION FASCIOTOMY, LEG; POSTERIOR COMPARTMENT(S) ONLY, WITH DEBRIDEMENT OF NONVIABLE MUSCLE AND/OR NERV	1/1/2012	12/31/2382	1
OPH	27894	DECOMPRESSION FASCIOTOMY, LEG; ANTERIOR AND/OR LATERAL, AND POSTERIOR COMPARTMENT(S), WITH DEBRIDEMENT OF NONV	1/1/2012	12/31/2382	1
OPH	27899	UNLISTED PROCEDURE, LEG OR ANKLE	4/1/2018	12/31/2382	1
OPH	28001	INCISION AND DRAINAGE, INFECTED BURSA, FOOT	10/1/2010	12/31/2382	2
OPH	28002	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; SINGLE BU	10/1/2010	12/31/2382	3
OPH	28003	DEEP DISSECTION BELOW FASCIA, FOR DEEP INFECTION OF FOOT, WITH OR WITHOUT TENDON SHEATH INVOLVEMENT; MULTIPLE	10/1/2010	12/31/2382	2
OPH	28005	INCISION, DEEP, WITH OPENING OF BONE CORTEX (EG, FOR OSTEOMYELITIS OR BONE ABSCESS), FOOT	10/1/2010	12/31/2382	3
OPH	28008	FASCIOTOMY, FOOT AND/OR TOE	1/1/2012	12/31/2382	2
OPH	28010	TENOTOMY, SUBCUTANEOUS, TOE; SINGLE	1/1/2017	12/31/2382	4
OPH	28011	TENOTOMY, SUBCUTANEOUS, TOE; MULTIPLE	1/1/2017	12/31/2382	4
OPH	28020	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERTARSAL OR TARSOMETATARSAL JOI	7/1/2015	12/31/2382	2
OPH	28022	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; METATARSOPHALANGEAL JOINT	4/1/2019	12/31/2382	3
OPH	28024	ARTHROTOMY, WITH EXPLORATION, DRAINAGE OR REMOVAL OF LOOSE OR FOREIGN BODY; INTERPHALANGEAL JOINT	7/1/2015	12/31/2382	4
OPH	28035	TARSAL TUNNEL RELEASE (POSTERIOR TIBIAL NERVE DECOMPRESSION)	4/1/2013	12/31/2382	1
OPH	28039	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	10/1/2018	12/31/2382	2
OPH	28041	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); 1.5 CM OR GREATER	10/1/2018	12/31/2382	2
OPH	28043	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; LESS THAN 1.5 CM	7/1/2015	12/31/2382	4
OPH	28045	EXCISION, TUMOR,SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL, (EG, INTRAMUSCULAR); LESS THAN 1.5 CM	7/1/2015	12/31/2382	4
OPH	28046	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; LESS THAN 3 CM	4/1/2014	12/31/2382	1
OPH	28047	RADICAL RESECTION OF TUMOR (EG, MALIGNANT NEOPLASM), SOFT TISSUE OF FOOT OR TOE; 3 CM OR GREATER	7/1/2012	12/31/2382	1
OPH	28050	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERTARSAL OR TARSOMETATARSAL JOINT	7/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28052	ARTHROTOMY FOR SYNOVIAL BIOPSY; METATARSOPHALANGEAL JOINT	10/1/2010	12/31/2382	2
OPH	28054	ARTHROTOMY FOR SYNOVIAL BIOPSY; INTERPHALANGEAL JOINT	10/1/2010	12/31/2382	2
OPH	28055	NEURECTOMY, INTRINSIC MUSCULATURE OF FOOT	4/1/2013	12/31/2382	1
OPH	28060	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; PARTIAL (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28062	FASCIECTOMY, EXCISION OF PLANTAR FASCIA; RADICAL (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	28070	SYNOVECTOMY; INTERTARSAL OR TARSOMETATARSAL JOINT, EACH	7/1/2015	12/31/2382	2
OPH	28072	SYNOVECTOMY; METATARSOPHALANGEAL JOINT, EACH	7/1/2015	12/31/2382	4
OPH	28080	EXCISION OF INTERDIGITAL (MORTON) NEUROMA, SINGLE, EACH	4/1/2019	12/31/2382	3
OPH	28086	SYNOVECTOMY, TENDON SHEATH, FOOT; FLEXOR	10/1/2010	12/31/2382	2
OPH	28088	SYNOVECTOMY, TENDON SHEATH, FOOT; EXTENSOR	10/1/2010	12/31/2382	2
OPH	28090	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); FOOT	10/1/2010	12/31/2382	2
OPH	28092	EXCISION OF LESION OF TENDON OR FIBROUS SHEATH OR CAPSULE (INCLUDING SYNOVECTOMY) (CYST OR GANGLION); TOES	10/1/2010	12/31/2382	2
OPH	28100	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS;	1/1/2012	12/31/2382	1
OPH	28102	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ILIAC OR OTHER AUTOGRAFT (INCLUDE	1/1/2012	12/31/2382	1
OPH	28103	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TALUS OR CALCANEUS; WITH ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	28104	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS;	4/1/2014	12/31/2382	2
OPH	28106	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	4/1/2014	12/31/2382	1
OPH	28107	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, TARSAL OR METATARSAL BONES, EXCEPT TALUS OR CALCANEUS; WIT	4/1/2014	12/31/2382	1
OPH	28108	EXCISION OR CURETTAGE OF BONE CYST OR BENIGN TUMOR, PHALANGES OF FOOT	10/1/2010	12/31/2382	2
OPH	28110	OSTECTOMY, PARTIAL EXCISION, FIFTH METATARSAL HEAD (BUNIONETTE) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28111	OSTECTOMY, COMPLETE EXCISION; FIRST METATARSAL HEAD	1/1/2012	12/31/2382	1
OPH	28112	OSTECTOMY, COMPLETE EXCISION; OTHER METATARSAL HEAD (SECOND, THIRD OR FOURTH)	7/1/2015	12/31/2382	4
OPH	28113	OSTECTOMY, COMPLETE EXCISION; FIFTH METATARSAL HEAD	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28114	OSTECTOMY, COMPLETE EXCISION; ALL METATARSAL HEADS, WITH PARTIAL PROXIMAL PHALANGECTOMY, EXCLUDING FIRST METAT	1/1/2012	12/31/2382	1
OPH	28116	OSTECTOMY, EXCISION OF TARSAL COALITION	1/1/2012	12/31/2382	1
OPH	28118	OSTECTOMY, CALCANEUS;	1/1/2012	12/31/2382	1
OPH	28119	OSTECTOMY, CALCANEUS; FOR SPUR, WITH OR WITHOUT PLANTAR FASCIAL RELEASE	1/1/2012	12/31/2382	1
OPH	28120	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, SEQUESTRECTOMY, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELIT	10/1/2010	12/31/2382	2
OPH	28122	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR TARSAL BOS	7/1/2014	12/31/2382	4
OPH	28124	PARTIAL EXCISION (CRATERIZATION, SAUCERIZATION, OR DIAPHYSECTOMY) OF BONE (EG, FOR OSTEOMYELITIS OR DORSAL BOS	7/1/2014	12/31/2382	4
OPH	28126	CONDYLECTOMY, PHALANGEAL BASE, SINGLE TOE, EACH	7/1/2015	12/31/2382	4
OPH	28130	TALECTOMY (ASTRAGALECTOMY)	1/1/2012	12/31/2382	1
OPH	28140	METATARSECTOMY	4/1/2019	12/31/2382	3
OPH	28150	PHALANGECTOMY OF TOE, SINGLE, EACH	7/1/2015	12/31/2382	4
OPH	28153	RESECTION, HEAD OF PHALANX, TOE	4/1/2019	12/31/2382	4
OPH	28160	HEMIPHALANGECTOMY OR INTERPHALANGEAL JOINT EXCISION, TOE, SINGLE, EACH	7/1/2015	12/31/2382	5
OPH	28171	RADICAL RESECTION OF TUMOR; TARSAL (EXCEPT TALUS OR CALCANEUS)	4/1/2014	12/31/2382	1
OPH	28173	RADICAL RESECTION OF TUMOR; METATARSAL	10/1/2010	12/31/2382	2
OPH	28175	RADICAL RESECTION OF TUMOR; PHALANX OF TOE	10/1/2010	12/31/2382	2
OPH	28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	7/1/2015	12/31/2382	3
OPH	28192	REMOVAL OF FOREIGN BODY, FOOT; DEEP	10/1/2010	12/31/2382	2
OPH	28193	REMOVAL OF FOREIGN BODY, FOOT; COMPLICATED	10/1/2010	12/31/2382	2
OPH	28200	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; PRIMARY OR SECONDARY, WITHOUT FREE GRAFT, EACH TENDON	7/1/2015	12/31/2382	4
OPH	28202	REPAIR OR SUTURE OF TENDON, FOOT, FLEXOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING G	10/1/2010	12/31/2382	2
OPH	28208	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; PRIMARY OR SECONDARY, EACH TENDON	7/1/2015	12/31/2382	4
OPH	28210	REPAIR OR SUTURE OF TENDON, FOOT, EXTENSOR, SINGLE; SECONDARY WITH FREE GRAFT, EACH TENDON (INCLUDES OBTAINING	10/1/2010	12/31/2382	2
OPH	28220	TENOLYSIS, FLEXOR, FOOT; SINGLE	4/1/2013	12/31/2382	1
OPH	28222	TENOLYSIS, FLEXOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28225	TENOLYSIS, EXTENSOR, FOOT; SINGLE	4/1/2013	12/31/2382	1
OPH	28226	TENOLYSIS, EXTENSOR, FOOT; MULTIPLE (THROUGH SAME INCISION)	4/1/2013	12/31/2382	1
OPH	28230	TENOTOMY, OPEN, FLEXOR; FOOT, SINGLE OR MULTIPLE (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	28232	TENOTOMY, OPEN, FLEXOR; TOE, SINGLE (SEPARATE PROCEDURE)	7/1/2015	12/31/2382	6
OPH	28234	TENOTOMY, OPEN, EXTENSOR, FOOT OR TOE	7/1/2015	12/31/2382	6
OPH	28238	ADVANCEMENT OF POSTERIOR TIBIAL TENDON WITH EXCISION OF ACCESSORY NAVICULAR BONE (KIDNER TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28240	TENOTOMY, LENGTHENING, OR RELEASE, ABDUCTOR HALLUCIS MUSCLE	1/1/2012	12/31/2382	1
OPH	28250	DIVISION OF PLANTAR FASCIA AND MUSCLE ("STEINDLER STRIPPING") (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28260	CAPSULOTOMY, MIDFOOT; MEDIAL RELEASE ONLY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28261	CAPSULOTOMY, MIDFOOT; WITH TENDON LENGTHENING	1/1/2012	12/31/2382	1
OPH	28262	CAPSULOTOMY, MIDFOOT; EXTENSIVE, INCLUDING POSTERIOR TALOTIBIAL CAPSULOTOMY AND TENDON(S) LENGTHENING AS FOR R	1/1/2012	12/31/2382	1
OPH	28264	CAPSULOTOMY, MIDTARSAL (HEYMAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28270	CAPSULOTOMY FOR CONTRACTURE; METATARSOPHALANGEAL JOINT, WITH OR WITHOUT TENORRHAPHY, SINGLE, EACH JOINT (SEPAR	7/1/2015	12/31/2382	6
OPH	28272	CAPSULOTOMY FOR CONTRACTURE; INTERPHALANGEAL JOINT, SINGLE, EACH JOINT (SEPARATE PROCEDURE)	7/1/2015	12/31/2382	6
OPH	28280	WEBBING OPERATION (CREATE SYNDACTYLISM OF TOES) FOR SOFT CORN (KELIKIAN TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28285	HAMMERTOES OPERATION; ONE TOE (EG, INTERPHALANGEAL FUSION, FILLETING, PHALANGECTOMY)	7/1/2014	12/31/2382	4
OPH	28286	HAMMERTOES OPERATION; FOR COCK-UP FIFTH TOE WITH PLASTIC SKIN CLOSURE, (RUIZ-MORA TYPE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	28288	OSTECTOMY, PARTIAL, EXOSTECTOMY OR CONDYLECTOMY, SINGLE, METATARSAL HEAD, FIRST THROUGH FIFTH, EACH METATARSAL	4/1/2019	12/31/2382	4
OPH	28289	HALLUX RIGIDUM CORRECTION WITH CHEILECTOMY, DEBRIDEMENT AND CAPSULAR RELEASE OF THE FIRST METATARS	1/1/2012	12/31/2382	1
OPH	28291	CORRECTION OF RIGID DEFORMITY OF FIRST JOINT OF BIG TOE USING IMPLANT	1/1/2017	12/31/2382	1
OPH	28292	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; KELLER, MCBRIDE OR MAYO TYPE PROCEDURE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28295	CORRECTION, HALLUX VALGUS (BUNIONECTOMY), WITH SESAMOIDECTOMY, WHEN PERFORMED; WITH PROXIMAL METATARSAL OSTEOTOMY, ANY METHOD	1/1/2017	12/31/2382	1
OPH	28296	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; WITH METATARSAL OSTEOTOMY (EG, MITCHELL, CH	1/1/2012	12/31/2382	1
OPH	28297	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; LAPIDUS TYPE PROCEDURE	1/1/2012	12/31/2382	1
OPH	28298	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY PHALANX OSTEOTOMY	1/1/2012	12/31/2382	1
OPH	28299	HALLUX VALGUS (BUNION) CORRECTION, WITH OR WITHOUT SESAMOIDECTOMY; BY OTHER METHODS (EG, DOUBLE OSTEOTOMY)	1/1/2012	12/31/2382	1
OPH	28300	OSTEOTOMY; CALCANEUS (DWYER OR CHAMBERS TYPE PROCEDURE), WITH OR WITHOUT INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	28302	OSTEOTOMY; TALUS	1/1/2012	12/31/2382	1
OPH	28304	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS;	1/1/2012	12/31/2382	1
OPH	28305	OSTEOTOMY, MIDTARSAL BONES, OTHER THAN CALCANEUS OR TALUS; WITH AUTOGRAFT (INCLUDES OBTAINING GRAFT) (FOWLER T	1/1/2012	12/31/2382	1
OPH	28306	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	1/1/2012	12/31/2382	1
OPH	28307	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	1/1/2012	12/31/2382	1
OPH	28308	OSTEOTOMY, METATARSAL, BASE OR SHAFT, SINGLE, WITH OR WITHOUT LENGTHENING, FOR SHORTENING OR ANGULAR CORRECTIO	7/1/2015	12/31/2382	4
OPH	28309	OSTEOTOMY, METATARSALS, MULTIPLE, FOR CAVUS FOOT (SWANSON TYPE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28310	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; PROXIMAL PHALANX, FIRST TOE (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	28312	OSTEOTOMY FOR SHORTENING, ANGULAR OR ROTATIONAL CORRECTION; OTHER PHALANGES, ANY TOE	7/1/2015	12/31/2382	4
OPH	28313	RECONSTRUCTION, ANGULAR DEFORMITY OF TOE (OVERLAPPING SECOND TOE, FIFTH TOE, CURLY TOES), SOFT TISSUE PROCEDUR	7/1/2015	12/31/2382	4
OPH	28315	SESAMOIDECTOMY, FIRST TOE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	28320	REPAIR OF NONUNION OR MALUNION; TARSAL BONES (EG, CALCANEUS, TALUS)	4/1/2013	12/31/2382	1
OPH	28322	REPAIR OF NONUNION OR MALUNION; METATARSAL, WITH OR WITHOUT BONE GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28340	RECONSTRUCTION, TOE, MACRODACTYLY; SOFT TISSUE RESECTION	10/1/2010	12/31/2382	2
OPH	28341	RECONSTRUCTION, TOE, MACRODACTYLY; REQUIRING BONE RESECTION	10/1/2010	12/31/2382	2
OPH	28344	RECONSTRUCTION, TOE(S); POLYDACTYLY	4/1/2013	12/31/2382	1
OPH	28345	RECONSTRUCTION, TOE(S); SYNDACTYLY, WITH OR WITHOUT SKIN GRAFT(S), EACH WEB	7/1/2015	12/31/2382	2
OPH	28360	RECONSTRUCTION, CLEFT FOOT	4/1/2013	12/31/2382	1
OPH	28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	28405	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	28406	PERCUTANEOUS SKELETAL FIXATION OF CALCANEAL FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	28415	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION;	1/1/2012	12/31/2382	1
OPH	28420	OPEN TREATMENT OF CALCANEAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION; WITH PRIMARY ILIAC OR OTH	1/1/2012	12/31/2382	1
OPH	28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	28435	CLOSED TREATMENT OF TALUS FRACTURE; WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	28436	PERCUTANEOUS SKELETAL FIXATION OF TALUS FRACTURE, WITH MANIPULATION	1/1/2012	12/31/2382	1
OPH	28445	OPEN TREATMENT OF TALUS FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	28446	OPEN OSTEOCHONDRAL AUTOGRAFT, TALUS (INCLUDES OBTAINING GRAFT(S))	1/1/2012	12/31/2382	1
OPH	28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	2
OPH	28455	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITH MANIPULATION, EACH	7/1/2015	12/31/2382	3
OPH	28456	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH MANIPULATION, EACH	7/1/2015	12/31/2382	2
OPH	28465	OPEN TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS), WITH OR WITHOUT INTERNAL OR EXTERNAL FIXA	7/1/2015	12/31/2382	3
OPH	28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	2
OPH	28475	CLOSED TREATMENT OF METATARSAL FRACTURE; WITH MANIPULATION, EACH	7/1/2015	12/31/2382	5
OPH	28476	PERCUTANEOUS SKELETAL FIXATION OF METATARSAL FRACTURE, WITH MANIPULATION, EACH	7/1/2015	12/31/2382	4
OPH	28485	OPEN TREATMENT OF METATARSAL FRACTURE, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION, EACH	7/1/2015	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT MANIPULATION	4/1/2013	12/31/2382	1
OPH	28495	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	28496	PERCUTANEOUS SKELETAL FIXATION OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	28505	OPEN TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
OPH	28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITHOUT MANIPULATION, EACH	7/1/2015	12/31/2382	4
OPH	28515	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE; WITH MANIPULATION, EACH	7/1/2015	12/31/2382	4
OPH	28525	OPEN TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE, WITH OR WITHOUT INTERNAL OR EXTERNAL F	7/1/2015	12/31/2382	4
OPH	28530	CLOSED TREATMENT OF SESAMOID FRACTURE	4/1/2013	12/31/2382	1
OPH	28531	OPEN TREATMENT OF SESAMOID FRACTURE, WITH OR WITHOUT INTERNAL FIXATION	4/1/2013	12/31/2382	1
OPH	28540	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; WITHOUT ANESTHESIA	4/1/2013	12/31/2382	1
OPH	28545	CLOSED TREATMENT OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL; REQUIRING ANESTHESIA	4/1/2013	12/31/2382	1
OPH	28546	PERCUTANEOUS SKELETAL FIXATION OF TARSAL BONE DISLOCATION, OTHER THAN TALOTARSAL, WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	28555	OPEN TREATMENT OF TARSAL BONE DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
OPH	28570	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2013	12/31/2382	1
OPH	28575	CLOSED TREATMENT OF TALOTARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2013	12/31/2382	1
OPH	28576	PERCUTANEOUS SKELETAL FIXATION OF TALOTARSAL JOINT DISLOCATION, WITH MANIPULATION	4/1/2013	12/31/2382	1
OPH	28585	OPEN TREATMENT OF TALOTARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2013	12/31/2382	1
OPH	28600	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2014	12/31/2382	2
OPH	28605	CLOSED TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28606	PERCUTANEOUS SKELETAL FIXATION OF TARSOMETATARSAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	3
OPH	28615	OPEN TREATMENT OF TARSOMETATARSAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	7/1/2015	12/31/2382	5
OPH	28630	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	4/1/2014	12/31/2382	2
OPH	28635	CLOSED TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2014	12/31/2382	2
OPH	28636	PERCUTANEOUS SKELETAL FIXATION OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	4
OPH	28645	OPEN TREATMENT OF METATARSOPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	7/1/2015	12/31/2382	4
OPH	28660	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; WITHOUT ANESTHESIA	7/1/2015	12/31/2382	4
OPH	28665	CLOSED TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION; REQUIRING ANESTHESIA	4/1/2019	12/31/2382	3
OPH	28666	PERCUTANEOUS SKELETAL FIXATION OF INTERPHALANGEAL JOINT DISLOCATION, WITH MANIPULATION	7/1/2015	12/31/2382	4
OPH	28675	OPEN TREATMENT OF INTERPHALANGEAL JOINT DISLOCATION, WITH OR WITHOUT INTERNAL OR EXTERNAL FIXATION	4/1/2019	12/31/2382	3
OPH	28705	PANTALAR ARTHRODESIS	4/1/2013	12/31/2382	1
OPH	28715	TRIPLE ARTHRODESIS	4/1/2013	12/31/2382	1
OPH	28725	SUBTALAR ARTHRODESIS	4/1/2013	12/31/2382	1
OPH	28730	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE;	4/1/2013	12/31/2382	1
OPH	28735	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, MULTIPLE OR TRANSVERSE; WITH OSTEOTOMY AS FOR FLATFOOT CORRECTION	4/1/2013	12/31/2382	1
OPH	28737	ARTHRODESIS, MIDTARSAL NAVICULAR-CUNEIFORM, WITH TENDON LENGTHENING AND ADVANCEMENT (MILLER TYPE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	28740	ARTHRODESIS, MIDTARSAL OR TARSOMETATARSAL, SINGLE JOINT	7/1/2019	12/31/2382	2
OPH	28750	ARTHRODESIS, GREAT TOE; METATARSOPHALANGEAL JOINT	1/1/2012	12/31/2382	1
OPH	28755	ARTHRODESIS, GREAT TOE; INTERPHALANGEAL JOINT	1/1/2012	12/31/2382	1
OPH	28760	ARTHRODESIS, GREAT TOE, INTERPHALANGEAL JOINT, WITH EXTENSOR HALLUCIS LONGUS TRANSFER TO FIRST METATARSAL NECK	1/1/2012	12/31/2382	1
OPH	28800	AMPUTATION, FOOT; MIDTARSAL (CHOPART TYPE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	28805	AMPUTATION, FOOT; TRANSMETATARSAL	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	28810	AMPUTATION, METATARSAL, WITH TOE, SINGLE	4/1/2019	12/31/2382	5
OPH	28820	AMPUTATION, TOE; METATARSOPHALANGEAL JOINT	7/1/2015	12/31/2382	6
OPH	28825	AMPUTATION, TOE; INTERPHALANGEAL JOINT	4/1/2019	12/31/2382	8
OPH	28890	EXTRACORPOREAL SHOCK WAVE, HIGH ENERGY, PERFORMED BY A PHYSICIAN, REQUIRING ANESTHESIA OTHER THAN LOCAL	1/1/2012	12/31/2382	1
OPH	28899	UNLISTED PROCEDURE, FOOT OR TOES	4/1/2018	12/31/2382	1
OPH	29000	APPLICATION OF HALO TYPE BODY CAST (SEE 20661-20663 FOR INSERTION)	10/1/2010	12/31/2382	1
OPH	29010	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; ONLY	10/1/2010	12/31/2382	1
OPH	29015	APPLICATION OF RISSER JACKET, LOCALIZER, BODY; INCLUDING HEAD	10/1/2010	12/31/2382	1
OPH	29035	APPLICATION OF BODY CAST, SHOULDER TO HIPS;	10/1/2010	12/31/2382	1
OPH	29040	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING HEAD, MINERVA TYPE	10/1/2010	12/31/2382	1
OPH	29044	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING ONE THIGH	10/1/2010	12/31/2382	1
OPH	29046	APPLICATION OF BODY CAST, SHOULDER TO HIPS; INCLUDING BOTH THIGHS	10/1/2010	12/31/2382	1
OPH	29049	APPLICATION; PLASTER FIGURE-OF-EIGHT	10/1/2010	12/31/2382	1
OPH	29055	APPLICATION; SHOULDER SPICA	10/1/2010	12/31/2382	1
OPH	29058	APPLICATION; PLASTER VELPEAU	10/1/2010	12/31/2382	1
OPH	29065	APPLICATION; SHOULDER TO HAND (LONG ARM)	1/1/2012	12/31/2382	1
OPH	29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)	1/1/2012	12/31/2382	1
OPH	29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)	1/1/2012	12/31/2382	1
OPH	29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	10/1/2010	12/31/2382	2
OPH	29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)	1/1/2012	12/31/2382	1
OPH	29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC	1/1/2012	12/31/2382	1
OPH	29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC	1/1/2012	12/31/2382	1
OPH	29130	APPLICATION OF FINGER SPLINT; STATIC	7/1/2012	12/31/2382	3
OPH	29131	APPLICATION OF FINGER SPLINT; DYNAMIC	7/1/2012	12/31/2382	2
OPH	29200	STRAPPING; THORAX	10/1/2010	12/31/2382	1
OPH	29240	STRAPPING; SHOULDER (EG, VELPEAU)	10/1/2012	12/31/2382	1
OPH	29260	STRAPPING; ELBOW OR WRIST	1/1/2012	12/31/2382	1
OPH	29280	STRAPPING; HAND OR FINGER	10/1/2010	12/31/2382	2
OPH	29305	APPLICATION OF HIP SPICA CAST; ONE LEG	10/1/2010	12/31/2382	1
OPH	29325	APPLICATION OF HIP SPICA CAST; ONE AND ONE-HALF SPICA OR BOTH LEGS	10/1/2010	12/31/2382	1
OPH	29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);	1/1/2012	12/31/2382	1
OPH	29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	29358	APPLICATION OF LONG LEG CAST BRACE	1/1/2012	12/31/2382	1
OPH	29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)	1/1/2012	12/31/2382	1
OPH	29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	1/1/2012	12/31/2382	1
OPH	29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	1/1/2012	12/31/2382	1
OPH	29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST	1/1/2012	12/31/2382	1
OPH	29440	ADDING WALKER TO PREVIOUSLY APPLIED CAST	1/1/2012	12/31/2382	1
OPH	29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST	1/1/2012	12/31/2382	1
OPH	29450	APPLICATION OF CLUBFOOT CAST WITH MOLDING OR MANIPULATION, LONG OR SHORT LEG	7/1/2013	12/31/2382	1
OPH	29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)	1/1/2012	12/31/2382	1
OPH	29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	1/1/2012	12/31/2382	1
OPH	29520	STRAPPING; HIP	10/1/2012	12/31/2382	1
OPH	29530	STRAPPING; KNEE	4/1/2013	12/31/2382	1
OPH	29540	STRAPPING; ANKLE	4/1/2013	12/31/2382	1
OPH	29550	STRAPPING; TOES	4/1/2013	12/31/2382	1
OPH	29580	STRAPPING; UNNA BOOT	1/1/2012	12/31/2382	1
OPH	29581	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM, BELOW KNEE	1/1/2012	12/31/2382	1
OPH	29584	APPLICATION OF MULTI-LAYER VENOUS WOUND COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND AND FINGERS	1/1/2012	12/31/2382	1
OPH	29700	REMOVAL OR BIVALVING; GAUNTLET, BOOT OR BODY CAST	10/1/2010	12/31/2382	2
OPH	29705	REMOVAL OR BIVALVING; FULL ARM OR FULL LEG CAST	1/1/2012	12/31/2382	1
OPH	29710	REMOVAL OR BIVALVING; SHOULDER OR HIP SPICA, MINERVA, OR RISSER JACKET, ETC.	1/1/2012	12/31/2382	1
OPH	29720	REPAIR OF SPICA, BODY CAST OR JACKET	10/1/2010	12/31/2382	1
OPH	29730	WINDOWING OF CAST	7/1/2015	12/31/2382	1
OPH	29740	WEDGING OF CAST (EXCEPT CLUBFOOT CASTS)	10/1/2010	12/31/2382	1
OPH	29750	WEDGING OF CLUBFOOT CAST	7/1/2013	12/31/2382	1
OPH	29799	UNLISTED PROCEDURE, CASTING OR STRAPPING	4/1/2018	12/31/2382	1
OPH	29800	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29804	ARTHROSCOPY, TEMPOROMANDIBULAR JOINT, SURGICAL	1/1/2012	12/31/2382	1
OPH	29805	ARTHROSCOPY, SHOULDER, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	29806	ARTHROSCOPY, SHOULDER, SURGICAL; CAPSULORRHAPHY	1/1/2012	12/31/2382	1
OPH	29807	ARTHROSCOPY, SHOULDER, SURGICAL; REPAIR OF SLAP LESION	1/1/2012	12/31/2382	1
OPH	29819	ARTHROSCOPY, SHOULDER, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	29820	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	29821	ARTHROSCOPY, SHOULDER, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
OPH	29822	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
OPH	29823	ARTHROSCOPY, SHOULDER, SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
OPH	29824	ARTHROSCOPY, SHOULDER, SURGICAL; DISTAL CLAVICULECTOMY INCLUDING DISTAL ARTICULAR SURFACE	1/1/2012	12/31/2382	1
OPH	29825	ARTHROSCOPY, SHOULDER, SURGICAL; WITH LYSIS AND RESECTION OF ADHESIONS, WITH OR WITHOUT MANIPULATION	1/1/2012	12/31/2382	1
OPH	29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION OF SUBACROMIAL SPACE WITH PARTIAL ACROMIOPLASTY, WITH OR WITHOU	1/1/2012	12/31/2382	1
OPH	29827	ARTHROSCOPY, SHOULDER, SURGICAL; WITH ROTATOR CUFF REPAIR	1/1/2012	12/31/2382	1
OPH	29828	ARTHROSCOPY, SHOULDER, SURGICAL; BICEPS TENODESIS	1/1/2012	12/31/2382	1
OPH	29830	ARTHROSCOPY, ELBOW, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29834	ARTHROSCOPY, ELBOW, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	29835	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	29836	ARTHROSCOPY, ELBOW, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
OPH	29837	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
OPH	29838	ARTHROSCOPY, ELBOW, SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
OPH	29840	ARTHROSCOPY, WRIST, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29843	ARTHROSCOPY, WRIST, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	1/1/2012	12/31/2382	1
OPH	29844	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	29845	ARTHROSCOPY, WRIST, SURGICAL; SYNOVECTOMY, COMPLETE	1/1/2012	12/31/2382	1
OPH	29846	ARTHROSCOPY, WRIST, SURGICAL; EXCISION OF TRIANGULAR FIBROCARTILAGE AND/OR JOINT DEBRIDEMENT	1/1/2012	12/31/2382	1
OPH	29847	ARTHROSCOPY, WRIST, SURGICAL; INTERNAL FIXATION FOR FRACTURE OR INSTABILITY	1/1/2012	12/31/2382	1
OPH	29848	ARTHROSCOPY, WRIST, SURGICAL; WITH RELEASE OF TRANSVERSE CARPAL LIGAMENT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	29850	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	1/1/2012	12/31/2382	1
OPH	29851	ARTHROSCOPICALLY AIDED TREATMENT OF INTERCONDYLAR SPINE(S) AND/OR TUBEROSITY FRACTURE(S) OF THE KNEE, WITH OR	1/1/2012	12/31/2382	1
OPH	29855	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); UNICONDYLAR, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
OPH	29856	ARTHROSCOPICALLY AIDED TREATMENT OF TIBIAL FRACTURE, PROXIMAL (PLATEAU); BICONDYLAR, WITH OR WITHOUT INTERNAL	1/1/2012	12/31/2382	1
OPH	29860	ARTHROSCOPY, HIP, DIAGNOSTIC WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29861	ARTHROSCOPY, HIP, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	29862	ARTHROSCOPY, HIP, SURGICAL; WITH DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY), ABRASION ARTHROPL	1/1/2012	12/31/2382	1
OPH	29863	ARTHROSCOPY, HIP, SURGICAL; WITH SYNOVESTOMY	1/1/2012	12/31/2382	1
OPH	29866	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL AUTOGRAFT(S) (EG, MOSAICPLASTY) (INCLUDES HARVESTING OF THE	1/1/2012	12/31/2382	1
OPH	29867	ARTHROSCOPY, KNEE, SURGICAL; OSTEOCHONDRAL ALLOGRAFT (EG, MOSAICPLASTY)	1/1/2012	12/31/2382	1
OPH	29868	ARTHROSCOPY, KNEE, SURGICAL; MENISCAL TRANSPLANTATION (INCLUDES ARTHROTOMY FOR MENISCAL INSERTION)	1/1/2012	12/31/2382	1
OPH	29870	ARTHROSCOPY, KNEE, DIAGNOSTIC, WITH OR WITHOUT SYNOVIAL BIOPSY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29871	ARTHROSCOPY, KNEE, SURGICAL; FOR INFECTION, LAVAGE AND DRAINAGE	1/1/2012	12/31/2382	1
OPH	29873	ARTHROSCOPY, KNEE, SURGICAL; WITH LATERAL RELEASE	1/1/2012	12/31/2382	1
OPH	29874	ARTHROSCOPY, KNEE, SURGICAL; FOR REMOVAL OF LOOSE BODY OR FOREIGN BODY (EG, OSTEOCHONDRITIS DISSECANS FRAGMENT	1/1/2012	12/31/2382	1
OPH	29875	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, LIMITED (EG, PLICA OR SHELF RESECTION) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29876	ARTHROSCOPY, KNEE, SURGICAL; SYNOVECTOMY, MAJOR, TWO OR MORE COMPARTMENTS (EG, MEDIAL OR LATERAL)	1/1/2012	12/31/2382	1
OPH	29877	ARTHROSCOPY, KNEE, SURGICAL; DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE (CHONDROPLASTY)	1/1/2012	12/31/2382	1
OPH	29879	ARTHROSCOPY, KNEE, SURGICAL; ABRASION ARTHROPLASTY (INCLUDES CHONDROPLASTY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	29880	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL AND LATERAL, INCLUDING ANY MENISCAL SHAVING)	1/1/2012	12/31/2382	1
OPH	29881	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCECTOMY (MEDIAL OR LATERAL INCLUDING ANY MENISCAL SHAVING)	1/1/2012	12/31/2382	1
OPH	29882	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL OR LATERAL)	1/1/2012	12/31/2382	1
OPH	29883	ARTHROSCOPY, KNEE, SURGICAL; WITH MENISCUS REPAIR (MEDIAL AND LATERAL)	1/1/2012	12/31/2382	1
OPH	29884	ARTHROSCOPY, KNEE, SURGICAL; WITH LYSIS OF ADHESIONS, WITH OR WITHOUT MANIPULATION (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	29885	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR OSTEOCHONDritis DISSECANS WITH BONE GRAFTING, WITH OR WITHOUT INTERN	1/1/2012	12/31/2382	1
OPH	29886	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION	1/1/2012	12/31/2382	1
OPH	29887	ARTHROSCOPY, KNEE, SURGICAL; DRILLING FOR INTACT OSTEOCHONDritis DISSECANS LESION WITH INTERNAL FIXATION	1/1/2012	12/31/2382	1
OPH	29888	ARTHROSCOPICALLY AIDED ANTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	1/1/2012	12/31/2382	1
OPH	29889	ARTHROSCOPICALLY AIDED POSTERIOR CRUCIATE LIGAMENT REPAIR/AUGMENTATION OR RECONSTRUCTION	1/1/2012	12/31/2382	1
OPH	29891	ARTHROSCOPY, ANKLE, SURGICAL; EXCISION OR OSTEOCHONDRAL DEFECT OF TALUS AND/OR TIBIA, INCLUDING	1/1/2012	12/31/2382	1
OPH	29892	ARTHROSCOPICALLY AIDED REPAIR OF LARGE OSTEOCHONDritis DISSECANS LESION, TALAR DOME FRACTURE, OR TIBIAL PLAFON	1/1/2012	12/31/2382	1
OPH	29893	ENDOSCOPIC PLANTAR FASCIOTOMY	1/1/2012	12/31/2382	1
OPH	29894	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	29895	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; SYNOVECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	29897	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, LIMITED	1/1/2012	12/31/2382	1
OPH	29898	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS), SURGICAL; DEBRIDEMENT, EXTENSIVE	1/1/2012	12/31/2382	1
OPH	29899	ARTHROSCOPY, ANKLE (TIBIOTALAR AND FIBULOTALAR JOINTS),SURGICAL; WITH ANKLE ARTHRODESIS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	29900	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, DIAGNOSTIC INCLUDES SYNOVIAL BIOPSY	10/1/2010	12/31/2382	2
OPH	29901	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH DEBRIDEMENT	10/1/2010	12/31/2382	2
OPH	29902	ARTHROSCOPY, METACARPOPHALANGEAL JOINT, SURGICAL; WITH REDUCTION OF DISPLACED ULNAR COLLATERAL LIGAMENT	10/1/2010	12/31/2382	2
OPH	29904	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH REMOVAL OF LOOSE BODY OR FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	29905	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SYNOVECTOMY	1/1/2012	12/31/2382	1
OPH	29906	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH DEBRIDEMENT	1/1/2012	12/31/2382	1
OPH	29907	ARTHROSCOPY, SUBTALAR JOINT, SURGICAL; WITH SUBTALAR ARTHRODESIS	1/1/2012	12/31/2382	1
OPH	29914	ARTHROSCOPY, HIP, SURGICAL; WITH FEMOROPLASTY (IE, TREATMENT OF CAM LESION)	1/1/2012	12/31/2382	1
OPH	29915	ARTHROSCOPY, HIP, SURGICAL; WITH ACETABULOPLASTY (IE, TREATMENT OF PINCER LESION)	1/1/2012	12/31/2382	1
OPH	29916	ARTHROSCOPY, HIP, SURGICAL; WITH LABRAL REPAIR	1/1/2012	12/31/2382	1
OPH	29999	UNLISTED PROCEDURE, ARTHROSCOPY	4/1/2018	12/31/2382	1
OPH	30000	DRAINAGE ABSCESS OR HEMATOMA, NASAL, INTERNAL APPROACH	10/1/2010	12/31/2382	1
OPH	30020	DRAINAGE ABSCESS OR HEMATOMA, NASAL SEPTUM	10/1/2010	12/31/2382	1
OPH	30100	BIOPSY, INTRANASAL	7/1/2015	12/31/2382	2
OPH	30110	EXCISION, NASAL POLYP(S), SIMPLE	7/1/2013	12/31/2382	1
OPH	30115	EXCISION, NASAL POLYP(S), EXTENSIVE	7/1/2013	12/31/2382	1
OPH	30117	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; INTERNAL APPROACH	10/1/2010	12/31/2382	2
OPH	30118	EXCISION OR DESTRUCTION, ANY METHOD (INCLUDING LASER), INTRANASAL LESION; EXTERNAL APPROACH (LATERAL RHINOTOMY)	7/1/2015	12/31/2382	1
OPH	30120	EXCISION OR SURGICAL PLANING OF SKIN OF NOSE FOR RHINOPHYMA	10/1/2010	12/31/2382	1
OPH	30124	EXCISION DERMOID CYST, NOSE; SIMPLE, SKIN, SUBCUTANEOUS	10/1/2010	12/31/2382	2
OPH	30125	EXCISION DERMOID CYST, NOSE; COMPLEX, UNDER BONE OR CARTILAGE	10/1/2010	12/31/2382	1
OPH	30130	EXCISION TURBINATE, PARTIAL OR COMPLETE	1/1/2012	12/31/2382	1
OPH	30140	SUBMUCOUS RESECTION TURBINATE, PARTIAL OR COMPLETE	1/1/2012	12/31/2382	1
OPH	30150	RHINECTOMY; PARTIAL	10/1/2010	12/31/2382	1
OPH	30160	RHINECTOMY; TOTAL	10/1/2010	12/31/2382	1
OPH	30200	INJECTION INTO TURBINATE(S), THERAPEUTIC	7/1/2013	12/31/2382	1
OPH	30210	DISPLACEMENT THERAPY (PROETZ TYPE)	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	30220	INSERTION, NASAL SEPTAL PROSTHESIS (BUTTON)	10/1/2010	12/31/2382	1
OPH	30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	7/1/2013	12/31/2382	1
OPH	30310	REMOVAL FOREIGN BODY, INTRANASAL; REQUIRING GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
OPH	30320	REMOVAL FOREIGN BODY, INTRANASAL; BY LATERAL RHINOTOMY	7/1/2013	12/31/2382	1
OPH	30400	RHINOPLASTY, PRIMARY; LATERAL AND ALAR CARTILAGES AND/OR ELEVATION OF NASAL TIP	10/1/2010	12/31/2382	1
OPH	30410	RHINOPLASTY, PRIMARY; COMPLETE, EXTERNAL PARTS INCLUDING BONY PYRAMID, LATERAL AND ALAR CARTILAGES, AND/OR ELE	10/1/2010	12/31/2382	1
OPH	30420	RHINOPLASTY, PRIMARY; INCLUDING MAJOR SEPTAL REPAIR	10/1/2010	12/31/2382	1
OPH	30430	RHINOPLASTY, SECONDARY; MINOR REVISION (SMALL AMOUNT OF NASAL TIP WORK)	10/1/2010	12/31/2382	1
OPH	30435	RHINOPLASTY, SECONDARY; INTERMEDIATE REVISION (BONY WORK WITH OSTEOTOMIES)	10/1/2010	12/31/2382	1
OPH	30450	RHINOPLASTY, SECONDARY; MAJOR REVISION (NASAL TIP WORK AND OSTEOTOMIES)	10/1/2010	12/31/2382	1
OPH	30460	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	10/1/2010	12/31/2382	1
OPH	30462	RHINOPLASTY FOR NASAL DEFORMITY SECONDARY TO CONGENITAL CLEFT LIP AND/OR PALATE, INCLUDING COLUMELLAR LENGTHEN	10/1/2010	12/31/2382	1
OPH	30465	REPAIR OF NASAL VESTIBULAR STENOSIS (EG, SPREADER GRAFTING, LATERAL NASAL WALL RECONSTRUCTION)	7/1/2013	12/31/2382	1
OPH	30468	REPAIR OF NASAL VALVE COLLAPSE WITH SUBCUTANEOUS/SUBMUCOSAL LATERAL WALL IMPLANT(S)	1/1/2021	12/31/2382	1
OPH	30520	SEPTOPLASTY OR SUBMUCOUS RESECTION, WITH OR WITHOUT CARTILAGE SCORING, CONTOURING OR REPLACEMENT WITH GRAFT	10/1/2010	12/31/2382	1
OPH	30540	REPAIR CHOANAL ATRESIA; INTRANASAL	7/1/2013	12/31/2382	1
OPH	30545	REPAIR CHOANAL ATRESIA; TRANSPALATINE	7/1/2013	12/31/2382	1
OPH	30560	LYSIS INTRANASAL SYNECHIA	7/1/2013	12/31/2382	1
OPH	30580	REPAIR FISTULA; OROMAXILLARY (COMBINE WITH 31030 IF ANTROTOMY IS INCLUDED)	10/1/2010	12/31/2382	2
OPH	30600	REPAIR FISTULA; ORONASAL	10/1/2010	12/31/2382	1
OPH	30620	SEPTAL OR OTHER INTRANASAL DERMATOPLASTY (DOES NOT INCLUDE OBTAINING GRAFT)	7/1/2013	12/31/2382	1
OPH	30630	REPAIR NASAL SEPTAL PERFORATIONS	10/1/2010	12/31/2382	1
OPH	30801	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG, ELECTROCAUTERY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	30802	ABLATION, SOFT TISSUE OF INFERIOR TURBINATES, UNILATERAL OR BILATERAL, ANY METHOD, (EG; ELECTROCAUTERY, RADIO	10/1/2010	12/31/2382	1
OPH	30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY METHOD	7/1/2013	12/31/2382	1
OPH	30903	CONTROL NASAL HEMORRHAGE, ANTERIOR, COMPLEX (EXTENSIVE CAUTERY AND/OR PACKING) ANY METHOD	7/1/2013	12/31/2382	1
OPH	30905	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; INITIAL	7/1/2013	12/31/2382	1
OPH	30906	CONTROL NASAL HEMORRHAGE, POSTERIOR, WITH POSTERIOR NASAL PACKS AND/OR CAUTERIZATION, ANY METHOD; SUBSEQUENT	7/1/2013	12/31/2382	1
OPH	30915	LIGATION ARTERIES; ETHMOIDAL	7/1/2013	12/31/2382	1
OPH	30920	LIGATION ARTERIES; INTERNAL MAXILLARY ARTERY, TRANSANTRAL	7/1/2013	12/31/2382	1
OPH	30930	FRACTURE NASAL TURBINATE(S), THERAPEUTIC	7/1/2013	12/31/2382	1
OPH	30999	UNLISTED PROCEDURE, NOSE	4/1/2018	12/31/2382	1
OPH	31000	LAVAGE BY CANNULATION; MAXILLARY SINUS (ANTRUM PUNCTURE OR NATURAL OSTIUM)	7/1/2013	12/31/2382	1
OPH	31002	LAVAGE BY CANNULATION; SPHENOID SINUS	1/1/2012	12/31/2382	1
OPH	31020	SINUSOTOMY, MAXILLARY (ANTROTOMY); INTRANASAL	7/1/2013	12/31/2382	1
OPH	31030	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITHOUT REMOVAL OF ANTROCHOANAL POLYPS	7/1/2013	12/31/2382	1
OPH	31032	SINUSOTOMY, MAXILLARY (ANTROTOMY); RADICAL (CALDWELL-LUC) WITH REMOVAL OF ANTROCHOANAL POLYPS	7/1/2013	12/31/2382	1
OPH	31040	PTERYGOMAXILLARY FOSSA SURGERY, ANY APPROACH	4/1/2013	12/31/2382	1
OPH	31050	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY;	1/1/2012	12/31/2382	1
OPH	31051	SINUSOTOMY, SPHENOID, WITH OR WITHOUT BIOPSY; WITH MUCOSAL STRIPPING OR REMOVAL OF POLYP(S)	1/1/2012	12/31/2382	1
OPH	31070	SINUSOTOMY FRONTAL; EXTERNAL, SIMPLE (TREPHINE OPERATION)	1/1/2012	12/31/2382	1
OPH	31075	SINUSOTOMY FRONTAL; TRANSORBITAL, UNILATERAL (FOR MUCOCELE OR OSTEOMA, LYNCH TYPE)	1/1/2012	12/31/2382	1
OPH	31080	SINUSOTOMY FRONTAL; OBLITERATIVE WITHOUT OSTEOPLASTIC FLAP, BROW INCISION (INCLUDES ABLATION)	1/1/2012	12/31/2382	1
OPH	31081	SINUSOTOMY FRONTAL; OBLITERATIVE, WITHOUT OSTEOPLASTIC FLAP, CORONAL INCISION (INCLUDES ABLATION)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31084	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	1/1/2012	12/31/2382	1
OPH	31085	SINUSOTOMY FRONTAL; OBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	1/1/2012	12/31/2382	1
OPH	31086	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, BROW INCISION	1/1/2012	12/31/2382	1
OPH	31087	SINUSOTOMY FRONTAL; NONOBLITERATIVE, WITH OSTEOPLASTIC FLAP, CORONAL INCISION	1/1/2012	12/31/2382	1
OPH	31090	SINUSOTOMY COMBINED, THREE OR MORE SINUSES (UNILATERAL)	1/1/2012	12/31/2382	1
OPH	31200	ETHMOIDECTOMY; INTRANASAL, ANTERIOR	1/1/2012	12/31/2382	1
OPH	31201	ETHMOIDECTOMY; INTRANASAL, TOTAL	1/1/2012	12/31/2382	1
OPH	31205	ETHMOIDECTOMY; EXTRANASAL, TOTAL	1/1/2012	12/31/2382	1
OPH	31230	MAXILLECTOMY; WITH ORBITAL EXENTERATION (EN BLOC)	7/1/2021	12/31/2382	1
OPH	31231	NASAL ENDOSCOPY, DIAGNOSTICS UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	31233	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH MAXILLARY SINUSOSCOPY	1/1/2012	12/31/2382	1
OPH	31235	NASAL/SINUS ENDOSCOPY, DIAGNOSTIC WITH SPHENOID SINUSOSCOPY	1/1/2012	12/31/2382	1
OPH	31237	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH BIOPSY, POLYPECTOMY OR DIBRIDMENT	1/1/2012	12/31/2382	1
OPH	31238	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH CONTROL OF EPISTAXIS	1/1/2012	12/31/2382	1
OPH	31239	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DACRYOCYSTORHINOSTOMY	1/1/2012	12/31/2382	1
OPH	31240	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH CONCHA BULLOSA RESECTION	1/1/2012	12/31/2382	1
OPH	31241	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH LIGATION OF SPHENOPALATINE ARTERY	1/1/2019	12/31/2382	1
OPH	31253	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING FRONTAL SINUS EXPLORATION, WITH REMOVAL OF TISSUE FROM FRONTAL SINUS, WHEN PERFORMED	1/1/2018	12/31/2382	1
OPH	31254	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	31255	NASAL ENDOSCOPY, SURGICAL; WITH ETHMOIDECTOMY, ANTERIOR AND POSTERIOR (TOTAL)	1/1/2012	12/31/2382	1
OPH	31256	NASAL ENDOSCOPY, SURGICAL; WITH MAXILLARY ANTROSTOMY	1/1/2012	12/31/2382	1
OPH	31257	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY	1/1/2018	12/31/2382	1
OPH	31259	NASAL/SINUS ENDOSCOPY, SURGICAL WITH ETHMOIDECTOMY; TOTAL (ANTERIOR AND POSTERIOR), INCLUDING SPHENOIDOTOMY, WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1/1/2018	12/31/2382	1
OPH	31267	MAXILLARY SINUS ENDOSCOPY, SURGICAL; WITH REMOVAL OF MUCOUS MEMBRANE AND/OR POLYPS	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31276	NASAL/SINUS ENDOSCOPY, SURGICAL WITH FRONTAL SINUS EXPLORATION, WITH OR WITHOUT REMOVAL OF TISSUE FROM SINUS	1/1/2012	12/31/2382	1
OPH	31287	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPENOIDOTOMY;	1/1/2012	12/31/2382	1
OPH	31288	NASAL/SINUS ENDOSCOPY, SURGICAL, WITH SPHENOIDOTOMY; WITH REMOVAL OF TISSUE FROM THE SPHENOID SINUS	1/1/2012	12/31/2382	1
OPH	31292	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL OR INFERIOR ORBITAL WALL DECOMPRESSION	1/1/2012	12/31/2382	1
OPH	31293	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH MEDIAL ORBITAL WALL AND INFERIOR ORBITAL WALL DECOMPRESSION	1/1/2012	12/31/2382	1
OPH	31294	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH OPTIC NERVE DECOMPRESSION	1/1/2012	12/31/2382	1
OPH	31295	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG, BALLOON DILATION) TRANSNASAL	1/1/2012	12/31/2382	1
OPH	31296	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG, BALLOON DILATION)	1/1/2012	12/31/2382	1
OPH	31297	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG, BALLOON DILATION)	1/1/2012	12/31/2382	1
OPH	31298	NASAL/SINUS ENDOSCOPY, SURGICAL; WITH DILATION OF FRONTAL AND SPHENOID SINUS OSTIA (EG, BALLOON DILATION)	1/1/2018	12/31/2382	1
OPH	31299	UNLISTED PROCEDURE, ACCESSORY SINUSES	4/1/2018	12/31/2382	1
OPH	31300	LARYNGOTOMY (THYROTOMY, LARYNGOFISSURE); WITH REMOVAL OF TUMOR OR LARYNGOCELE, CORDECTOMY	10/1/2010	12/31/2382	1
OPH	31400	ARYTENOIDECTOMY OR ARYTENOIDOPEXY, EXTERNAL APPROACH	7/1/2013	12/31/2382	1
OPH	31420	EPIGLOTTIDECTOMY	10/1/2010	12/31/2382	1
OPH	31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	10/1/2010	12/31/2382	2
OPH	31502	TRACHEOTOMY TUBE CHANGE PRIOR TO ESTABLISHMENT OF FISTULA TRACT	10/1/2010	12/31/2382	1
OPH	31505	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	31510	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	31511	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	31512	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH REMOVAL OF LESION	10/1/2010	12/31/2382	1
OPH	31513	LARYNGOSCOPY, INDIRECT (SEPARATE PROCEDURE); WITH VOCAL CORD INJECTION	7/1/2013	12/31/2382	1
OPH	31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	10/1/2010	12/31/2382	1
OPH	31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31525	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, EXCEPT NEWBORN	10/1/2010	12/31/2382	1
OPH	31526	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	31527	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH INSERTION OF OBTURATOR	10/1/2010	12/31/2382	1
OPH	31528	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, INITIAL	10/1/2010	12/31/2382	1
OPH	31529	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; WITH DILATATION, SUBSEQUENT	10/1/2010	12/31/2382	1
OPH	31530	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL;	10/1/2010	12/31/2382	1
OPH	31531	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH FOREIGN BODY REMOVAL; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	31535	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY;	10/1/2010	12/31/2382	1
OPH	31536	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH BIOPSY; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	31540	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS;	10/1/2010	12/31/2382	1
OPH	31541	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH EXCISION OF TUMOR AND/ OR STRIPPING OF VOCAL CORDS OR EPIGLOTTIS; WITH O	10/1/2010	12/31/2382	1
OPH	31545	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMOCOSAL REMOVAL OF NON	1/1/2012	12/31/2382	1
OPH	31546	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH OPERATING MICROSCOPE OR TELESCOPE, WITH SUBMUCOSAL REMOVAL OF NON-PLASTI	1/1/2012	12/31/2382	1
OPH	31551	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	1/1/2017	12/31/2382	1
OPH	31552	REPAIR OF NARROWED VOICE BOX WITH GRAFT IN PATIENT AGE 12 YEARS OR OLDER	1/1/2017	12/31/2382	1
OPH	31553	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT YOUNGER THAN 12 YEARS OF AGE	1/1/2017	12/31/2382	1
OPH	31554	REPAIR OF NARROWED VOICE BOX WITH GRAFT AND PLACEMENT OF INDWELLING STENT IN PATIENT AGE 12 YEARS OR OLDER	1/1/2017	12/31/2382	1
OPH	31560	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY;	10/1/2010	12/31/2382	1
OPH	31561	LARYNGOSCOPY, DIRECT, OPERATIVE, WITH ARYTENOIDECTOMY; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	31570	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31571	LARYNGOSCOPY, DIRECT, WITH INJECTION INTO VOCAL CORD(S), THERAPEUTIC; WITH OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	31572	DESTRUCTION OF ABNORMALITY OF ONE SODE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
OPH	31573	INJECTION OF DRUG INTO ONE SIDE OF VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
OPH	31574	INJECTION OF SUBSTANCE TO AUGMENT VOICE BOX USING A FLEXIBLE ENDOSCOPE	1/1/2017	12/31/2382	1
OPH	31575	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	31576	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	31577	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	31578	LARYNGOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF LESION	10/1/2010	12/31/2382	1
OPH	31579	LARYNGOSCOPY, FLEXIBLE OR RIGID FIBEROPTIC; WITH STROBOSCOPY	10/1/2010	12/31/2382	1
OPH	31580	LARYNGOPLASTY; FOR LARYNGEAL WEB, TWO STAGE, WITH KEEL INSERTION AND REMOVAL	10/1/2010	12/31/2382	1
OPH	31584	LARYNGOPLASTY; WITH OPEN REDUCTION OF FRACTURE	10/1/2017	12/31/2382	1
OPH	31587	LARYNGOPLASTY, CRICOID SPLIT	10/1/2017	12/31/2382	1
OPH	31590	LARYNGEAL REINNERVATION BY NEUROMUSCULAR PEDICLE	10/1/2010	12/31/2382	1
OPH	31591	REPAIR OF ONE SIDE OF VOICE BOX BY MOVING VOCAL CORD TO MIDDLE	1/1/2017	12/31/2382	1
OPH	31592	EXCISION OF PART OF WINDPIPE AND CRICOID CARTILAGE	1/1/2017	12/31/2382	1
OPH	31599	UNLISTED PROCEDURE, LARYNX	4/1/2018	12/31/2382	1
OPH	31600	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE);	10/1/2010	12/31/2382	1
OPH	31601	TRACHEOSTOMY, PLANNED (SEPARATE PROCEDURE); UNDER TWO YEARS	10/1/2010	12/31/2382	1
OPH	31603	TRACHEOSTOMY, EMERGENCY PROCEDURE; TRANSTRACHEAL	10/1/2010	12/31/2382	1
OPH	31605	TRACHEOSTOMY, EMERGENCY PROCEDURE; CRICOTHYROID MEMBRANE	10/1/2010	12/31/2382	1
OPH	31610	TRACHEOSTOMY, FENESTRATION PROCEDURE WITH SKIN FLAPS	10/1/2010	12/31/2382	1
OPH	31611	CONSTRUCTION OF TRACHEOESOPHAGEAL FISTULA AND SUBSEQUENT INSERTION OF AN ALARYNGEAL SPEECH PROSTHESIS (EG, VOI	10/1/2010	12/31/2382	1
OPH	31612	TRACHEAL PUNCTURE, PERCUTANEOUS FOR ASPIRATION OF MUCUS (TRANSTRACHEAL ASPIRATION)	10/1/2010	12/31/2382	1
OPH	31613	TRACHEOSTOMA REVISION; SIMPLE, WITHOUT FLAP ROTATION	10/1/2010	12/31/2382	1
OPH	31614	TRACHEOSTOMA REVISION; COMPLEX, WITH FLAP ROTATION	10/1/2010	12/31/2382	1
OPH	31615	TRACHEOBRONCHOSCOPY THROUGH ESTABLISHED TRACHEOSTOMY INCISION	10/1/2010	12/31/2382	1
OPH	31622	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; DIAGNOSTIC, WITH CELL WASHING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31623	BRONCHOSCOPY; WITH PLACEMENT OF CATHETER	10/1/2010	12/31/2382	1
OPH	31624	BRONCHOSCOPY; WITH BRONCHIAL ALVEOLAR LAVAGE	10/1/2010	12/31/2382	1
OPH	31625	BRONCHOSCOPY; WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	31626	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF FIDUCIAL	7/1/2012	12/31/2382	1
OPH	31627	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH COMPUTER-ASSISTED	7/1/2012	12/31/2382	1
OPH	31628	BRONCHOSCOPY; WITH TRANSBRONCHIAL LUNG BIOPSY, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
OPH	31629	BRONCHOSCOPY; WITH TRANSBRONCHIAL NEEDLE ASPIRATION BIOPSY	10/1/2010	12/31/2382	1
OPH	31630	BRONCHOSCOPY; WITH TRACHEAL OR BRONCHIAL DILATION OR CLOSED REDUCTION OF FRACTURE	10/1/2013	12/31/2382	1
OPH	31631	BRONCHOSCOPY; WITH TRACHEAL DILATION AND PLACEMENT OF TRACHEAL STENT	10/1/2010	12/31/2382	1
OPH	31632	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL LUNG BIOPSY	10/1/2013	12/31/2382	2
OPH	31633	BRONCHOSCOPY, (RIGID OR FLEXIBLE); WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH TRANSBRONCHIAL NEEDLE	10/1/2013	12/31/2382	2
OPH	31634	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION,	4/1/2011	12/31/2382	1
OPH	31635	BRONCHOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	31636	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH PLACEMENT OF BRONCHIAL STENT(S)	10/1/2010	12/31/2382	1
OPH	31637	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; EACH ADDITIONAL MAJOR BRONCHUS	10/1/2010	12/31/2382	2
OPH	31638	BRONCHOSCOPY, RIGID OR FLEXIBLE, WITH OR WITHOUT FLUOROSCOPIC GUIDANCE; WITH REVISION OF TRACHEAL OR BRONCHIAL	7/1/2015	12/31/2382	1
OPH	31640	BRONCHOSCOPY; WITH EXCISION OF TUMOR	10/1/2010	12/31/2382	1
OPH	31641	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH DESTRUCTION OF TUMOR OR	10/1/2010	12/31/2382	1
OPH	31643	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH PLACEMENT OF CATHETER(S)	10/1/2010	12/31/2382	1
OPH	31645	BRONCHOSCOPY, RIGID OR FLEXIBLE,INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	31646	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH THERAPEUTIC ASPIRATION	10/1/2010	12/31/2382	2
OPH	31647	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	1/1/2013	12/31/2382	1
OPH	31648	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	1/1/2013	12/31/2382	1
OPH	31649	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH REMOVAL OF BRONCHIAL VAL	7/1/2015	12/31/2382	2
OPH	31651	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH BALLOON OCCLUSION, WHEN	7/1/2015	12/31/2382	3
OPH	31652	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
OPH	31653	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
OPH	31654	BRONCHOSOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED; WITH TRANSENDOSCOPIC ENDOBRONCHIAL ULTRASOUND	1/1/2016	12/31/2382	1
OPH	31660	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 1 LOBE	1/1/2013	12/31/2382	1
OPH	31661	FLUOROSCOPIC IMAGING GUIDANCE, WHEN PERFORMED WITH BRONCHIAL THERMOPLASTY, 2 OR MORE LOBES	1/1/2013	12/31/2382	1
OPH	31717	CATHETERIZATION WITH BRONCHIAL BRUSH BIOPSY	10/1/2010	12/31/2382	1
OPH	31720	CATHETER ASPIRATION (SEPARATE PROCEDURE); NASOTRACHEOBRONCHIAL	7/1/2015	12/31/2382	3
OPH	31730	TRANSTRACHEAL (PERCUTANEOUS) INTRODUCTION OF NEEDLE WIRE DILATOR/ STENT OR INDWELLING TUBE FOR OXYGEN THERAPY	10/1/2010	12/31/2382	1
OPH	31750	TRACHEOPLASTY; CERVICAL	10/1/2010	12/31/2382	1
OPH	31755	TRACHEOPLASTY; TRACHEOPHARYNGEAL FISTULIZATION, EACH STAGE	10/1/2010	12/31/2382	1
OPH	31785	EXCISION OF TRACHEAL TUMOR OR CARCINOMA; CERVICAL	10/1/2010	12/31/2382	1
OPH	31820	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITHOUT PLASTIC REPAIR	10/1/2010	12/31/2382	1
OPH	31825	SURGICAL CLOSURE TRACHEOSTOMY OR FISTULA; WITH PLASTIC REPAIR	10/1/2010	12/31/2382	1
OPH	31830	REVISION OF TRACHEOSTOMY SCAR	10/1/2010	12/31/2382	1
OPH	31899	UNLISTED PROCEDURE, TRACHEA, BRONCHI	4/1/2018	12/31/2382	1
OPH	32400	BIOPSY, PLEURA; PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	2

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OPH	32408	CORE NEEDLE BIOPSY, LUNG OR MEDIASTINUM, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	4/1/2021	12/31/2382	2
OPH	32550	INSERTION OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	10/1/2010	12/31/2382	2
OPH	32551	TUBE THORACOSTOMY, INCLUDES WATER SEAL (EG, FOR ABCESS, HEMOTHORAX, EMPYEMA), WHEN PERFORMED	7/1/2015	12/31/2382	2
OPH	32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	4/1/2012	12/31/2382	2
OPH	32553	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE (EG, FIDUCIAL MARKERS, DOSIMETER), PERCUT	7/1/2012	12/31/2382	1
OPH	32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT IMAGING GUIDANCE	7/1/2015	12/31/2382	2
OPH	32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH IMAGING GUIDANCE	7/1/2015	12/31/2382	2
OPH	32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT IMAGING GUIDANCE	7/1/2015	12/31/2382	2
OPH	32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH IMAGING GUIDANCE	7/1/2015	12/31/2382	2
OPH	32560	INSTILLATION, VIA CHEST TUBE/CATHETER, AGENT FOR PLEURODESIS (EG, FOR RECURRENT OR PERSISTENT PNEUMOTHORAX)	7/1/2012	12/31/2382	1
OPH	32561	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTI	7/1/2012	12/31/2382	1
OPH	32562	INSTILLATION(S), VIA CHEST TUBE/CATHETER, AGENT FOR FIBRINOLYSIS (EG, FIBRINOLYTIC AGENT FOR BREAK UP OF MULTI	7/1/2012	12/31/2382	1
OPH	32601	THORACOSCOPY, DIAGNOSTIC(SEPARATE PROCEDURE);LUNGS AND PLEURAL SPACE, WITHOUT BIOPSY	10/1/2010	12/31/2382	1
OPH	32604	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); PERICARDIAL SAC, WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	32606	THORACOSCOPY, DIAGNOSTIC (SEPARATE PROCEDURE); MEDIASTINAL SPACE, WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	32607	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG INFILTRATE(S), UNILATERAL	1/1/2012	12/31/2382	1
OPH	32608	THORACOSCOPY; WITH DIAGNOSTIC BIOPSY(IES) OF LUNG NODULE(S) OR MASS(ES), UNILATERAL	1/1/2012	12/31/2382	1
OPH	32609	THORACOSCOPY; WITH BIOPSY(IES) OF PLEURA	1/1/2012	12/31/2382	1
OPH	32701	THORACIC TARGET(S) DELINEATION FOR STEREOTACTIC BODY RADIATION THERAPY, ENTIRE COURSE OF TREATMENT	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	32820	MAJOR RECONSTRUCTION, CHEST WALL (POST-TRAUMATIC)	7/1/2021	12/31/2382	1
OPH	32905	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES);	7/1/2021	12/31/2382	1
OPH	32906	THORACOPLASTY, SCHEDE TYPE OR EXTRAPLEURAL (ALL STAGES); WITH CLOSURE OF BRONCHOPLEURAL FISTULA	7/1/2021	12/31/2382	1
OPH	32960	PNEUMOTHORAX, THERAPEUTIC, INTRAPLEURAL INJECTION OF AIR	10/1/2010	12/31/2382	1
OPH	32994	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF 1 OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL WHEN INVOLVED BY TUMOR EXTENSION, PERCUTANEOUS, INCLUDING IMAGING GUIDANCE WHEN PERFORMED, UNILATERAL; CRYOABLATIO	1/1/2018	12/31/2382	1
OPH	32998	ABLATION THERAPY FOR REDUCTION OR ERADICATION OF ONE OR MORE PULMONARY TUMOR(S) INCLUDING PLEURA OR CHEST WALL	7/1/2013	12/31/2382	1
OPH	32999	UNLISTED PROCEDURE, LUNGS AND PLEURA	4/1/2018	12/31/2382	1
OPH	33016	PERICARDIOCENTESIS, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2020	12/31/2382	1
OPH	33017	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING FLUOROSCOPY AND/OR ULTRASOUND GUIDANCE, WHEN PERFORMED; 6 YEARS AND OLDER WITHOUT CONGENITAL CARDIAC ANOMALY	1/1/2020	12/31/2382	1
OPH	33018	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING FLUOROSCOPY AND/OR ULTRASOUND GUIDANCE, WHEN PERFORMED; BIRTH THROUGH 5 YEARS OF AGE OR ANY AGE WITH CONGENITAL CARDIAC ANOMALY	1/1/2020	12/31/2382	1
OPH	33019	PERICARDIAL DRAINAGE WITH INSERTION OF INDWELLING CATHETER, PERCUTANEOUS, INCLUDING CT GUIDANCE	1/1/2020	12/31/2382	1
OPH	33050	EXCISION OF PERICARDIAL CYST OR TUMOR	7/1/2021	12/31/2382	1
OPH	33206	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); ATRIAL	10/1/2010	12/31/2382	1
OPH	33207	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); VENTRICULAR	10/1/2010	12/31/2382	1
OPH	33208	INSERTION OF PERMANENT PACEMAKER WITH TRANSVENOUS ELECTRODE(S); AV SEQUENTIAL	10/1/2010	12/31/2382	1
OPH	33210	INSERTION OF TEMPORARY TRANSVENOUS CARDIAC ELECTRODE, OR PACEMAKER CATHETER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	33211	INSERTION OR REPLACEMENT OF TEMPORARY TRANSVENOUS DUAL CHAMBER PACING ELECTRODES (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	33212	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	33213	INSERTION OR REPLACEMENT OF PACEMAKER PULSE GENERATOR ONLY; DUAL CHAMBER	10/1/2010	12/31/2382	1
OPH	33214	UPGRADE OF IMPLANTED PACEMAKER SYSTEM, CONVERSION OF SINGLE CHAMBER SYSTEM TO DUAL CHAMBER SYSTEM (INCLUDES RE	10/1/2010	12/31/2382	1
OPH	33215	REPOSITIONING OF PREVIOUSLY IMPLANTED TRANSVENOUS PACEMAKER OR PACING CARDIOVERTER-DEFIBRILLATOR (RIGHT ATRIAL	10/1/2010	12/31/2382	2
OPH	33216	INSERTION OF A SINGLE TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	33217	INSERTION OF 2 TRANSVENOUS ELECTRODE, PERMANENT PACEMAKER OR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	33218	REPAIR OF SINGLE TRANSVENOUS ELECTRODE FOR A SINGLE CHAMBER, PERMANENT	10/1/2010	12/31/2382	1
OPH	33220	REPAIR OF TWO TRANSVENOUS ELECTRODES FOR A DUAL CHAMBER PERMANENT PACEMAKER OR	10/1/2010	12/31/2382	1
OPH	33221	INSERTION OF PACEMAKER PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	1/1/2012	12/31/2382	1
OPH	33222	REVISION OR RELOCATION OF SKIN POCKET FOR PACEMAKER OR AUTOMATIC IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	33223	REVISION OF SKIN POCKET FOR CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	33224	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, WITH ATTACHMENT TO PREVIOUS	10/1/2010	12/31/2382	1
OPH	33225	INSERTION OF PACING ELECTRODE, CARDIAC VENOUS SYSTEM, FOR LEFT VENTRICULAR PACING, AT TIME OF INSERTION OF PAC	10/1/2010	12/31/2382	1
OPH	33226	REPOSITIONING OF PREVIOUSLY IMPLANTED CARDIAC VENOUS SYSTEM (LEFT VENTRICULAR) ELECTRODE (INCLUDING REMOVAL,	10/1/2010	12/31/2382	1
OPH	33227	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; SINGLE LEAD	1/1/2012	12/31/2382	1
OPH	33228	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; DUAL LEAD	1/1/2012	12/31/2382	1
OPH	33229	REMOVAL OF PERMANENT PACEMAKER PULSE GENERATOR WITH REPLACEMENT OF PACEMAKER PULSE GENERATOR; MULTIPLE LEAD	1/1/2012	12/31/2382	1
OPH	33230	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING DUAL LEADS	1/1/2012	12/31/2382	1
OPH	33231	INSERTION OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY; WITH EXISTING MULTIPLE LEADS	1/1/2012	12/31/2382	1
OPH	33233	REMOVAL OF PERMANENT PACEMAKER; PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	33234	REMOVAL OF TRANSVENOUS PACEMAKER AND ELECTRODE(S); SINGLE LEAD SYSTEM, ATRIAL OR VENTRICULAR	10/1/2010	12/31/2382	1
OPH	33235	REMOVAL OF TRANSVENOUS PACEMAKER ELECTRODE(S); DUAL LEAD SYSTEM	10/1/2010	12/31/2382	1
OPH	33240	INSERION OR REPLACEMENT OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1
OPH	33241	REMOVAL OF IMPLANTABLE CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR ONLY	10/1/2010	12/31/2382	1
OPH	33244	REMOVAL OF SINGLE OR DUAL CHAMBER PACING CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	33249	INSERTION OR REPOSITIONING OF ELECTRODE LEAD(S) FOR SINGLE OR DUAL CHAMBER	10/1/2010	12/31/2382	1
OPH	33261	OPERATIVE ABLATION OF VENTRICULAR ARRHYTHMOGENIC FOCUS WITH CARDIOPULMONARY BYPASS	7/1/2021	12/31/2382	1
OPH	33262	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
OPH	33263	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
OPH	33264	REMOVAL OF PACING CARDIOVERTER-DEFIBRILLATOR PULSE GENERATOR WITH REPLACEMENT OF PACING CARDIOVERTER-DEFIBRIL	1/1/2012	12/31/2382	1
OPH	33267	EXCLUSION OF LEFT ATRIAL APPENDAGE, OPEN, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PLICATION, CLIP)	1/1/2022	12/31/2382	1
OPH	33268	EXCLUSION OF LEFT ATRIAL APPENDAGE, OPEN, PERFORMED AT THE TIME OF OTHER STERNOTOMY OR THORACOTOMY PROCEDURE(S), ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING	1/1/2022	12/31/2382	1
OPH	33269	EXCLUSION OF LEFT ATRIAL APPENDAGE, THORACOSCOPIC, ANY METHOD (EG, EXCISION, ISOLATION VIA STAPLING, OVERSEWING, LIGATION, PLICATION, CLIP)	1/1/2022	12/31/2382	1
OPH	33270	INSERTION OR REPLACEMENT OF PERMANENT SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR SYSTEM, WITH SUBCUTANEOUS ELECTRO	1/1/2015	12/31/2382	1
OPH	33271	INSERTION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
OPH	33272	REMOVAL OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
OPH	33273	REPOSITIONING OF PREVIOUSLY IMPLANTED SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR ELECTRODE	1/1/2015	12/31/2382	1
OPH	33274	INSERTION OR REPLACEMENT OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
OPH	33275	REMOVAL OF PERMANENT LEADLESS PACEMAKER INTO LOWER RIGHT CHAMBER OF HEART VIA CATHETER USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	33285	INSERTION OF HEART RHYTHM MONITOR UNDER SKIN	1/1/2019	12/31/2382	1
OPH	33286	REMOVAL OF HEART RHYTHM MONITOR FROM UNDER SKIN	1/1/2019	12/31/2382	1
OPH	33289	INSERTION OF WIRELESS PRESSURE SENSOR INTO LUNG ARTERY VIA CATHETER	1/1/2019	12/31/2382	1
OPH	33310	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITHOUT BYPASS	7/1/2021	12/31/2382	1
OPH	33315	CARDIOTOMY, EXPLORATORY (INCLUDES REMOVAL OF FOREIGN BODY); WITH CARDIOPULMONARY BYPASS	7/1/2021	12/31/2382	1
OPH	33370	TRANSCATHETER PLACEMENT AND SUBSEQUENT REMOVAL OF CEREBRAL EMBOLIC PROTECTION DEVICE(S), INCLUDING ARTERIAL ACCESS, CATHETERIZATION, IMAGING, AND RADIOLOGICAL	1/1/2022	12/31/2382	1
OPH	33419	TRANSCATHETER MITRAL VALVE REPAIR, PERCUTANEOUS APPROACH, INCLUDING TRANSSEPTAL PUNCTURE WHEN PERFORMED;	1/1/2015	12/31/2382	1
OPH	33440	REPLACEMENT OF AORTIC VALVE BY TRANSLOCATION OF PULMONARY VALVE, REPLACEMENT OF PULMONARY VALVE WITH CONDUIT, AND ENLARGEMENT OF OUTFLOW TRACT FROM LEFT LOWER CHAMBER OF HEART	1/1/2019	12/31/2382	1
OPH	33477	TRANSCATHETER PULMONARY VALVE IMPLANTATION, PERCUTANEOUS APPROACH, INCLUDING PRE-STENTING OF VALVE	7/1/2021	12/31/2382	1
OPH	33508	ENDOSCOPY, SURGICAL, INCLUDING VIDEO-ASSISTED HARVEST OR VEIN(S) FOR CORONARY ARTERY BYPASS PROCEDURE (LIST	1/1/2012	12/31/2382	1
OPH	33509	HARVEST OF UPPER EXTREMITY ARTERY, 1 SEGMENT, FOR CORONARY ARTERY BYPASS PROCEDURE, ENDOSCOPIC	1/1/2022	12/31/2382	1
OPH	33542	MYOCARDIAL RESECTION (EG, VENTRICULAR ANEURYSMECTOMY)	7/1/2021	12/31/2382	1
OPH	33620	APPLICATION OF RIGHT AND LEFT PULMONARY ARTERY BANDS (EG HYBRID APPROACH STAGE1)	7/1/2021	12/31/2382	1
OPH	33622	RECONSTRUCTION OF COMPLEX CARDIAC ANOMALY (EG. SINGLE VENTRICLE OR HYPOPLASTICLEFT HEART) WITH PALLIATION	7/1/2021	12/31/2382	1
OPH	33681	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH	7/1/2021	12/31/2382	1
OPH	33684	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH PULMONARY VALVOTOMY OR INFUNDIBULAR RESECTION	7/1/2021	12/31/2382	1
OPH	33688	CLOSURE OF VENTRICULAR SEPTAL DEFECT, WITH OR WITHOUT PATCH WITH REMOVAL OF PULMONARY ARTERY BAND, WITH OR WIT	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	33741	TRANSCATHETER ATRIAL SEPTOSTOMY (TAS) FOR CONGENITAL CARDIAC ANOMALIES TO CREATE EFFECTIVE ATRIAL FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, ANY METHOD (EG, RASHKIND, SANG-PARK, BALLOON,	1/1/2021	12/31/2382	1
OPH	33745	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT	1/1/2021	12/31/2382	1
OPH	33746	TRANSCATHETER INTRACARDIAC SHUNT (TIS) CREATION BY STENT PLACEMENT FOR CONGENITAL CARDIAC ANOMALIES TO ESTABLISH EFFECTIVE INTRACARDIAC FLOW, INCLUDING ALL IMAGING GUIDANCE BY THE PROCEDURALIST, WHEN PERFORMED, LEFT AND RIGHT	1/1/2021	12/31/2382	1
OPH	33788	REIMPLANTATION OF AN ANOMALOUS PULMONARY ARTERY	7/1/2021	12/31/2382	1
OPH	33858	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISSECTION	1/1/2020	12/31/2382	1
OPH	33859	ASCENDING AORTA GRAFT, WITH CARDIOPULMONARY BYPASS, INCLUDES VALVE SUSPENSION, WHEN PERFORMED; FOR AORTIC DISEASE OTHER THAN DISSECTION (EG, ANEURYSM)	1/1/2020	12/31/2382	1
OPH	33866	GRAFT TO HALF OF AORTIC ARTERY ARCH	1/1/2019	12/31/2382	1
OPH	33871	TRANSVERSE AORTIC ARCH GRAFT, WITH CARDIOPULMONARY BYPASS, WITH PROFOUND HYPOTHERMIA, TOTAL CIRCULATORY ARREST AND ISOLATED CEREBRAL PERFUSION WITH REIMPLANTATION OF ARCH VESSEL(S) (EG, ISLAND PEDICLE OR INDIVIDUAL ARCH	1/1/2020	12/31/2382	1
OPH	33894	ENDOVASCULAR STENT REPAIR OF COARCTATION OF THE ASCENDING, TRANSVERSE, OR DESCENDING THORACIC OR ABDOMINAL AORTA, INVOLVING STENT PLACEMENT; ACROSS MAJOR SIDE	1/1/2022	12/31/2382	1
OPH	33895	ENDOVASCULAR STENT REPAIR OF COARCTATION OF THE ASCENDING, TRANSVERSE, OR DESCENDING THORACIC OR ABDOMINAL AORTA, INVOLVING STENT PLACEMENT; NOT CROSSING MAJOR SIDE BRANCHES	1/1/2022	12/31/2382	1
OPH	33897	PERCUTANEOUS TRANSLUMINAL ANGIOPLASTY OF NATIVE OR RECURRENT COARCTATION OF THE AORTA	1/1/2022	12/31/2382	1
OPH	33917	REPAIR OF PULMONARY ARTERY STENOSIS BY RECONSTRUCTION WITH PATCH OR GRAFT	7/1/2021	12/31/2382	1
OPH	33924	LIGATION AND TAKEDOWN OF A SYSTEMIC-TO-PULMONARY ARTERY SHUNT, PERFORMED IN CONJUNCTION WITH A CONGENITAL HEAR	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	33995	INSERTION OF VENTRICULAR ASSIST DEVICE, PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; RIGHT HEART, VENOUS ACCESS ONLY	1/1/2021	12/31/2382	1
OPH	33997	REMOVAL OF PERCUTANEOUS RIGHT HEART VENTRICULAR ASSIST DEVICE, VENOUS CANNULA, AT SEPARATE AND DISTINCT SESSION FROM INSERTION	1/1/2021	12/31/2382	1
OPH	33999	UNLISTED PROCEDURE, CARDIAC SURGERY	4/1/2018	12/31/2382	1
OPH	34101	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; AXILLARY, BRACHIAL, INNOMINATE, SUBCLAVIAN ARTERY, BY A	1/1/2012	12/31/2382	1
OPH	34111	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; RADIAL OR ULNAR ARTERY, BY ARM INCISION	10/1/2010	12/31/2382	2
OPH	34201	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; FEMOROPOPLITEAL, AORTOILIAC ARTERY, BY LEG INCISION	1/1/2012	12/31/2382	1
OPH	34203	EMBOLECTOMY OR THROMBECTOMY, WITH OR WITHOUT CATHETER; POPLITEAL-TIBIO-PERONEAL ARTERY, BY LEG INCISION	1/1/2012	12/31/2382	1
OPH	34421	THROMBECTOMY, DIRECT OR WITH CATHETER; VENA CAVA, ILIAC, FEMOROPOPLITEAL VEIN, BY LEG INCISION	1/1/2012	12/31/2382	1
OPH	34471	THROMBECTOMY, DIRECT OR WITH CATHETER; SUBCLAVIAN VEIN, BY NECK INCISION	10/1/2010	12/31/2382	1
OPH	34490	THROMBECTOMY, DIRECT OR WITH CATHETER; AXILLARY AND SUBCLAVIAN VEIN, BY ARM INCISION	1/1/2012	12/31/2382	1
OPH	34501	VALVULOPLASTY, FEMORAL VEIN	1/1/2012	12/31/2382	1
OPH	34510	VENOUS VALVE TRANSPOSITION, ANY VEIN DONOR	10/1/2010	12/31/2382	2
OPH	34520	CROSS-OVER VEIN GRAFT TO VENOUS SYSTEM	10/1/2010	12/31/2382	1
OPH	34530	SAPHENOPOPLITEAL VEIN ANASTOMOSIS	1/1/2012	12/31/2382	1
OPH	34713	PERCUTANEOUS ACCESS AND CLOSURE OF FEMORAL ARTERY FOR DELIVERY OF ENDOGRAFT THROUGH A LARGE SHEATH (12 FRENCH OR LARGER), INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY P	1/1/2018	12/31/2382	2
OPH	34714	OPEN FEMORAL ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY GROIN INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCED	1/1/2018	12/31/2382	2
OPH	34715	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE FOR DELIVERY OF ENDOVASCULAR PROSTHESIS BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE	1/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	34716	OPEN AXILLARY/SUBCLAVIAN ARTERY EXPOSURE WITH CREATION OF CONDUIT FOR DELIVERY OF ENDOVASCULAR PROSTHESIS OR FOR ESTABLISHMENT OF CARDIOPULMONARY BYPASS, BY INFRACLAVICULAR OR SUPRACLAVICULAR INCISION, UNILATERAL	1/1/2018	12/31/2382	2
OPH	34717	ENDOVASCULAR REPAIR OF ILIAC ARTERY AT THE TIME OF AORTO-ILIAC ARTERY ENDOGRAFT PLACEMENT BY DEPLOYMENT OF AN ILIAC BRANCHED ENDOGRAFT INCLUDING PRE-PROCEDURE SIZING AND DEVICE SELECTION, ALL IPSILATERAL SELECTIVE ILIAC ARTERY	1/1/2020	12/31/2382	2
OPH	34718	ENDOVASCULAR REPAIR OF ILIAC ARTERY, NOT ASSOCIATED WITH PLACEMENT OF AN AORTO-ILIAC ARTERY ENDOGRAFT AT THE SAME SESSION, BY DEPLOYMENT OF AN ILIAC BRANCHED	1/1/2020	12/31/2382	2
OPH	34839	PHYSICIAN PLANNING OF A PATIENT-SPECIFIC FENESTRATED VISCERAL AORTIC ENDOGRAFT REQUIRING A MINIMUM OF	1/1/2015	12/31/2382	1
OPH	35011	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	1/1/2012	12/31/2382	1
OPH	35045	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	10/1/2018	12/31/2382	1
OPH	35132	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2021	12/31/2382	1
OPH	35142	DIRECT REPAIR OF ANEURYSM, FALSE ANEURYSM, OR EXCISION (PARTIAL OR TOTAL) AND GRAFT INSERTION, WITH OR WITHOUT	7/1/2021	12/31/2382	1
OPH	35180	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; HEAD AND NECK	10/1/2010	12/31/2382	2
OPH	35184	REPAIR, CONGENITAL ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2010	12/31/2382	2
OPH	35188	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; HEAD AND NECK	10/1/2010	12/31/2382	2
OPH	35190	REPAIR, ACQUIRED OR TRAUMATIC ARTERIOVENOUS FISTULA; EXTREMITIES	10/1/2010	12/31/2382	2
OPH	35201	REPAIR BLOOD VESSEL, DIRECT; NECK	10/1/2010	12/31/2382	2
OPH	35206	REPAIR BLOOD VESSEL, DIRECT; UPPER EXTREMITY	10/1/2010	12/31/2382	2
OPH	35207	REPAIR BLOOD VESSEL, DIRECT; HAND, FINGER	10/1/2010	12/31/2382	3
OPH	35226	REPAIR BLOOD VESSEL, DIRECT; LOWER EXTREMITY	10/1/2010	12/31/2382	3
OPH	35231	REPAIR BLOOD VESSEL WITH VEIN GRAFT; NECK	10/1/2010	12/31/2382	2
OPH	35236	REPAIR BLOOD VESSEL WITH VEIN GRAFT; UPPER EXTREMITY	10/1/2010	12/31/2382	2
OPH	35256	REPAIR BLOOD VESSEL WITH VEIN GRAFT; LOWER EXTREMITY	10/1/2010	12/31/2382	2
OPH	35261	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; NECK	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	35266	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; UPPER EXTREMITY	10/1/2010	12/31/2382	2
OPH	35286	REPAIR BLOOD VESSEL WITH GRAFT OTHER THAN VEIN; LOWER EXTREMITY	10/1/2010	12/31/2382	2
OPH	35321	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; AXILLARY-BRACHIAL	1/1/2012	12/31/2382	1
OPH	35372	THROMBOENDARTERECTOMY, WITH OR WITHOUT PATCH GRAFT; DEEP (PROFUNDA) FEMORAL	1/1/2021	12/31/2382	1
OPH	35500	HARVEST OF UPPER EXTREMITY VEIN, ONE SEGMENT, FOR LOWER EXTREMITY BYPASS PROCEDURE	10/1/2010	12/31/2382	2
OPH	35572	HARVEST OF FEMOROPOPLITEAL VEIN, ONE SEGMENT, FOR VASCULAR RECONSTRUCTION PROCEDURE (EG, AORTIC, VENA CAVAL, C	10/1/2010	12/31/2382	2
OPH	35685	PLACEMENT OF VEIN PATCH OR CUFF AT DISTAL ANASTOMOSIS OF BYPASS GRAFT, SYNTHETIC CONDUIT	10/1/2010	12/31/2382	2
OPH	35686	CREATION OF DISTAL ARTERIOVENOUS FISTULA DURING LOWER EXTREMITY BYPASS SURGERY (NON-HEMODIALYSIS)	10/1/2010	12/31/2382	1
OPH	35702	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; UPPER EXTREMITY (EG, AXILLARY, BRACHIAL, RADIAL, ULNAR)	4/1/2020	12/31/2382	2
OPH	35703	EXPLORATION NOT FOLLOWED BY SURGICAL REPAIR, ARTERY; LOWER EXTREMITY (EG, COMMON FEMORAL, DEEP FEMORAL, SUPERFICIAL FEMORAL, POPLITEAL, TIBIAL, PERONEAL)	4/1/2020	12/31/2382	2
OPH	35800	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; NECK	1/1/2021	12/31/2382	2
OPH	35860	EXPLORATION FOR POSTOPERATIVE HEMORRHAGE, THROMBOSIS OR INFECTION; EXTREMITY	10/1/2010	12/31/2382	2
OPH	35875	THROMBECTOMY AND/OR REPAIR OF ARTERIAL OR VENOUS GRAFT	10/1/2010	12/31/2382	2
OPH	35876	THROMBECTOMY OF ARTERIAL OR VENOUS GRAFT; WITH REVISION OF ARTERIAL OR VENOUS GRAFT	10/1/2010	12/31/2382	2
OPH	35879	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH VEIN PATCH ANGIOPLASTY	10/1/2010	12/31/2382	2
OPH	35881	REVISION, LOWER EXTREMITY ARTERIAL BYPASS, WITHOUT THROMBECTOMY, OPEN; WITH SEGMENTAL VEIN INTERPOSITION	10/1/2018	12/31/2382	1
OPH	35883	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH NONAUTOGENOUS PATCH	7/1/2013	12/31/2382	1
OPH	35884	REVISION, FEMORAL ANASTOMOSIS OF SYNTHETIC ARTERIAL BYPASS GRAFT IN GRION, OPEN; WITH AUTOGENOUS VEIN PATCH	7/1/2013	12/31/2382	1
OPH	35903	EXCISION OF INFECTED GRAFT; EXTREMITY	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	7/1/2015	12/31/2382	4
OPH	36002	INJECTION PROCEDURES (EG, THROMBIN)FOR PERCUTANEOUS TREATMENT OF EXTREMITY PSEUDOANEURYSM	10/1/2010	12/31/2382	2
OPH	36005	INJECTION PROCEDURE FOR CONTRAST VENOGRAPHY (INCLUDING INTRODUCTION OF NEEDLE OR INTRACATHETER)	10/1/2010	12/31/2382	2
OPH	36010	INTRODUCTION OF CATHETER, SUPERIOR OR INFERIOR VENA CAVA	10/1/2010	12/31/2382	2
OPH	36011	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; FIRST ORDER BRANCH (EG, RENAL VEIN, JUGULAR VEIN)	7/1/2015	12/31/2382	4
OPH	36012	SELECTIVE CATHETER PLACEMENT, VENOUS SYSTEM; SECOND ORDER, OR MORE SELECTIVE, BRANCH (EG, LEFT ADRENAL VEIN, P	7/1/2015	12/31/2382	4
OPH	36013	INTRODUCTION OF CATHETER, RIGHT HEART OR MAIN PULMONARY ARTERY	10/1/2010	12/31/2382	2
OPH	36014	SELECTIVE CATHETER PLACEMENT, LEFT OR RIGHT PULMONARY ARTERY	10/1/2010	12/31/2382	2
OPH	36015	SELECTIVE CATHETER PLACEMENT, SEGMENTAL OR SUBSEGMENTAL PULMONARY ARTERY	7/1/2015	12/31/2382	4
OPH	36100	INTRODUCTION OF NEEDLE OR INTRACATHETER, CAROTID OR VERTEBRAL ARTERY	10/1/2010	12/31/2382	2
OPH	36140	INTRODUCTION OF NEEDLE OR INTRACATHETER; EXTREMITY ARTERY	7/1/2015	12/31/2382	3
OPH	36160	INTRODUCTION OF NEEDLE OR INTRACATHETER, AORTIC, TRANSLUMBAR	10/1/2010	12/31/2382	2
OPH	36200	INTRODUCTION OF CATHETER, AORTA	10/1/2010	12/31/2382	2
OPH	36215	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN A V	7/1/2015	12/31/2382	2
OPH	36216	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER THORACIC OR BRACHIOCEPHALIC BRANCH, WITHIN	7/1/2015	12/31/2382	2
OPH	36217	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE THORACIC OR BRACHIOCEPHAL	7/1/2015	12/31/2382	2
OPH	36218	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, THORACIC OR B	7/1/2015	12/31/2382	2
OPH	36221	NON SELECTIVE CATHETER PLACEMENT, THORACIC AORTA, WITH ANGIOGRAPHY OF THE EXTRACRANIAL CAROTID, VERTEBRAL	1/1/2013	12/31/2382	1
OPH	36222	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	1/1/2013	12/31/2382	1
OPH	36223	SELECTIVE CATHETER PLACEMENT, COMMON CAROTID OR INNOMINATE ARTERY, UNILATERAL, ANY APPROACH, WITH ANGIOGRAPHY	1/1/2013	12/31/2382	1
OPH	36224	SELECTIVE CATHETER PLACEMENT, INTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF IPSILATERAL	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36225	SELECTIVE CATHETER PLACEMENT, SUBCLAVIAN OR INNOMINATE ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	1/1/2013	12/31/2382	1
OPH	36226	SELECTIVE CATHETER PLACEMENT, VERTEBRAL ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	1/1/2013	12/31/2382	1
OPH	36227	SELECTIVE CATHETER PLACEMENT, EXTERNAL CAROTID ARTERY, UNILATERAL, WITH ANGIOGRAPHY OF THE IPSILATERAL	1/1/2022	12/31/2382	1
OPH	36228	SELECTIVE CATHETER PLACEMENT, EACH INTRACRANIAL BRANCH OF THE INTERNAL CAROTID OR VERTEBRAL ARTERIES,	7/1/2015	12/31/2382	2
OPH	36245	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; EACH FIRST ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY ARTERY BR	7/1/2017	12/31/2382	3
OPH	36246	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL SECOND ORDER ABDOMINAL, PELVIC OR LOWER EXTREMITY BRANC	7/1/2015	12/31/2382	4
OPH	36247	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; INITIAL THIRD ORDER OR MORE SELECTIVE ABDOMINAL, PELVIC OR LOWE	7/1/2015	12/31/2382	2
OPH	36248	SELECTIVE CATHETER PLACEMENT, ARTERIAL SYSTEM; ADDITIONAL SECOND ORDER, THIRD ORDER, AND BEYOND, ABDOMINAL, PE	7/1/2015	12/31/2382	2
OPH	36251	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	1/1/2012	12/31/2382	1
OPH	36252	SELECTIVE CATHETER PLACEMENT, MAIN RENAL ARTERY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL	1/1/2012	12/31/2382	1
OPH	36253	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	1/1/2012	12/31/2382	1
OPH	36254	SUPERSELECTIVE CATHETER PLACEMENT RENAL ARTARY AND ANY ACCESSORY RENAL ARTERY(S) FOR RENAL ANGIOGRAPHY	1/1/2012	12/31/2382	1
OPH	36260	INSERTION OF IMPLANTABLE INTRA-ARTERIAL INFUSION PUMP (EG, FOR CHEMOTHERAPY OF LIVER)	10/1/2010	12/31/2382	1
OPH	36261	REVISION OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2010	12/31/2382	1
OPH	36262	REMOVAL OF IMPLANTED INTRA-ARTERIAL INFUSION PUMP	10/1/2010	12/31/2382	1
OPH	36299	UNLISTED PROCEDURE, VASCULAR INJECTION	4/1/2018	12/31/2382	1
OPH	36400	VENIPUNCTURE, UNDER AGE 3 YEARS; FEMORAL, JUGULAR OR SAGITTAL SINUS	10/1/2010	12/31/2382	1
OPH	36405	VENIPUNCTURE, UNDER AGE 3 YEARS; SCALP VEIN	10/1/2010	12/31/2382	1
OPH	36406	VENIPUNCTURE, UNDER AGE 3 YEARS; OTHER VEIN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36410	VENIPUNCTURE, CHILD OVER AGE 3 YEARS OR ADULT, NECESSITATING PHYSICIAN'S SKILL (SEPARATE PROCEDURE), FOR DIAGN	10/1/2010	12/31/2382	3
OPH	36415	ROUTINE VENIPUNCTURE OR FINGER/HEEL/EAR STICK FOR COLLECTION OF SPECIMEN(S)	4/1/2017	12/31/2382	2
OPH	36416	COLLECTION OF CAPILLARY BLOOD SPECIMEN (EG, FINGER, HEEL, EAR STICK)	7/1/2015	12/31/2382	6
OPH	36420	VENIPUNCTURE, CUTDOWN; UNDER AGE 1 YEAR	10/1/2010	12/31/2382	2
OPH	36425	VENIPUNCTURE, CUTDOWN; AGE 1 OR OVER	10/1/2010	12/31/2382	3
OPH	36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	10/1/2010	12/31/2382	1
OPH	36440	PUSH TRANSFUSION, BLOOD, 2 YEARS OR UNDER	10/1/2010	12/31/2382	1
OPH	36450	EXCHANGE TRANSFUSION, BLOOD; NEWBORN	10/1/2010	12/31/2382	1
OPH	36455	EXCHANGE TRANSFUSION, BLOOD; OTHER THAN NEWBORN	10/1/2010	12/31/2382	1
OPH	36456	PARTIAL EXCHANGE TRANSFUSION, NEWBORN	1/1/2017	12/31/2382	1
OPH	36460	TRANSFUSION, INTRAUTERINE, FETAL	7/1/2015	12/31/2382	2
OPH	36465	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; SINGLE INCOMPETENT EXTREMITY TRUNCAL VEIN	1/1/2018	12/31/2382	1
OPH	36466	INJECTION OF NON-COMPOUNDED FOAM SCLEROSANT WITH ULTRASOUND COMPRESSION MANEUVERS TO GUIDE DISPERSION OF THE INJECTATE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING; MULTIPLE INCOMPETENT TRUNCAL VEINS	1/1/2018	12/31/2382	1
OPH	36468	SINGLE OR MULTIPLE INJECTIONS OF SCLEROSING SOLUTIONS, SPIDER VEINS (TELANGIECTASIA); LIMB OR TRUNK	1/1/2018	12/31/2382	2
OPH	36470	INJECTION OF SCLEROSING SOLUTION; SINGLE VEIN	1/1/2012	12/31/2382	1
OPH	36471	INJECTION OF SCLEROSING SOLUTION; MULTIPLE VEINS, SAME LEG	1/1/2012	12/31/2382	1
OPH	36473	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; FIRST VEIN TREATED	1/1/2017	12/31/2382	1
OPH	36474	MECHANICOCHEMICAL DESTRUCTION OF INSUFFICIENT VEIN OF ARM OR LEG, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE; SUBSEQUENT VEIN(S)	4/1/2018	12/31/2382	1
OPH	36475	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	1/1/2012	12/31/2382	1
OPH	36476	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	7/1/2015	12/31/2382	2
OPH	36478	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36479	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING,	10/1/2010	12/31/2382	2
OPH	36481	PERCUTANEOUS PORTAL VEIN CATHETERIZATION BY ANY METHOD	10/1/2010	12/31/2382	1
OPH	36482	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS FRST VEIN	1/1/2018	12/31/2382	1
OPH	36483	ENDOVENOUS ABLATION THERAPY OF INCOMPETENT VEIN, EXTREMITY, BY TRANSCATHETER DELIVERY OF A CHEMICAL ADHESIVE (EG, CYANOACRYLATE) REMOTE FROM THE ACCESS SITE, INCLUSIVE OF ALL IMAGING GUIDANCE AND MONITORING, PERCUTANEOUS	1/1/2018	12/31/2382	2
OPH	36500	VENOUS CATHETERIZATION FOR SELECTIVE ORGAN BLOOD SAMPLING	7/1/2015	12/31/2382	4
OPH	36510	CATHETERIZATION OF UMBILICAL VEIN FOR DIAGNOSIS OR THERAPY, NEWBORN	1/1/2012	12/31/2382	1
OPH	36511	THERAPEUTIC APHERESIS; FOR WHITE BLOOD CELLS	10/1/2010	12/31/2382	1
OPH	36512	THERAPEUTIC APHERESIS; FOR RED BLOOD CELLS	10/1/2010	12/31/2382	1
OPH	36513	THERAPEUTIC APHERESIS; FOR PLATELETS	10/1/2010	12/31/2382	1
OPH	36514	THERAPEUTIC APHERESIS; FOR PLASMA PHERESIS	10/1/2010	12/31/2382	1
OPH	36516	THERAPEUTIC APHERESIS; WITH EXTRACORPOREAL SELECTIVE ADSORPTION OR SELECTIVE FILTRATION AND PLASMA REINFUSIO	10/1/2010	12/31/2382	1
OPH	36522	PHOTOPHERESIS, EXTRACORPOREAL	10/1/2010	12/31/2382	1
OPH	36555	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; UNDER 5 YEARS OF AGE	10/1/2010	12/31/2382	2
OPH	36556	INSERTION OF NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER; 5 YEARS OF AGE OR OLDER	10/1/2010	12/31/2382	2
OPH	36557	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	10/1/2010	12/31/2382	2
OPH	36558	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR	10/1/2010	12/31/2382	2
OPH	36560	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, UNDER 5	10/1/2010	12/31/2382	2
OPH	36561	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT, AGE 5 OR OLDER	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36563	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	7/1/2015	12/31/2382	1
OPH	36565	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, REQUIRING 2 CATHETERS VIA	7/1/2015	12/31/2382	1
OPH	36566	INSERTION OF TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE; WITH SUBCUTANEOUS PORTS	7/1/2015	12/31/2382	1
OPH	36568	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, UNDER 5	10/1/2010	12/31/2382	2
OPH	36569	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, AGE 5 OR OLDER	7/1/2015	12/31/2382	2
OPH	36570	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, UNDER 5 YEARS OF AGE	10/1/2010	12/31/2382	2
OPH	36571	INSERTION OF PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITH SUBCUTANEOUS PORT, AGE 5 YEARS OR OLDER	10/1/2010	12/31/2382	2
OPH	36572	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT YOUNGER THAN 5 YEARS	1/1/2019	12/31/2382	1
OPH	36573	INSERTION OF CENTRAL VENOUS CATHETER FOR INFUSION USING IMAGING GUIDANCE, PATIENT 5 YEARS OR OLDER	1/1/2019	12/31/2382	1
OPH	36575	REPAIR OF TUNNELED OR NON TUNNELED CENTRAL VENOUS ACCESS CATHETER, WITHOUT SUBCUTANEOUS PORT OR PUMP, CENTRAL	10/1/2010	12/31/2382	2
OPH	36576	REPAIR OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCANTEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL INSERTION SITE	10/1/2010	12/31/2382	2
OPH	36578	REPLACEMENT, CATHETER ONLY, OF CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP,CENTRAL OR	10/1/2010	12/31/2382	2
OPH	36580	REPLACEMENT, COMPLETE, OF A NON TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS	10/1/2010	12/31/2382	2
OPH	36581	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	10/1/2010	12/31/2382	2
OPH	36582	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	10/1/2010	12/31/2382	2
OPH	36583	REPLACEMENT, COMPLETE, OF A TUNNELED CENTRALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PUMP	10/1/2010	12/31/2382	2

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OPH	36584	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS CATHETER, WITHOUT SUBCUTANEOUS PORT	10/1/2010	12/31/2382	2
OPH	36585	REPLACEMENT, COMPLETE, OF A PERIPHERALLY INSERTED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS	10/1/2010	12/31/2382	2
OPH	36589	REMOVAL OF TUNNELED CENTRAL VENOUS CATHETER. WITHOUT SUBCUTANEOUS PORT OR PUMP	10/1/2010	12/31/2382	2
OPH	36590	REMOVAL OF TUNNELED CENTRAL VENOUS ACCESS DEVICE, WITH SUBCUTANEOUS PORT OR PUMP, CENTRAL OR PERIPHERAL	10/1/2010	12/31/2382	2
OPH	36591	COLLECTION OF BLOOD SPECIMEN FROM A COMPLETELY IMPLANTABLE VENOUS ACCESS DEVICE	7/1/2012	12/31/2382	2
OPH	36592	COLLECTION OF BLOOD SPECIMEN USING ESTABLISHED CENTRAL OR PERIPHERAL CATHETER, VENOUS, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	1
OPH	36593	DECLOTTING BY THROMBOLYTIC AGENT OF IMPLANTED VASCULAR ACCESS DEVICE OR CATHETER	10/1/2010	12/31/2382	2
OPH	36595	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	10/1/2010	12/31/2382	2
OPH	36596	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN	10/1/2010	12/31/2382	2
OPH	36597	REPOSITIONING OF PREVIOUSLY PLACED CENTRAL VENOUS CATHETER UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	2
OPH	36598	CONTRAST INJECTIONS FOR RADIOLOGIC EVALUATION OF EXISTING CENTRAL VENOUS ACCESS DEVICE, INCLUDING FLUOROSCOPY,	10/1/2010	12/31/2382	2
OPH	36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	7/1/2015	12/31/2382	4
OPH	36620	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); PERCUTAN	10/1/2010	12/31/2382	3
OPH	36625	ARTERIAL CATHETERIZATION OR CANNULATION FOR SAMPLING, MONITORING OR TRANSFUSION (SEPARATE PROCEDURE); CUTDOWN	10/1/2010	12/31/2382	2
OPH	36640	ARTERIAL CATHETERIZATION FOR PROLONGED INFUSION THERAPY (CHEMOTHERAPY), CUTDOWN	10/1/2010	12/31/2382	1
OPH	36680	PLACEMENT OF NEEDLE FOR INTRAOSSEOUS INFUSION	10/1/2010	12/31/2382	1
OPH	36800	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; VEIN TO VEIN	10/1/2010	12/31/2382	1
OPH	36810	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL (SCRIBNER TYPE)	10/1/2010	12/31/2382	1

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OPH	36815	INSERTION OF CANNULA FOR HEMODIALYSIS, OTHER PURPOSE; ARTERIOVENOUS, EXTERNAL REVISION OR CLOSURE	10/1/2010	12/31/2382	1
OPH	36818	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY UPPER ARM CEPHALIC VEIN TRANSPOSITION	7/1/2013	12/31/2382	1
OPH	36819	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY BASILIC VEIN TRANSPOSITION	7/1/2013	12/31/2382	1
OPH	36820	ARTERIOVENOUS ANASTOMOSIS, OPEN; BY FOREARM VWIN TRANSPOSITION	1/1/2012	12/31/2382	1
OPH	36821	ARTERIOVENOUS ANASTOMOSIS, OPEN; DIRECT, ANY SITE (EG, CIMINO TYPE) (SEPARATE	10/1/2010	12/31/2382	2
OPH	36825	CREATION OF ARTERIOVENOUS FISTULA; AUTOGENOUS GRAFT	10/1/2010	12/31/2382	1
OPH	36830	CREATION OF ARTERIOVENOUS FISTULA; NONAUTOGENOUS GRAFT	10/1/2010	12/31/2382	2
OPH	36831	THROMBECTOMY, ARTERIOVENOUS FISTULA WITHOUT REVISION	10/1/2010	12/31/2382	1
OPH	36832	REVISION OF AN ARTERIOVENOUS FISTULA, WITH OR WITHOUT THROMBECTOMY, AUTOGENOUS OR NON-AUTOGENOUS GRAFT	10/1/2010	12/31/2382	2
OPH	36833	REVISION, ARTERIOVENOUS FISTULA; WITH THROMBECTOMY	10/1/2010	12/31/2382	1
OPH	36835	INSERTION OF THOMAS SHUNT	10/1/2010	12/31/2382	1
OPH	36838	DISTAL REVASCULARIZATION AND INTERVAL LIGATION, UPPER EXTREMITY HEMODIALYSIS ACCESS	1/1/2012	12/31/2382	1
OPH	36860	CANNULA DECLOTTING; WITHOUT BALLOON CATHETER	10/1/2010	12/31/2382	2
OPH	36861	CANNULA DECLOTTING; WITH BALLOON CATHETER	10/1/2010	12/31/2382	2
OPH	36901	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36902	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND BALLOON DILATION OF DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36903	INSERTION OF NEEDLE AND/OR CATHETER INTO DIALYSIS CIRCUIT AND INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36904	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36905	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT IN DIALYSIS CIRCUIT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	36906	EXCISION OF BLOOD CLOT AND/OR INFUSION TO DISSOLVE BLOOD CLOT AND BALLOON DIALTION OF DIALYSIS SEGMENT, ACCESSED THROUGH SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36907	BALLOON DILATION OF DIALYSIS SEGMENT, ACCESSED THROUGH THE SKIN, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36908	INSERTION OF STENT IN DIALYSIS SEGMENT, WITH IMAGING INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	36909	PERMANENT BLOCKAGE OF DIALYSIS CIRCUIT, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	37182	INSERTION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTA	1/1/2021	12/31/2382	1
OPH	37183	REVISION OF TRANSVENOUS INTRAHEPATIC PORTOSYSTEMIC SHUNT(S) (TIPS) (INCLUDES VENOUS ACCESS, HEPATIC AND PORTAL	10/1/2010	12/31/2382	1
OPH	37184	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	1/1/2012	12/31/2382	1
OPH	37185	PRIMARY PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT, INC	10/1/2010	12/31/2382	2
OPH	37186	SECONDARY PERCUTANEOUS TRANSLUMINAL THROMBECTOMY, NONCORONARY, ARTERIAL OR ARTERIAL BYPASS GRAFT	10/1/2010	12/31/2382	2
OPH	37187	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	1/1/2012	12/31/2382	1
OPH	37188	PERCUTANEOUS TRANSLUMINAL MECHANICAL THROMBECTOMY, VEINS, INCLUDING INTRAPROCEDURAL PHARMACOLOGICAL THROMBOLY	1/1/2012	12/31/2382	1
OPH	37191	INSERTION OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLDING ACCESS, VESSEL SELECTION, AND	4/1/2012	12/31/2382	1
OPH	37192	REPOSITIONING OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSELL SELE	4/1/2012	12/31/2382	1
OPH	37193	RETRIEVAL OF INTRAVASCULAR VENA CAVA FILTER, ENDOVASCULAR APPROACH INCLUDING VASCULAR ACCESS, VESSEL SELEC	4/1/2012	12/31/2382	1
OPH	37195	THROMBOLYSIS, CEREBRAL, BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
OPH	37197	TRANSCATHETER RETRIEVAL, PERCUTANEOUS, OF INTRAVASCULAR FOREIGN BODY, INCLUDES RADIOLOGICAL SUPERVISION	1/1/2013	12/31/2382	2
OPH	37200	TRANSCATHETER BIOPSY	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	37211	TRANCATHETER THERAPY, ARTERIAL INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING RADIOLO	4/1/2013	12/31/2382	1
OPH	37212	TRANCATHETER THERAPY, VENOUS INFUSION FOR THROMBOLYSIS, ANY METHOD, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2013	12/31/2382	1
OPH	37213	TRANCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	4/1/2013	12/31/2382	1
OPH	37214	TRANCATHETER THERAPY, ARTERIAL OR VENOUS INFUSION FOR THROMBOLYSIS OTHER THAN CORONARY, ANY METHOD, INCLUDING	4/1/2013	12/31/2382	1
OPH	37216	TRANCATHETER PLACEMENT OF INTRAVASCULAR STENT(S), CERVICAL CAROTID ARTERY, PERCUTANEOUS; WITHOUT DISTAL EMBO	10/1/2013	12/31/2382	1
OPH	37220	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	10/1/2018	12/31/2382	1
OPH	37221	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, UNILATERAL, INITIAL VESSEL; WITH	10/1/2018	12/31/2382	1
OPH	37222	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	7/1/2011	12/31/2382	2
OPH	37223	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ILIAC ARTERY, EACH ADDITIONAL IPSILATERAL ILIAC VESSEL	7/1/2011	12/31/2382	2
OPH	37224	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
OPH	37225	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH ATHERECT	10/1/2018	12/31/2382	1
OPH	37226	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
OPH	37227	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, FEMORAL/POPLITEAL ARTERY(S),UNILATERAL; WITH TRANSLUM	10/1/2018	12/31/2382	1
OPH	37228	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
OPH	37229	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
OPH	37230	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY,UNILATERAL; INITIAL VESSEL;WITH	10/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	37231	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL; INITIAL VESSEL;	10/1/2018	12/31/2382	1
OPH	37232	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
OPH	37233	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
OPH	37234	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
OPH	37235	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY, UNILATERAL; EACH ADDITIONAL	7/1/2011	12/31/2382	2
OPH	37236	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	1/1/2014	12/31/2382	1
OPH	37237	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2015	12/31/2382	2
OPH	37238	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	1/1/2014	12/31/2382	1
OPH	37239	TRANSCATHETER PLACEMENT OF AN INTRAVASCULAR STENT(S), OPEN OR PERCUTANEOUS, INCLUDING RADIOLOGICAL SUPERVISION	4/1/2015	12/31/2382	2
OPH	37241	VASCULAR EMBOLIZATION OR OCCULSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	4/1/2015	12/31/2382	2
OPH	37242	OCCULSION OF ARTERY (OTHER THAN HEMORRHAGE OR TUMOR) WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	4/1/2015	12/31/2382	2
OPH	37243	OCCCLUSION OF TUMORS OR OBSTRUCTED BLOOD VESSEL WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION,	4/1/2015	12/31/2382	1
OPH	37244	VASCULAR EMBOLIZATION OR OCCULSION, INCLUSIVE OF ALL RADIOLOGICAL SUPERVISION AND INTERPRETATION, INTRAPROCED	4/1/2015	12/31/2382	2
OPH	37246	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, INITIAL ARTERY	1/1/2017	12/31/2382	1
OPH	37247	BALLOON DILATION OF ARTERY, ACCESSED THROUGH THE SKIN OR BY OPEN PRCEEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, EACH ADDITIONAL ARTERY	1/1/2017	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	37248	BALLOON DILATION OF FIRST VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2017	12/31/2382	1
OPH	37249	BALLOON DILATION OF ADDITIONAL VEIN, ACCESSED THROUGH THE SKIN OR BY OPEN PROCEDURE, WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2018	12/31/2382	3
OPH	37252	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; INITIAL NONCORONARY	1/1/2016	12/31/2382	1
OPH	37253	INTRAVASCULAR ULTRASOUND DURING DIAGNOSTIC EVALUATION AND/OR THERAPEUTIC INTERVENTION; EACH ADDITIONAL	4/1/2017	12/31/2382	5
OPH	37500	VASCULAR ENDOSCOPY, SURGICAL, WITH LIGATION OF PERFORATOR VEINS, SUBFASCIAL (SEPS)	1/1/2012	12/31/2382	1
OPH	37501	UNLISTED VASCULAR ENDOSCOPY PROCEDURE	4/1/2018	12/31/2382	1
OPH	37565	LIGATION OF INTERNAL JUGULAR VEIN	4/1/2013	12/31/2382	1
OPH	37600	LIGATION; EXTERNAL CAROTID ARTERY	10/1/2010	12/31/2382	1
OPH	37605	LIGATION; INTERNAL OR COMMON CAROTID ARTERY	10/1/2013	12/31/2382	1
OPH	37606	LIGATION; INTERNAL OR COMMON CAROTID ARTERY, WITH GRADUAL OCCLUSION, AS WITH SELVERSTONE OR CRUTCHFIELD CLAMP	10/1/2013	12/31/2382	1
OPH	37607	LIGATION OR BANDING OF ANGIOACCESS ARTERIOVENOUS FISTULA	10/1/2010	12/31/2382	1
OPH	37609	LIGATION OR BIOPSY, TEMPORAL ARTERY	1/1/2012	12/31/2382	1
OPH	37615	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); NECK	10/1/2010	12/31/2382	2
OPH	37617	LIGATION, MAJOR ARTERY (EG, POST-TRAUMATIC, RUPTURE); ABDOMEN	1/1/2021	12/31/2382	3
OPH	37619	LIGATION OF INFERIOR VENA CAVA	1/1/2012	12/31/2382	1
OPH	37650	INTERRUPTION, PARTIAL OR COMPLETE, OF FEMORAL VEIN, BY LIGATURE, INTRAVASCULAR DEVICE	7/1/2013	12/31/2382	1
OPH	37700	LIGATION AND DIVISION OF LONG SAPHENOUS VEIN AT SAPHENOFEMORAL JUNCTION, OR DISTAL INTERRUPTIONS	7/1/2013	12/31/2382	1
OPH	37718	LIGATION, DIVISION, AND STRIPPING, SHORT SAPHENOUS VEIN	7/1/2013	12/31/2382	1
OPH	37722	LIGATION, DIVISION, AND STRIPPING, LONG SAPHENOUS VEINS FROM SAPHENOFEMORAL JUNCTION TO KNEE OR BELOW	7/1/2013	12/31/2382	1
OPH	37735	LIGATION AND DIVISION AND COMPLETE STRIPPING OF LONG OR SHORT SAPHENOUS VEINS WITH RADICAL EXCISION OF ULCER A	7/1/2013	12/31/2382	1

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OPH	37760	LIGATION OF PERFORATORS, SUBFASCIAL, RADICAL (LINTON TYPE), WITH OR WITHOUT SKIN GRAFT	7/1/2013	12/31/2382	1
OPH	37761	LIGATION OF PERFORATOR VEIN(S), SUBFASCIAL, OPEN, INCLUDING ULTRASOUND GUIDANCE, WHEN PERFORMED, 1 LEG	4/1/2012	12/31/2382	1
OPH	37765	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; 10-20 STAB INCISIONS	1/1/2012	12/31/2382	1
OPH	37766	STAB PHLEBECTOMY OF VARICOSE VEINS, ONE EXTREMITY; MORE THAN 20 INCISIONS	1/1/2012	12/31/2382	1
OPH	37780	LIGATION AND DIVISION OF SHORT SAPHENOUS VEIN AT SAPHENOPOPLITEAL JUNCTION (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	37785	LIGATION, DIVISION, AND/OR EXCISION OF RECURRENT OR SECONDARY VARICOSE VEINS (CLUSTERS), ONE LEG	7/1/2013	12/31/2382	1
OPH	37790	PENILE REVASCULARIZATON, ARTERY, WITH OR WITHOUT VEIN GRAFT	10/1/2010	12/31/2382	1
OPH	37799	UNLISTED PROCEDURE, VASCULAR SURGERY	4/1/2018	12/31/2382	1
OPH	38120	LAPAROSCOPY, SURGICAL SPLENECTOMY	10/1/2010	12/31/2382	1
OPH	38129	UNLISTED LAPAROSCOPY PROCEDURE, SPLEEN	4/1/2018	12/31/2382	1
OPH	38200	INJECTION PROCEDURE FOR SPLENOPTOGRAPHY	10/1/2010	12/31/2382	1
OPH	38204	MANAGEMENT OF RECIPIENT HEMATOPOIETIC PROGENITOR CELL DONOR SEARCH AND CELL ACQUISITION	7/1/2012	12/31/2382	1
OPH	38205	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; ALLOGENIC	10/1/2010	12/31/2382	1
OPH	38206	BLOOD-DERIVED HEMATOPOIETIC PROGENITOR CELL HARVESTING FOR TRANSPLANTATION, PER COLLECTION; AUTOLOGOUS	10/1/2010	12/31/2382	1
OPH	38207	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CRYOPRESERVATION AND STORAGE	7/1/2012	12/31/2382	1
OPH	38208	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; THAWING OF PREVIOUSLY FROZEN HARVEST	7/1/2012	12/31/2382	1
OPH	38209	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; WASHING OF HARVEST	7/1/2012	12/31/2382	1
OPH	38210	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; SPECIFIC CELL DEPLETION WITHIN HARVEST, T-CELL DEPLE	7/1/2012	12/31/2382	1
OPH	38211	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; TUMOR CELL DEPLETION	7/1/2012	12/31/2382	1
OPH	38212	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; RED BLOOD CELL REMOVAL	7/1/2012	12/31/2382	1

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OPH	38213	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLATELET DEPLETION	7/1/2012	12/31/2382	1
OPH	38214	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; PLASMA (VOLUME) DEPLETION	7/1/2012	12/31/2382	1
OPH	38215	TRANSPLANT PREPARATION OF HEMATOPOIETIC PROGENITOR CELLS; CELL CONCENTRATION IN PLASMA, MONONUCLEAR, OR BUFFY	7/1/2012	12/31/2382	1
OPH	38220	BONE MARROW ASPIRATION	1/1/2012	12/31/2382	1
OPH	38221	BONE MARROW BIOPSY, NEEDLE OR TROCAR	1/1/2012	12/31/2382	1
OPH	38222	DIAGNOSTIC BONE MARROW; BIOPSY(IES) AND ASPIRATION(S)	1/1/2018	12/31/2382	1
OPH	38230	BONE MARROW HARVESTING FOR TRANSPLANTATION; ALLOGENEIC	10/1/2010	12/31/2382	1
OPH	38232	BONE MARROW HARVESTING FOR TRANSPLANTATION; AUTOLOGOUS	1/1/2012	12/31/2382	1
OPH	38240	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENIC	10/1/2010	12/31/2382	1
OPH	38241	BONE MARROW TRANSPLANTATION; AUTOLOGOUS	10/1/2010	12/31/2382	1
OPH	38242	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL TRANSPLANTATION; ALLOGENEIC DONOR LYMPHOCYTE INFUSIONS	10/1/2010	12/31/2382	1
OPH	38243	HEMATOPOIETIC PROGENITOR CELL (HPC); HPC BOOST	1/1/2013	12/31/2382	1
OPH	38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	7/1/2015	12/31/2382	1
OPH	38305	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; EXTENSIVE	7/1/2015	12/31/2382	1
OPH	38308	LYMPHANGIOTOMY OR OTHER OPERATIONS ON LYMPHATIC CHANNELS	10/1/2010	12/31/2382	1
OPH	38500	BIOPSY OR EXCISION OF LYMPH NODE(S); SUPERFICIAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL, INGUINAL, AXILLARY)	7/1/2019	12/31/2382	2
OPH	38510	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S)	1/1/2012	12/31/2382	1
OPH	38520	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP CERVICAL NODE(S) WITH EXCISION SCALENE FAT PAD	1/1/2012	12/31/2382	1
OPH	38525	BIOPSY OR EXCISION OF LYMPH NODE(S); DEEP AXILLARY NODE(S)	1/1/2012	12/31/2382	1
OPH	38530	BIOPSY OR EXCISION OF LYMPH NODE(S); INTERNAL MAMMARY NODE(S) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	38531	OPEN BIOPSY OR EXCISION OF LYMPH NODES IN GROIN	1/1/2019	12/31/2382	1
OPH	38542	DISSECTION, DEEP JUGULAR NODE(S)	1/1/2012	12/31/2382	1
OPH	38550	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCULAR DISSECTION; SIMPLE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	38555	EXCISION OF CYSTIC HYGROMA, AXILLARY OR CERVICAL, WITHOUT DEEP NEUROVASCUALR DISSECTION; COMPLEX	10/1/2010	12/31/2382	1
OPH	38562	LIMITED LYMPHADENECTOMY FOR STAGING (SEPARATE PROCEDURE); PELVIC AND PARA-AORTIC	1/1/2021	12/31/2382	1
OPH	38570	LAPAROSCOPY, SURGICAL; WITH RETROPERITONEAL LYMPH NODE SAMPLING (BIOPSY), SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
OPH	38571	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY	10/1/2010	12/31/2382	1
OPH	38572	LAPAROSCOPY, SURGICAL;WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING	10/1/2010	12/31/2382	1
OPH	38573	LAPAROSCOPY, SURGICAL; WITH BILATERAL TOTAL PELVIC LYMPHADENECTOMY AND PERI-AORTIC LYMPH NODE SAMPLING, PERITONEAL WASHINGS, PERITONEAL BIOPSY(IES), OMENTECTOMY, AND DIAPHRAGMATIC WASHINGS, INCLUDING DIAPHRAGMATI	1/1/2018	12/31/2382	1
OPH	38589	UNLISTED LAPAROSCOPY PROCEDURE,LYMPHATIC SYSTEM	4/1/2018	12/31/2382	1
OPH	38700	SUPRAHYOID LYMPHADENECTOMY	7/1/2013	12/31/2382	1
OPH	38720	CERVICAL LYMPHADENECTOMY (COMPLETE)	7/1/2013	12/31/2382	1
OPH	38740	AXILLARY LYMPHADENECTOMY; SUPERFICIAL	1/1/2012	12/31/2382	1
OPH	38745	AXILLARY LYMPHADENECTOMY; COMPLETE	1/1/2012	12/31/2382	1
OPH	38760	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, INCLUDING CLOQUET'S NODE (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	38765	INGUINOFEMORAL LYMPHADENECTOMY, SUPERFICIAL, IN CONTINUITY WITH PELVIC LYMPHADENECTOMY, INCLUDING EXTERNAL ILI	7/1/2021	12/31/2382	1
OPH	38790	INJECTION PROCEDURE FOR LYMPHANGIOGRAPHY	7/1/2013	12/31/2382	1
OPH	38792	INJECTION PROCEDURE; FOR IDENTIFICATION OF SENTINEL NODE	1/1/2012	12/31/2382	1
OPH	38794	CANNULATION, THORACIC DUCT	10/1/2010	12/31/2382	1
OPH	38900	INTRAOPERATIVE IDENTIFICATION (EG, MAPPING) OF SENTINEL LYMPH NODE(S),INCLUDES INJECTION OF NON-RADIO	1/1/2012	12/31/2382	1
OPH	38999	UNLISTED PROCEDURE, HEMIC OR LYMPHATIC SYSTEM	4/1/2018	12/31/2382	1
OPH	39000	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; CERVICAL APPROACH	7/1/2021	12/31/2382	1
OPH	39010	MEDIASTINOTOMY WITH EXPLORATION, DRAINAGE, OR REMOVAL OF FOREIGN BODY; TRANSTHORACIC	7/1/2021	12/31/2382	1
OPH	39401	MEDIASTINOSCOPY; INCLUDES BIOPSY(IES) OF MEDIASTINAL MASS (EG, LYMPHOMA), WHEN PERFORMED	1/1/2016	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	39402	MEDIASTINOSCOPY; WITH LYMPH NODE BIOPSY(IES) (EG, LUNG CANCER STAGING)	1/1/2016	12/31/2382	1
OPH	40490	BIOPSY OF LIP	10/1/2018	12/31/2382	2
OPH	40500	VERMILIONECTOMY (LIP SHAVE), WITH MUCOSAL ADVANCEMENT	10/1/2010	12/31/2382	2
OPH	40510	EXCISION OF LIP; TRANSVERSE WEDGE EXCISION WITH PRIMARY CLOSURE	10/1/2010	12/31/2382	2
OPH	40520	EXCISION OF LIP; V-EXCISION WITH PRIMARY DIRECT LINEAR CLOSURE	10/1/2010	12/31/2382	2
OPH	40525	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH LOCAL FLAP (EG, ESTLANDER OR FAN)	10/1/2010	12/31/2382	2
OPH	40527	EXCISION OF LIP; FULL THICKNESS, RECONSTRUCTION WITH CROSS LIP FLAP (ABBE-ESTLANDER)	10/1/2010	12/31/2382	2
OPH	40530	RESECTION OF LIP, MORE THAN ONE-FOURTH, WITHOUT RECONSTRUCTION	10/1/2010	12/31/2382	2
OPH	40650	REPAIR LIP, FULL THICKNESS; VERMILION ONLY	10/1/2010	12/31/2382	2
OPH	40652	REPAIR LIP, FULL THICKNESS; UP TO HALF VERTICAL HEIGHT	10/1/2010	12/31/2382	2
OPH	40654	REPAIR LIP, FULL THICKNESS; OVER ONE-HALF VERTICAL HEIGHT, OR COMPLEX	10/1/2010	12/31/2382	2
OPH	40700	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY, PARTIAL OR COMPLETE, UNILATERAL	10/1/2010	12/31/2382	1
OPH	40701	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE STAGE PROCEDURE	10/1/2010	12/31/2382	1
OPH	40702	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; PRIMARY BILATERAL, ONE OF TWO STAGES	10/1/2010	12/31/2382	1
OPH	40720	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; SECONDARY, BY RECREATION OF DEFECT AND RECLOSURE	7/1/2013	12/31/2382	1
OPH	40761	PLASTIC REPAIR OF CLEFT LIP/NASAL DEFORMITY; WITH CROSS LIP PEDICLE FLAP (ABBE-ESTLANDER TYPE), INCLUDING SECT	10/1/2010	12/31/2382	1
OPH	40799	UNLISTED PROCEDURE, LIPS	4/1/2018	12/31/2382	1
OPH	40800	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; SIMPLE	1/1/2014	12/31/2382	2
OPH	40801	DRAINAGE OF ABSCESS, CYST, HEMATOMA, VESTIBULE OF MOUTH; COMPLICATED	1/1/2014	12/31/2382	2
OPH	40804	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; SIMPLE	10/1/2018	12/31/2382	1
OPH	40805	REMOVAL OF EMBEDDED FOREIGN BODY, VESTIBULE OF MOUTH; COMPLICATED	1/1/2014	12/31/2382	2
OPH	40806	INCISION OF LABIAL FRENUM (FRENOTOMY)	10/1/2010	12/31/2382	2
OPH	40808	BIOPSY, VESTIBULE OF MOUTH	7/1/2019	12/31/2382	2
OPH	40810	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITHOUT REPAIR	7/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	40812	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH SIMPLE REPAIR	7/1/2019	12/31/2382	2
OPH	40814	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; WITH COMPLEX REPAIR	7/1/2014	12/31/2382	4
OPH	40816	EXCISION OF LESION OF MUCOSA AND SUBMUCOSA, VESTIBULE OF MOUTH; COMPLEX, WITH EXCISION OF UNDERLYING MUSCLE	10/1/2010	12/31/2382	2
OPH	40818	EXCISION OF MUCOSA OF VESTIBULE OF MOUTH AS DONOR GRAFT	10/1/2010	12/31/2382	2
OPH	40819	EXCISION OF FRENUM, LABIAL OR BUCCAL (FRENUMECTOMY, FRENULECTOMY, FRENECTOMY)	10/1/2010	12/31/2382	2
OPH	40820	DESTRUCTION OF LESION OR SCAR OF VESTIBULE OF MOUTH BY PHYSICAL METHODS (EG, LASER, THERMAL, CRYO, CHEMICAL)	10/1/2010	12/31/2382	2
OPH	40830	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; 2.5 CM OR LESS	10/1/2010	12/31/2382	2
OPH	40831	CLOSURE OF LACERATION, VESTIBULE OF MOUTH; OVER 2.5 CM OR COMPLEX	10/1/2010	12/31/2382	2
OPH	40840	VESTIBULOPLASTY; ANTERIOR	10/1/2010	12/31/2382	1
OPH	40842	VESTIBULOPLASTY; POSTERIOR, UNILATERAL	10/1/2010	12/31/2382	1
OPH	40843	VESTIBULOPLASTY; POSTERIOR, BILATERAL	10/1/2010	12/31/2382	1
OPH	40844	VESTIBULOPLASTY; ENTIRE ARCH	7/1/2013	12/31/2382	1
OPH	40845	VESTIBULOPLASTY; COMPLEX (INCLUDING RIDGE EXTENSION, MUSCLE REPOSITIONING)	10/1/2010	12/31/2382	1
OPH	40899	UNLISTED PROCEDURE, VESTIBULE OF MOUTH	4/1/2018	12/31/2382	1
OPH	41000	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; LINGUAL	10/1/2018	12/31/2382	1
OPH	41005	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, SUPERFI	10/1/2018	12/31/2382	1
OPH	41006	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBLINGUAL, DEEP, S	10/1/2010	12/31/2382	2
OPH	41007	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMENTAL SPACE	10/1/2010	12/31/2382	2
OPH	41008	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; SUBMANDIBULAR SPACE	10/1/2010	12/31/2382	2
OPH	41009	INTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF TONGUE OR FLOOR OF MOUTH; MASTICATOR SPACE	10/1/2010	12/31/2382	2
OPH	41010	INCISION OF LINGUAL FRENUM (FRENOTOMY)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	41015	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBLINGUAL	10/1/2010	12/31/2382	2
OPH	41016	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMENTAL	10/1/2018	12/31/2382	1
OPH	41017	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; SUBMANDIBULAR	10/1/2010	12/31/2382	2
OPH	41018	EXTRAORAL INCISION AND DRAINAGE OF ABSCESS, CYST, OR HEMATOMA OF FLOOR OF MOUTH; MASTICATOR SPACE	10/1/2010	12/31/2382	2
OPH	41019	PLACEMENT OF NEEDLES, CATHETERS, OR OTHER DEVICE(S) INTO THE HEAD AND/OR NECK REGION FOR SUBSEQUENT INTERS	10/1/2010	12/31/2382	1
OPH	41100	BIOPSY OF TONGUE; ANTERIOR TWO-THIRDS	7/1/2019	12/31/2382	2
OPH	41105	BIOPSY OF TONGUE; POSTERIOR ONE-THIRD	7/1/2019	12/31/2382	2
OPH	41108	BIOPSY OF FLOOR OF MOUTH	10/1/2010	12/31/2382	2
OPH	41110	EXCISION OF LESION OF TONGUE WITHOUT CLOSURE	10/1/2010	12/31/2382	2
OPH	41112	EXCISION OF LESION OF TONGUE WITH CLOSURE; ANTERIOR TWO-THIRDS	10/1/2010	12/31/2382	2
OPH	41113	EXCISION OF LESION OF TONGUE WITH CLOSURE; POSTERIOR ONE-THIRD	10/1/2010	12/31/2382	2
OPH	41114	EXCISION OF LESION OF TONGUE WITH CLOSURE; WITH LOCAL TONGUE FLAP	10/1/2010	12/31/2382	2
OPH	41115	EXCISION OF LINGUAL FRENUM (FRENECTOMY)	10/1/2010	12/31/2382	1
OPH	41116	EXCISION, LESION OF FLOOR OF MOUTH	1/1/2014	12/31/2382	2
OPH	41120	GLOSSECTOMY; LESS THAN ONE-HALF TONGUE	10/1/2010	12/31/2382	1
OPH	41250	REPAIR OF LACERATION 2.5 CM OR LESS; FLOOR OF MOUTH AND/OR ANTERIOR TWO-THIRDS OF TONGUE	10/1/2010	12/31/2382	2
OPH	41251	REPAIR OF LACERATION 2.5 CM OR LESS; POSTERIOR ONE-THIRD OF TONGUE	10/1/2010	12/31/2382	2
OPH	41252	REPAIR OF LACERATION OF TONGUE, FLOOR OF MOUTH, OVER 2.6 CM OR COMPLEX	10/1/2010	12/31/2382	2
OPH	41510	SUTURE OF TONGUE TO LIP FOR MICROGNATHIA (DOUGLAS TYPE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	41512	TONGUE BASE SUSPENSION, PERMANENT SUTURE TECHNIQUE	10/1/2010	12/31/2382	1
OPH	41520	FRENOPLASTY (SURGICAL REVISION OF FRENUM, EG, WITH Z-PLASTY)	10/1/2010	12/31/2382	1
OPH	41530	SUBMUCOSAL ABLATION OF THE TONGUE BASE, RADIOFREQUENCY, ONE OR MORE SITES, PER SESSION	7/1/2012	12/31/2382	1
OPH	41599	UNLISTED PROCEDURE, TONGUE, FLOOR OF MOUTH	4/1/2018	12/31/2382	1
OPH	41800	DRAINAGE OF ABSCESS, CYST, HEMATOMA FROM DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	2
OPH	41805	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; SOFT TISSUES	10/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	41806	REMOVAL OF EMBEDDED FOREIGN BODY FROM DENTOALVEOLAR STRUCTURES; BONE	10/1/2018	12/31/2382	1
OPH	41820	GINGIVECTOMY, EXCISION GINGIVA, EACH QUADRANT	10/1/2010	12/31/2382	4
OPH	41821	OPERCULECTOMY, EXCISION PERICORONAL TISSUES	1/1/2014	12/31/2382	2
OPH	41822	EXCISION OF FIBROUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	1
OPH	41823	EXCISION OF OSSEOUS TUBEROSITIES, DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	1
OPH	41825	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITHOUT REPAIR	10/1/2010	12/31/2382	2
OPH	41826	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH SIMPLE REPAIR	10/1/2010	12/31/2382	2
OPH	41827	EXCISION OF LESION OR TUMOR (EXCEPT LISTED ABOVE), DENTOALVEOLAR STRUCTURES; WITH COMPLEX REPAIR	10/1/2010	12/31/2382	2
OPH	41828	EXCISION OF HYPERPLASTIC ALVEOLAR MUCOSA, EACH SEXTANT OR QUADRANT (SPECIFY)	10/1/2010	12/31/2382	4
OPH	41830	ALVEOLECTOMY, INCLUDING CURETTAGE OF OSTEITIS OR SEQUESTRECTOMY	1/1/2014	12/31/2382	2
OPH	41850	DESTRUCTION OF LESION (EXCEPT EXCISION), DENTOALVEOLAR STRUCTURES	10/1/2010	12/31/2382	2
OPH	41870	PERIODONTAL MUCOSAL GRAFTING	1/1/2014	12/31/2382	2
OPH	41872	GINGIVOPLASTY	10/1/2010	12/31/2382	4
OPH	41874	ALVEOPLASTY	10/1/2010	12/31/2382	4
OPH	41899	UNLISTED PROCEDURE, DENTOALVEOLAR STRUCTURES	4/1/2018	12/31/2382	1
OPH	42000	DRAINAGE OF ABSCESS OF PALATE, UVULA	10/1/2010	12/31/2382	1
OPH	42100	BIOPSY OF PALATE, UVULA	7/1/2019	12/31/2382	2
OPH	42104	EXCISION, LESION OF PALATE, UVULA; WITHOUT CLOSURE	7/1/2019	12/31/2382	2
OPH	42106	EXCISION, LESION OF PALATE, UVULA; WITH SIMPLE PRIMARY CLOSURE	10/1/2010	12/31/2382	2
OPH	42107	EXCISION, LESION OF PALATE, UVULA; WITH LOCAL FLAP CLOSURE	10/1/2010	12/31/2382	2
OPH	42120	RESECTION OF PALATE OR EXTENSIVE RESECTION OF LESION	10/1/2010	12/31/2382	1
OPH	42140	UVULECTOMY, EXCISION OF UVULA	10/1/2010	12/31/2382	1
OPH	42145	PALATOPHARYNGOPLASTY (EG, UVULOPALATOPHARYNGOPLASTY, UVULOPHARYNGOPLASTY)	10/1/2010	12/31/2382	1
OPH	42160	DESTRUCTION OF LESION, PALATE OR UVULA (THERMAL, CRYO OR CHEMICAL)	1/1/2019	12/31/2382	1
OPH	42180	REPAIR, LACERATION OF PALATE; UP TO 2 CM	10/1/2010	12/31/2382	1
OPH	42182	REPAIR, LACERATION OF PALATE; OVER 2 CM OR COMPLEX	10/1/2010	12/31/2382	1
OPH	42200	PALATOPLASTY FOR CLEFT PALATE, SOFT AND/OR HARD PALATE ONLY	10/1/2010	12/31/2382	1
OPH	42205	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; SOFT TISSUE ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	42210	PALATOPLASTY FOR CLEFT PALATE, WITH CLOSURE OF ALVEOLAR RIDGE; WITH BONE GRAFT TO ALVEOLAR RIDGE (INCLUDES OBT	10/1/2010	12/31/2382	1
OPH	42215	PALATOPLASTY FOR CLEFT PALATE; MAJOR REVISION	10/1/2010	12/31/2382	1
OPH	42220	PALATOPLASTY FOR CLEFT PALATE; SECONDARY LENGTHENING PROCEDURE	10/1/2010	12/31/2382	1
OPH	42225	PALATOPLASTY FOR CLEFT PALATE; ATTACHMENT PHARYNGEAL FLAP	10/1/2010	12/31/2382	1
OPH	42226	LENGTHENING OF PALATE, AND PHARYNGEAL FLAP	10/1/2010	12/31/2382	1
OPH	42227	LENGTHENING OF PALATE, WITH ISLAND FLAP	10/1/2010	12/31/2382	1
OPH	42235	REPAIR OF ANTERIOR PALATE, INCLUDING VOMER FLAP	10/1/2010	12/31/2382	1
OPH	42260	REPAIR OF NASOLABIAL FISTULA	10/1/2010	12/31/2382	1
OPH	42280	MAXILLARY IMPRESSION FOR PALATAL PROSTHESIS	10/1/2010	12/31/2382	1
OPH	42281	INSERTION OF PIN-RETAINED PALATAL PROSTHESIS	10/1/2010	12/31/2382	1
OPH	42299	UNLISTED PROCEDURE, PALATE, UVULA	4/1/2018	12/31/2382	1
OPH	42300	DRAINAGE OF ABSCESS; PAROTID, SIMPLE	10/1/2010	12/31/2382	2
OPH	42305	DRAINAGE OF ABSCESS; PAROTID, COMPLICATED	10/1/2010	12/31/2382	2
OPH	42310	DRAINAGE OF ABSCESS; SUBMAXILLARY OR SUBLINGUAL, INTRAORAL	10/1/2010	12/31/2382	2
OPH	42320	DRAINAGE OF ABSCESS; SUBMAXILLARY, EXTERNAL	10/1/2010	12/31/2382	2
OPH	42330	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), SUBLINGUAL OR PAROTID, UNCOMPLICATED, INTRAORAL	1/1/2019	12/31/2382	1
OPH	42335	SIALOLITHOTOMY; SUBMANDIBULAR (SUBMAXILLARY), COMPLICATED, INTRAORAL	10/1/2010	12/31/2382	2
OPH	42340	SIALOLITHOTOMY; PAROTID, EXTRAORAL OR COMPLICATED INTRAORAL	4/1/2013	12/31/2382	1
OPH	42400	BIOPSY OF SALIVARY GLAND; NEEDLE	10/1/2010	12/31/2382	2
OPH	42405	BIOPSY OF SALIVARY GLAND; INCISIONAL	10/1/2010	12/31/2382	2
OPH	42408	EXCISION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2010	12/31/2382	1
OPH	42409	MARSUPIALIZATION OF SUBLINGUAL SALIVARY CYST (RANULA)	10/1/2010	12/31/2382	1
OPH	42410	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITHOUT NERVE DISSECTION	4/1/2013	12/31/2382	1
OPH	42415	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; LATERAL LOBE, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	4/1/2013	12/31/2382	1
OPH	42420	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, WITH DISSECTION AND PRESERVATION OF FACIAL NERVE	4/1/2013	12/31/2382	1
OPH	42425	EXCISION OF PAROTID TUMOR OR PAROTID GLAND; TOTAL, EN BLOC REMOVAL WITH SACRIFICE OF FACIAL NERVE	4/1/2013	12/31/2382	1
OPH	42440	EXCISION OF SUBMANDIBULAR (SUBMAXILLARY) GLAND	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	42450	EXCISION OF SUBLINGUAL GLAND	1/1/2019	12/31/2382	1
OPH	42500	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; PRIMARY OR SIMPLE	10/1/2010	12/31/2382	2
OPH	42505	PLASTIC REPAIR OF SALIVARY DUCT, SIALODOCHOPLASTY; SECONDARY OR COMPLICATED	1/1/2014	12/31/2382	2
OPH	42507	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE);	10/1/2010	12/31/2382	1
OPH	42509	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH EXCISION OF BOTH SUBMANDIBULAR GLANDS	10/1/2010	12/31/2382	1
OPH	42510	PAROTID DUCT DIVERSION, BILATERAL (WILKE TYPE PROCEDURE); WITH LIGATION OF BOTH SUBMANDIBULAR (WHARTON'S) DUCT	10/1/2010	12/31/2382	1
OPH	42550	INJECTION PROCEDURE FOR SIALOGRAPHY	10/1/2010	12/31/2382	2
OPH	42600	CLOSURE SALIVARY FISTULA	1/1/2019	12/31/2382	1
OPH	42650	DILATION SALIVARY DUCT	10/1/2010	12/31/2382	2
OPH	42660	DILATION AND CATHETERIZATION OF SALIVARY DUCT, WITH OR WITHOUT INJECTION	10/1/2010	12/31/2382	2
OPH	42665	LIGATION SALIVARY DUCT, INTRAORAL	10/1/2010	12/31/2382	2
OPH	42699	UNLISTED PROCEDURE, SALIVARY GLANDS OR DUCTS	4/1/2018	12/31/2382	1
OPH	42700	INCISION AND DRAINAGE ABSCESS; PERITONSILLAR	10/1/2010	12/31/2382	2
OPH	42720	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, INTRAORAL APPROACH	10/1/2010	12/31/2382	1
OPH	42725	INCISION AND DRAINAGE ABSCESS; RETROPHARYNGEAL OR PARAPHARYNGEAL, EXTERNAL APPROACH	1/1/2014	12/31/2382	1
OPH	42800	BIOPSY; OROPHARYNX	10/1/2010	12/31/2382	3
OPH	42804	BIOPSY; NASOPHARYNX, VISIBLE LESION, SIMPLE	1/1/2019	12/31/2382	1
OPH	42806	BIOPSY; NASOPHARYNX, SURVEY FOR UNKNOWN PRIMARY LESION	10/1/2010	12/31/2382	1
OPH	42808	EXCISION OR DESTRUCTION OF LESION OF PHARYNX, ANY METHOD	10/1/2010	12/31/2382	2
OPH	42809	REMOVAL OF FOREIGN BODY FROM PHARYNX	10/1/2010	12/31/2382	1
OPH	42810	EXCISION BRANCHIAL CLEFT CYST OR VESTIGE, CONFINED TO SKIN AND SUBCUTANEOUS TISSUES	4/1/2013	12/31/2382	1
OPH	42815	EXCISION BRANCHIAL CLEFT CYST, VESTIGE, OR FISTULA, EXTENDING BENEATH SUBCUTANEOUS TISSUES AND/OR INTO PHARYNX	4/1/2013	12/31/2382	1
OPH	42820	TONSILLECTOMY AND ADENOIDECTOMY; UNDER AGE 12	10/1/2010	12/31/2382	1
OPH	42821	TONSILLECTOMY AND ADENOIDECTOMY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
OPH	42825	TONSILLECTOMY, PRIMARY OR SECONDARY; UNDER AGE 12	10/1/2010	12/31/2382	1
OPH	42826	TONSILLECTOMY, PRIMARY OR SECONDARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
OPH	42830	ADENOIDECTOMY, PRIMARY; UNDER AGE 12	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	42831	ADENOIDECTOMY, PRIMARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
OPH	42835	ADENOIDECTOMY, SECONDARY; UNDER AGE 12	10/1/2010	12/31/2382	1
OPH	42836	ADENOIDECTOMY, SECONDARY; AGE 12 OR OVER	10/1/2010	12/31/2382	1
OPH	42842	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; WITHOUT CLOSURE	10/1/2010	12/31/2382	1
OPH	42844	RADICAL RESECTION OF TONSIL, TONSILLAR PILLARS, AND/OR RETROMOLAR TRIGONE; CLOSURE WITH LOCAL FLAP (EG, TONGUE	10/1/2010	12/31/2382	1
OPH	42860	EXCISION OF TONSIL TAGS	10/1/2010	12/31/2382	1
OPH	42870	EXCISION OR DESTRUCTION LINGUAL TONSIL, ANY METHOD (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	42890	LIMITED PHARYNGECTOMY	10/1/2010	12/31/2382	1
OPH	42892	RESECTION OF LATERAL PHARYNGEAL WALL OR PYRIFORM SINUS, DIRECT CLOSURE BY ADVANCEMENT OF LATERAL AND POSTERIOR	10/1/2010	12/31/2382	1
OPH	42900	SUTURE PHARYNX FOR WOUND OR INJURY	10/1/2010	12/31/2382	1
OPH	42950	PHARYNGOPLASTY (PLASTIC OR RECONSTRUCTIVE OPERATION ON PHARYNX)	10/1/2010	12/31/2382	1
OPH	42955	PHARYNGOSTOMY (FISTULIZATION OF PHARYNX, EXTERNAL FOR FEEDING)	10/1/2010	12/31/2382	1
OPH	42960	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE	10/1/2010	12/31/2382	1
OPH	42962	CONTROL OROPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTTONSILLECTOMY); SIMPLE WITH SECONDARY SURGICAL	10/1/2010	12/31/2382	1
OPH	42970	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); SIMPLE, WITH POSTERIOR NAS	10/1/2010	12/31/2382	1
OPH	42972	CONTROL OF NASOPHARYNGEAL HEMORRHAGE, PRIMARY OR SECONDARY (EG, POSTADENOIDECTOMY); WITH SECONDARY SURGICAL IN	10/1/2010	12/31/2382	1
OPH	42975	DRUG-INDUCED SLEEP ENDOSCOPY, WITH DYNAMIC EVALUATION OF VELUM, PHARYNX, TONGUE BASE, AND LARYNX FOR EVALUATION OF SLEEP-DISORDERED BREATHING, FLEXIBLE, DIAGNOSTIC	1/1/2022	12/31/2382	1
OPH	42999	UNLISTED PROCEDURE, PHARYNX, ADENOIDS, OR TONSILS	4/1/2018	12/31/2382	1
OPH	43020	ESOPHAGOTOMY, CERVICAL APPROACH; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	43030	CRICOPHARYNGEAL MYOTOMY	10/1/2010	12/31/2382	1
OPH	43130	DIVERTICULECTOMY OF HYPOPHARYNX OR ESOPHAGUS, WITH OR WITHOUT MYOTOMY; CERVICAL APPROACH	10/1/2010	12/31/2382	1
OPH	43180	ESOPHAGOSCOPY, RIGID, TRANSORAL WITH DIVERTICULECTOMY OF HYPOPHARYNX OR CERVICAL ESOPHAGUS, WITH	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43191	ESOPHAGOSCOPY, RIGID, TRANSORAL; DIAGNOSTIC, INCLUDING COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING WHEN	1/1/2014	12/31/2382	1
OPH	43192	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH DIRECT SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	1/1/2014	12/31/2382	1
OPH	43193	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH BIOPSY, SINGLE OR MULTIPLE	1/1/2014	12/31/2382	1
OPH	43194	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH REMOVAL OF FOREIGN BODY	1/1/2014	12/31/2382	1
OPH	43195	ESOPHAGOSCOPY, RIGID, TRANSORAL;WITH BALLOON DILATION (LESS THAN 30MM DIAMETER)	1/1/2014	12/31/2382	1
OPH	43196	ESOPHAGOSCOPY, RIGID, TRANSORAL; WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OVER GUIDE WIRE	1/1/2014	12/31/2382	1
OPH	43197	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; DIAGNOSTIC, INCLUDES COLLECTION OF SPECIMEN(S) BY BRUSHING OR WASHING	1/1/2014	12/31/2382	1
OPH	43198	ESOPHAGOSCOPY, FLEXIBLE, TRANSNASAL; WITH BIOPSY, SINGLE OR MULTIPLE	1/1/2014	12/31/2382	1
OPH	43200	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); DIAGNOSTIC PROCEDURE	10/1/2010	12/31/2382	1
OPH	43201	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
OPH	43202	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR	10/1/2010	12/31/2382	1
OPH	43204	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INJECTION SCLEROSIS OF ESOPHAGEAL VARICES	10/1/2010	12/31/2382	1
OPH	43205	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH BAND LIGATION OF ESOPHAGEAL VARICES	10/1/2010	12/31/2382	1
OPH	43206	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH OPTICAL ENDOMICROSCOPY	1/1/2013	12/31/2382	1
OPH	43210	ESOPHAGOGASTRODUODENOSCOPY, FLEXIBLE, TRANSORAL; WITH ESOPHAGOGASTRIC FUNDOPLASTY, PARTIAL OR COMPLETE, INCLUDES	1/1/2016	12/31/2382	1
OPH	43211	REMOVAL OF TISSUE LINING OF ESPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43212	PLACEMENT OF STENT ON ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43213	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); WITH DILATION OF ESOPHAGUS, BY BALLOON OR DILATOR	1/1/2014	12/31/2382	1
OPH	43214	BALLOON DILATION OF ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43215	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	43216	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH REMOVAL OF TUMOR(S), POLYPS(S), OR OTHER LESION(S) BY HOT BIOPSY FORCEP	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43217	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
OPH	43220	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR DILATION, DIRECT, ANY METHOD	10/1/2010	12/31/2382	1
OPH	43226	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR INSERTION OF WIRE TO GUIDE DILATION	10/1/2010	12/31/2382	1
OPH	43227	ESOPHAGOSCOPY, RIGID OR FLEXIBLE FIBEROPTIC (SPECIFY); FOR CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASE	10/1/2013	12/31/2382	1
OPH	43229	DESTRUCTIOB OF GROWTHS OF ESOPHAGUS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43231	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
OPH	43232	ESOPHAGOSCOPY, RIGID OR FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE	10/1/2010	12/31/2382	1
OPH	43233	BALLOON DILATION OF ESPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL USING ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43235	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43236	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APP	10/1/2010	12/31/2382	1
OPH	43237	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH ENDOSCOPIC ULTRASOUND EXAMINATION LIMITED TO THE	10/1/2010	12/31/2382	1
OPH	43238	UPPER GASTROINTESTINAL ENDOSCOPY INCULDING ESOPHAGUS WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR	10/1/2010	12/31/2382	1
OPH	43239	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43240	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSMURAL DRAINAGE OF PSEUDOCYST	10/1/2010	12/31/2382	1
OPH	43241	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43242	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, WITH TRANSENDOSCOPIC ULTRASOOUND-GUIDED INTRAMU	10/1/2010	12/31/2382	1
OPH	43243	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43244	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH BAND LIGATION OF ESOPHAGEAL AND/OR GASTRIC	10/1/2010	12/31/2382	1
OPH	43245	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43246	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43247	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43248	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, WITH INSERTION OF GUIDE WIRE FOLLOWED BY DILATION OF	10/1/2010	12/31/2382	1
OPH	43249	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH ...WITH BALLOON DILATION OF ESOPHAGUS	10/1/2010	12/31/2382	1
OPH	43250	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/1/2010	12/31/2382	1
OPH	43251	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43252	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	1/1/2013	12/31/2382	1
OPH	43253	INJECTION OF DIAGNOSTIC OR THERAPEUTIC SUBSTANCES OR MARKERS IN ESOPHAGUS, STOMACH, AND/OR UPER SMALL BOWEL	1/1/2014	12/31/2382	1
OPH	43254	REMOVAL OF TISSUE LINING OF ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43255	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	2
OPH	43257	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS, STOMACH, AND EITHER THE DUODENUM AND/OR JEJUNUM AS APPRO	10/1/2010	12/31/2382	1
OPH	43259	UPPER GASTROINTESTINAL ENDOSCOPY INCLUDING ESOPHAGUS,..WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
OPH	43260	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN;	10/1/2010	12/31/2382	1
OPH	43261	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY; WITH BIOPSY, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43262	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	2
OPH	43263	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	1/1/2014	12/31/2382	1
OPH	43264	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	1
OPH	43265	ENDOSCOPIC RETROGRADE CHOLANGIOPANCREATOGRAPHY (ERCP), WITH OR WITHOUT BIOPSY AND/OR COLLECTION OF SPECIMEN; F	10/1/2010	12/31/2382	1
OPH	43266	PLACEMENT OF STENT IN ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43270	DESTRUCTION OF GROWTHS ON ESOPHAGUS, STOMACH, AND/OR UPPER SMALL BOWEL USING ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43273	ENDOSCOPIC CANNULATION OF PAPILLA WITH DIRECT VISUALIZATION OF COMMON BILE DUCT(S) AND/OR PANCREATIC DUCT(S)	10/1/2010	12/31/2382	1
OPH	43274	PLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	4/1/2015	12/31/2382	2
OPH	43275	REMOVAL OF FOREIGN BODY OR STENT FROM PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43276	REPLACEMENT OF STENT PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	4/1/2015	12/31/2382	2
OPH	43277	BALLOON DILATION OF PANCREATIC OR BILE DUCT USING AN ENDOSCOPE	1/1/2014	12/31/2382	3
OPH	43278	DESTRUCTION OF MASS ON GALLBLADDER, PANCREATIC, LIVER, AND BILE DUCTS USING AN ENDOSCOPE	1/1/2014	12/31/2382	1
OPH	43280	LAPAROSCOPY, SURGICAL, ESOPHAGOGASTRIC FUNDOPLASTY (EG, NISSEN, TOUPET PROCEDURES)	10/1/2010	12/31/2382	1
OPH	43281	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITHOUT	10/1/2018	12/31/2382	1
OPH	43282	LAPAROSCOPY, SURGICAL, REPAIR OF PARAESOPHAGEAL HERNIA, INCLUDES FUNDOPLASTY, WHEN PERFORMED; WITH	1/1/2018	12/31/2382	1
OPH	43284	PLACEMENT OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS USING LAPAROSCOPE	1/1/2017	12/31/2382	1
OPH	43285	REMOVAL OF AUGMENTATION DEVICE IN SPHINCTER OF ESOPHAGUS	1/1/2017	12/31/2382	1
OPH	43289	UNLISTED LAPAROSCOPY PROCEDURE, ESOPHAGUS	4/1/2018	12/31/2382	1
OPH	43420	CLOSURE OF ESOPHAGOSTOMY OR FISTULA; CERVICAL APPROACH	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43450	DILATION OF ESOPHAGUS, BY UNGUIDED SOUND OR BOUGIE, SINGLE OR MULTIPLE PASSES; INITIAL SESSION	10/1/2010	12/31/2382	1
OPH	43453	DILATION OF ESOPHAGUS, OVER GUIDE WIRE OR STRING	10/1/2010	12/31/2382	1
OPH	43497	LOWER ESOPHAGEAL MYOTOMY, TRANSORAL (IE, PERORAL ENDOSCOPIC MYOTOMY [POEM])	1/1/2022	12/31/2382	1
OPH	43499	UNLISTED PROCEDURE, ESOPHAGUS	4/1/2018	12/31/2382	1
OPH	43510	GASTROTOMY; WITH ESOPHAGEAL DILATION AND INSERTION OF PLASTIC TUBES	10/1/2010	12/31/2382	1
OPH	43635	VAGOTOMY WHEN PERFORMED WITH PARTIAL DISTAL GASTRECTOMY (LIST SEPARATELY IN ADDITION TO CODE(S) FOR PRIMARY	7/1/2021	12/31/2382	1
OPH	43640	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; TRUNCAL OR SELECTIVE	7/1/2021	12/31/2382	1
OPH	43641	VAGOTOMY INCLUDING PYLOROPLASTY, WITH OR WITHOUT GASTROSTOMY; PARIETAL CELL (HIGHLY SELECTIVE)	7/1/2021	12/31/2382	1
OPH	43647	LAPAROSCOPY, SURGICAL; IMPLANTATION OR REPLACEMENT OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	10/1/2010	12/31/2382	1
OPH	43648	LAPAROSCOPY, SURGICAL; REVISION OR REMOVAL OF GASTRIC NEUROSTIMULATOR ELECTRODES, ANTRUM	10/1/2010	12/31/2382	1
OPH	43651	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, TRUNCAL	10/1/2010	12/31/2382	1
OPH	43652	LAPAROSCOPY, SURGICAL; TRANSECTION OF VAGUS NERVES, SELECTIVE OR HIGHLY SELECTIVE	10/1/2010	12/31/2382	1
OPH	43653	LAPAROSCOPY, SURGICAL; GASTROSTOMY, WITHOUT CONSTRUCTION OF GASTRIC TUBE(EG, STAMM PROCEDURE)	10/1/2010	12/31/2382	1
OPH	43659	UNLISTED LAPAROSCOPY PROCEDURE, STOMACH	4/1/2018	12/31/2382	1
OPH	43752	NASO- OR ORO-GASTRIC TUBE PLACEMENT, NECESSITATING PHYSICIAN'S SKILL	10/1/2010	12/31/2382	2
OPH	43753	GASTRIC INTUBATION AND ASPIRATION(S) THERAPEUTIC, NECESSITATING PHYSICIAN'S SKILL (EG, FOR GASTROINTESTINAL	4/1/2011	12/31/2382	1
OPH	43754	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; SINGLE SPECIMEN(EG, ACID ANALYSIS)	4/1/2011	12/31/2382	1
OPH	43755	GASTRIC INTUBATION AND ASPIRATION, DIAGNOSTIC; COLLECTION OF MULTIPLE FRACTIONAL SPECIMENS WITH GASTRIC	4/1/2011	12/31/2382	1
OPH	43756	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; SINGLE SPECIMEN (EG, BILE STUDY FOR	1/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	43757	DUODENAL INTUBATION AND ASPIRATION, DIAGNOSTIC, INCLUDES IMAGE GUIDANCE; COLLECTION OF MULTIPLE FRACTIONAL SPE	1/1/2011	12/31/2382	1
OPH	43761	REPOSITIONING OF THE GASTRIC FEEDING TUBE, ANY METHOD, THROUGH THE DUODENUM FOR	10/1/2010	12/31/2382	2
OPH	43762	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN	1/1/2019	12/31/2382	2
OPH	43763	REPLACEMENT OF STOMACH STOMA TUBE ACCESSED THROUGH SKIN WITH REVISION OF STOMA OPENING	1/1/2019	12/31/2382	2
OPH	43770	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; PLACEMENT OF ADJUSTABLE GASTRIC BAND	1/1/2013	12/31/2382	1
OPH	43772	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND COMPONENT ONLY	4/1/2013	12/31/2382	1
OPH	43773	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL AND REPLACEMENT OF ADJUSTABLE GASTRIC BAND COMPO	4/1/2013	12/31/2382	1
OPH	43774	LAPAROSCOPY, SURGICAL, GASTRIC RESTRICTIVE PROCEDURE; REMOVAL OF ADJUSTABLE GASTRIC BAND AND SUBUTANEOUS PORT	4/1/2013	12/31/2382	1
OPH	43830	GASTROSTOMY, OPEN; WITHOUT CONSTRUCTION OF GASTRIC TUBE (EG, STAMM PROCEDURE)	10/1/2010	12/31/2382	1
OPH	43831	GASTROSTOMY, TEMPORARY (TUBE, RUBBER OR PLASTIC) (SEPARATE PROCEDURE); NEONATAL, FOR FEEDING	10/1/2010	12/31/2382	1
OPH	43840	GASTRORRHAPHY, SUTURE OF PERFORATED DUODENAL OR GASTRIC ULCER, WOUND, OR INJURY	1/1/2021	12/31/2382	2
OPH	43842	GASTROPLASTY, VERTICAL-BANDED, FOR MORBID OBESITY	10/1/2013	12/31/2382	1
OPH	43870	CLOSURE OF GASTROSTOMY, SURGICAL	10/1/2010	12/31/2382	1
OPH	43886	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REVISION OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
OPH	43887	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
OPH	43888	GASTRIC RESTRICTIVE PROCEDURE,OPEN; REMOVAL AND REPLACEMENT OF SUBCUTANEOUS PORT COMPONENT ONLY	10/1/2010	12/31/2382	1
OPH	43999	UNLISTED PROCEDURE, STOMACH	4/1/2018	12/31/2382	1
OPH	44050	REDUCTION OF VOLVULUS, INTUSSUSCEPTION, INTERNAL HERNIA, BY LAPAROTOMY	7/1/2021	12/31/2382	1
OPH	44100	BIOPSY OF INTESTINE BY CAPSULE, TUBE, PERORAL (ONE OR MORE SPECIMENS)	10/1/2010	12/31/2382	1
OPH	44180	LAPAROSCOPY, SURGICAL, ENTEROLYSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	44186	LAPAROSCOPY, SURGICAL; JEJUNOSTOMY	10/1/2010	12/31/2382	1
OPH	44238	UNLISTED LAPAROSCOPY PROCEDURE, INTESTINE (EXCEPT RECTUM)	4/1/2018	12/31/2382	1
OPH	44300	ENTEROSTOMY OR CECOSTOMY, TUBE (EG, FOR DECOMPRESSION OR FEEDING) (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	44312	REVISION OF ILEOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	44314	REVISION OF ILEOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	44340	REVISION OF COLOSTOMY; SIMPLE (RELEASE OF SUPERFICIAL SCAR) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	44345	REVISION OF COLOSTOMY; COMPLICATED (RECONSTRUCTION IN-DEPTH) (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	44346	REVISION OF COLOSTOMY; WITH REPAIR OF PARACOLOSTOMY HERNIA (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	44360	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	44361	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH BIOPSY AND/OR COLLECTION OF SP	10/1/2010	12/31/2382	1
OPH	44363	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	44364	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
OPH	44365	SMALL INTESTINAL ENDOSCOPY,...WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT BIOPSY FORCEPS OR BIPOLAR	10/1/2010	12/31/2382	1
OPH	44366	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONTROL OF HEMORRHAGE (EG, ELE	10/1/2010	12/31/2382	1
OPH	44369	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH ABLATION OF TUMOR OR MUCOSAL L	10/1/2010	12/31/2382	1
OPH	44370	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH TRANSENDOSCOPIC STENT PLACEMEN	10/1/2010	12/31/2382	1
OPH	44372	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH PLACEMENT OF PERCUTANEOUS JEJU	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	44373	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM; WITH CONVERSION OF PERCUTANEOUS GAS	10/1/2010	12/31/2382	1
OPH	44376	SMALL INTESTINAL ENOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM, INCLUDING ILEUM; DIAGNOSTIC, WITH OR	10/1/2010	12/31/2382	1
OPH	44377	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	10/1/2010	12/31/2382	1
OPH	44378	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND PORTION OF DUODENUM,...WITH CONTROL OF BLEEDING, ANY	10/1/2010	12/31/2382	1
OPH	44379	SMALL INTESTINAL ENDOSCOPY, ENTEROSCOPY BEYOND SECOND BEYOND PORTION OF DUODENUM, INCLUDING THE ILEUM, WITH TR	10/1/2010	12/31/2382	1
OPH	44380	FIBEROPTIC ILEOSCOPY THROUGH STOMA;	10/1/2010	12/31/2382	1
OPH	44381	ILEOSCOPY, THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DILATION	1/1/2015	12/31/2382	1
OPH	44382	FIBEROPTIC ILEOSCOPY THROUGH STOMA; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
OPH	44384	ILEOSCOPY, THROUGH STOMA; WITH PLACEMENT OF ENDOSCOPIC STENT	1/1/2015	12/31/2382	1
OPH	44385	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH;	10/1/2010	12/31/2382	1
OPH	44386	FIBEROPTIC EVALUATION OF SMALL INTESTINAL (KOCK) OR PELVIC POUCH; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY	10/1/2010	12/31/2382	1
OPH	44388	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY;	10/1/2010	12/31/2382	1
OPH	44389	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
OPH	44390	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	44391	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGU	10/1/2010	12/31/2382	1
OPH	44392	FIBEROPTIC COLONOSCOPY THROUGH COLOSTOMY; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
OPH	44394	COLONOSCOPY THROUGH STOMA; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
OPH	44401	COLONOSCOPY THROUGH STOMA; WITH ABLATION OF TUMOR(S), POLYP(S), R OTHER LESION(S)	1/1/2015	12/31/2382	1
OPH	44402	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC STENT PLACEMENT	1/1/2015	12/31/2382	1
OPH	44403	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	44404	COLONOSCOPY THROUGH STOMA; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	1/1/2015	12/31/2382	1
OPH	44405	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC BALLOON DIALTION	1/1/2015	12/31/2382	1
OPH	44406	COLONOSCOPY THROUGH STOMA; WITH ENDOSCOPIC ULTRASOUND EXAMINATION, LIMITED TO THE SIGMOID, DESCENDING, TRANS	1/1/2015	12/31/2382	1
OPH	44407	COLONOSCOPY THROUGH STOMA; WITH TRANSENDOSCOPIC ULTRASOUNDGUIDED INTRAMURAL OR TRANSMURAL	1/1/2015	12/31/2382	1
OPH	44408	COLONOSCOPY THROUGH STOMA; WITH DECOMPRESSION, INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN	1/1/2015	12/31/2382	1
OPH	44500	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG. MILLER-ABBOTT) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	44602	SUTURE OF SMALL INTESTINE FOR PERFORATED ULCER, DIVERTICULUM, WOUND, INJURY, OR RUPTURE;SINGLE PERFORAT	1/1/2021	12/31/2382	1
OPH	44701	INTRAOPERATIVE COLONIC LAVAGE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2010	12/31/2382	1
OPH	44705	PREPARATION OF FECAL MICROBIOTA FOR INSTILLATION, INCLUDING ASSESMENT OF DONOR SPECIMEN	1/1/2013	12/31/2382	1
OPH	44799	UNLISTED PROCEDURE, INTESTINE	4/1/2018	12/31/2382	1
OPH	44950	APPENDECTOMY;	1/1/2013	12/31/2382	1
OPH	44955	APPENDECTOMY; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS SEPARATE PROCEDURE)	1/1/2013	12/31/2382	1
OPH	44970	LAPAROSCOPY, SURGICAL, APPENDECTOMY	10/1/2010	12/31/2382	1
OPH	44979	UNLISTED LAPAROSCOPY PROCEDURE, APPENDIX	4/1/2018	12/31/2382	1
OPH	45000	TRANSRECTAL DRAINAGE OF PELVIC ABSCESS	10/1/2010	12/31/2382	1
OPH	45005	INCISION AND DRAINAGE OF SUBMUCOSAL ABSCESS, RECTUM	10/1/2010	12/31/2382	1
OPH	45020	INCISION AND DRAINAGE OF DEEP SUPRALEVATOR, PELVIRECTAL, OR RETRORECTAL ABSCESS	10/1/2010	12/31/2382	1
OPH	45100	BIOPSY OF ANORECTAL WALL, ANAL APPROACH (EG, CONGENITAL MEGACOLON)	1/1/2014	12/31/2382	2
OPH	45108	ANORECTAL MYOMECTOMY	10/1/2010	12/31/2382	1
OPH	45150	DIVISION OF STRICTURE OF RECTUM	10/1/2010	12/31/2382	1
OPH	45160	EXCISION OF RECTAL TUMOR BY PROCTOTOMY, TRANSACRAL OR TRANSCOCYGEAL APPROACH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	45171	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, PARTIAL THICKNESS)	1/1/2014	12/31/2382	2
OPH	45172	EXCISION OF RECTAL TUMOR, TRANSANAL APPROACH; NOT INCLUDING MUSCULARIS PROPRIA (IE, FULL THICKNESS)	1/1/2014	12/31/2382	2
OPH	45190	DESTRUCTION OF RECTAL TUMOR, ANY METHOD (EG,ELECTRODESICCATION) TRANSANAL APPROACH	10/1/2010	12/31/2382	1
OPH	45300	PROCTOSIGMOIDOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	45303	PROCTOSIGMOIDOSCOPY; WITH DILATION, DIRECT, INSTRUMENTAL	10/1/2010	12/31/2382	1
OPH	45305	PROCTOSIGMOIDOSCOPY; WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	45307	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	45308	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY HOT BIOPSY FORCEPS OR BIPO	10/1/2010	12/31/2382	1
OPH	45309	PROCTOSIGMOIDOSCOPY, RIGID; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
OPH	45315	PROCTOSIGMOIDOSCOPY; WITH REMOVAL OF MULTIPLE EXCRESCENCES, PAPILOMATA OR POLYPS	10/1/2010	12/31/2382	1
OPH	45317	PROCTOSIGMOIDOSCOPY; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	10/1/2010	12/31/2382	1
OPH	45320	PROCTOSIGMOIDOSCOPY; WITH ABLATION OF TUMOR (EG, ELECTROCOAGULATION, PHOTOCOAGULATION, HOT BIOPSY/FULGURATION)	10/1/2010	12/31/2382	1
OPH	45321	PROCTOSIGMOIDOSCOPY; WITH DECOMPRESSION OF VOLVULUS	10/1/2010	12/31/2382	1
OPH	45327	PROCTOSIGMOIDOSCOPY, RIGID; WITH TRANSENDOSCOPIC STENT PLACEMENT (INCLUDES PREDILATION)	10/1/2010	12/31/2382	1
OPH	45330	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	45331	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASHING	10/1/2010	12/31/2382	1
OPH	45332	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	45333	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
OPH	45334	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHOTOCOAGULATION)	10/1/2010	12/31/2382	1
OPH	45335	SIGMOIDOSCOPY, FLEXIBLE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
OPH	45337	SIGMOIDOSCOPY, FLEXIBLE FIBEROPTIC; WITH DECOMPRESSION OF VOLVULUS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	45338	SIGMOIDOSCOPY, FLEXIBLE; WITH REMOVAL OF TUMORS, POLYPS OR OTHER LESIONS BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
OPH	45340	SIGMOIDOSCOPY, FLEXIBLE; WITH DILATION BY BALLOON, 1 OR MORE STRICTURES	10/1/2010	12/31/2382	1
OPH	45341	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1
OPH	45342	SIGMOIDOSCOPY, FLEXIBLE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED INTRAMURAL OR TRANSMURAL FINE NEEDLE ASPIRATIO	10/1/2010	12/31/2382	1
OPH	45346	SIGMOIDOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	1/1/2015	12/31/2382	1
OPH	45347	SIGMOIDOSCOPY, FLEXIBLE; WITH PLACEMENT OF ENDOSCOPIC STENT (INCLUDES ORE AND POST DILATION AND	1/1/2015	12/31/2382	1
OPH	45349	SIGMOIDOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1
OPH	45350	SIGMOIDOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	1/1/2015	12/31/2382	1
OPH	45378	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; DIAGNOSTIC, WITH OR WITHOUT COLON DECOMPRESSION	10/1/2010	12/31/2382	1
OPH	45379	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	45380	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHING OR WASH	10/1/2010	12/31/2382	1
OPH	45381	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DIRECTED SUBMUCOSAL INJECTION(S), ANY SUBSTANCE	10/1/2010	12/31/2382	1
OPH	45382	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH CONTROL OF HEMORRHAGE (EG, ELECTROCOAGULATION, LASER PHO	1/1/2014	12/31/2382	1
OPH	45384	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH REMOVAL OF TUMORS, POLYPS, OR OTHER LESIONS BY HOT	10/1/2010	12/31/2382	1
OPH	45385	COLONOSCOPY, FIBEROPTIC, BEYOND SPLENIC FLEXURE; WITH REMOVAL OF POLYPOID LESION(S)	10/1/2010	12/31/2382	1
OPH	45386	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH DILATION BT BALLOON, 1 OR MORE STRICTURES	10/1/2010	12/31/2382	1
OPH	45388	COLONOSCOPY, FLEXIBLE; WITH ABLATION OF TUMOR(S), POLYP(S), OR OTHER LESION(S)	1/1/2015	12/31/2382	1
OPH	45389	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC STENT PLACEMENT	1/1/2015	12/31/2382	1
OPH	45390	COLONOSCOPY, FLEXIBLE; WITH ENDOSCOPIC MUCOSAL RESECTION	1/1/2015	12/31/2382	1
OPH	45391	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH ENDOSCOPIC ULTRASOUND EXAMINATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	45392	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC FLEXURE; WITH TRANSENDOSCOPIC ULTRASOUND GUIDED	10/1/2010	12/31/2382	1
OPH	45393	COLONOSCOPY, FLEXIBLE; WITH DECOMPRESSION, INCLUDING PLACEMENT OF DECOMPRESSION TUBE, WHEN	1/1/2015	12/31/2382	1
OPH	45398	COLONOSCOPY, FLEXIBLE; WITH BAND LIGATION(S)	1/1/2015	12/31/2382	1
OPH	45399	UNLISTED PROCEDURE; COLON	4/1/2018	12/31/2382	1
OPH	45499	UNLISTED LAPAROSCOPY PROCEDURE, RECTUM	4/1/2018	12/31/2382	1
OPH	45500	PROCTOPLASTY; FOR STENOSIS	10/1/2010	12/31/2382	1
OPH	45505	PROCTOPLASTY; FOR PROLAPSE OF MUCOUS MEMBRANE	10/1/2010	12/31/2382	1
OPH	45520	PERIRECTAL INJECTION OF SCLEROSING SOLUTION FOR PROLAPSE	10/1/2010	12/31/2382	1
OPH	45541	PROCTOPEXY FOR PROLAPSE; PERINEAL APPROACH	10/1/2010	12/31/2382	1
OPH	45560	REPAIR OF RECTOCELE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	45900	REDUCTION OF PROCIDENTIA (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
OPH	45905	DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	1
OPH	45910	DILATION OF RECTAL STRICTURE (SEPARATE PROCEDURE) UNDER ANESTHESIA OTHER THAN LOCAL	10/1/2010	12/31/2382	1
OPH	45915	REMOVAL OF FECAL IMPACTION OR FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
OPH	45990	ANORECTAL EXAM, SURGICAL, REQUIRING ANESTHESIA (GENERAL, SPINAL, OR EPIDURAL), DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	45999	UNLISTED PROCEDURE, RECTUM	4/1/2018	12/31/2382	1
OPH	46020	PLACEMENT OF SETON	1/1/2014	12/31/2382	2
OPH	46030	REMOVAL OF ANAL SETON, OTHER MARKER	10/1/2010	12/31/2382	1
OPH	46040	INCISION AND DRAINAGE OF ISCHIORECTAL AND/OR PERIRECTAL ABSCESS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	46045	INCISION AND DRAINAGE OF INTRAMURAL, INTRAMUSCULAR OR SUBMUCOSAL ABSCESS, TRANSANAL, UNDER ANESTHESIA	10/1/2010	12/31/2382	2
OPH	46050	INCISION AND DRAINAGE, PERIANAL ABSCESS, SUPERFICIAL	10/1/2010	12/31/2382	2
OPH	46060	INCISION AND DRAINAGE OF ISCHIORECTAL OR INTRAMURAL ABSCESS, WITH FISTULECTOMY, SUBMUSCULAR	10/1/2010	12/31/2382	2
OPH	46070	INCISION, ANAL SEPTUM (INFANT)	10/1/2010	12/31/2382	1
OPH	46080	SPHINCTEROTOMY, ANAL, DIVISION OF SPHINCTER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	10/1/2010	12/31/2382	2
OPH	46200	FISSURECTOMY, WITH OR WITHOUT SPHINCTEROTOMY	10/1/2010	12/31/2382	1
OPH	46220	PAPILLECTOMY OR EXCISION OF SINGLE TAG, ANUS (SEPARATE PROCEDURE)	4/1/2014	12/31/2382	1
OPH	46221	HEMORRHOIDECTOMY, BY SIMPLE LIGATURE (EG, RUBBER BAND)	10/1/2010	12/31/2382	1
OPH	46230	EXCISION OF EXTERNAL HEMORRHOID TAGS AND/OR MULTIPLE PAPILLAE	10/1/2010	12/31/2382	1
OPH	46250	HEMORRHOIDECTOMY, EXTERNAL, COMPLETE	10/1/2010	12/31/2382	1
OPH	46255	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE;	10/1/2010	12/31/2382	1
OPH	46257	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISSURECTOMY	10/1/2010	12/31/2382	1
OPH	46258	HEMORRHOIDECTOMY INTERNAL AND EXTERNAL, SIMPLE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	10/1/2010	12/31/2382	1
OPH	46260	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE;	10/1/2010	12/31/2382	1
OPH	46261	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISSURECTOMY	10/1/2010	12/31/2382	1
OPH	46262	HEMORRHOIDECTOMY, INTERNAL AND EXTERNAL, COMPLEX OR EXTENSIVE; WITH FISTULECTOMY, WITH OR WITHOUT FISSURECTOMY	10/1/2010	12/31/2382	1
OPH	46270	FISTULECTOMY; SUBCUTANEOUS	10/1/2010	12/31/2382	1
OPH	46275	FISTULECTOMY; SUBMUSCULAR	10/1/2010	12/31/2382	1
OPH	46280	FISTULECTOMY; COMPLEX OR MULTIPLE	10/1/2010	12/31/2382	1
OPH	46285	FISTULECTOMY; SECOND STAGE	10/1/2010	12/31/2382	1
OPH	46288	CLOSURE OF ANAL FISTULA WITH RECTAL ADVANCEMENT FLAP	10/1/2010	12/31/2382	1
OPH	46320	ENUCLEATION OR EXCISION OF EXTERNAL THROMBOTIC HEMORRHOID	10/1/2010	12/31/2382	2
OPH	46500	INJECTION OF SCLEROSING SOLUTION, HEMORRHOIDS	10/1/2010	12/31/2382	1
OPH	46505	CHEMODENERVATION OF INTERNAL ANAL SPHINCTER	10/1/2010	12/31/2382	1
OPH	46600	ANOSCOPY; DIAGNOSTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	46601	ANOSCOPY; DIAGNOSTIC, WITH HIGH-RESOLUTION MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT	1/1/2015	12/31/2382	1
OPH	46604	ANOSCOPY; FOR DILATION, DIRECT, INSTRUMENTAL	10/1/2010	12/31/2382	1
OPH	46606	ANOSCOPY; FOR BIOPSY	10/1/2010	12/31/2382	1
OPH	46607	ANOSCOPY; WITH HIGH-RESOLUTION MAGNIFICATION AND CHEMICAL AGENT ENHANCEMENT, WITH BIOPSY, SINGLE	1/1/2015	12/31/2382	1
OPH	46608	ANOSCOPY; FOR REMOVAL OF FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	46610	ANOSCOPY; FOR REMOVAL OF POLYP	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	46611	ANOSCOPY; WITH REMOVAL OF SINGLE TUMOR, POLYP, OR OTHER LESION BY SNARE TECHNIQUE	10/1/2010	12/31/2382	1
OPH	46612	ANOSCOPY; FOR MULTIPLE POLYP REMOVAL	10/1/2010	12/31/2382	1
OPH	46614	ANOSCOPY; WITH COAGULATION FOR CONTROL OF HEMORRHAGE AND/OR FULGURATION OF MUCOSAL LESION	10/1/2010	12/31/2382	1
OPH	46615	ANOSCOPY; WITH ABLATION OF TUMORS, POLYPS, OR OTHER LESIONS NOT AMENABLE TO REMOVAL BY HOT BIOPSY FORCEPS, BIP	10/1/2010	12/31/2382	1
OPH	46700	ANOPLASTY, PLASTIC OPERATION FOR STRICTURE; ADULT	10/1/2010	12/31/2382	1
OPH	46706	REPAIR OF ANAL FISTULA WITH FIBRIN GLUE	4/1/2014	12/31/2382	1
OPH	46707	REPAIR OF ANORECTAL FISTULA WITH PLUG (EG, PORCINE SMALL INTESTINE SUBMUCOSA)	7/1/2014	12/31/2382	1
OPH	46750	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE OR PROLAPSE; ADULT	10/1/2010	12/31/2382	1
OPH	46753	GRAFT (THIERSCH OPERATION) FOR RECTAL INCONTINENCE AND/OR PROLAPSE	10/1/2010	12/31/2382	1
OPH	46754	REMOVAL OF THIERSCH WIRE OR SUTURE, ANAL CANAL	10/1/2010	12/31/2382	1
OPH	46760	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; MUSCLE TRANSPLANT	10/1/2010	12/31/2382	1
OPH	46761	SPHINCTEROPLASTY, ANAL, FOR INCONTINENCE, ADULT; LEVATOR MUSCLE IMBRICATION (PARK POSTERIOR ANAL REPAIR)	10/1/2010	12/31/2382	1
OPH	46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CH	10/1/2010	12/31/2382	1
OPH	46910	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; EL	10/1/2010	12/31/2382	1
OPH	46916	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; CR	10/1/2010	12/31/2382	1
OPH	46917	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; LA	10/1/2010	12/31/2382	1
OPH	46922	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; SU	10/1/2010	12/31/2382	1
OPH	46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE,	10/1/2010	12/31/2382	1
OPH	46930	DESTRUCTION OF INTERNAL HEMORRHOID(S) BY THERMAL ENERGY (EG, INFRARED COAGULATION, CAUTERY, RADIOFREQUENCY)	10/1/2010	12/31/2382	1
OPH	46940	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); INITIAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	46942	CURETTAGE OR CAUTERIZATION OF ANAL FISSURE, INCLUDING DILATION OF ANAL SPHINCTER (SEPARATE PROCEDURE); SUBSEQU	10/1/2010	12/31/2382	1
OPH	46945	LIGATION OF INTERNAL HEMORRHOIDS; SINGLE PROCEDURE	10/1/2010	12/31/2382	1
OPH	46946	LIGATION OF INTERNAL HEMORRHOIDS; MULTIPLE PROCEDURES	10/1/2010	12/31/2382	1
OPH	46947	HEMORRHOIDOPEXY (EG, FOR PROLAPSING INTERNAL HEMORRHOIDS) BY STAPLING	10/1/2010	12/31/2382	1
OPH	46948	HEMORRHOIDECTOMY, INTERNAL, BY TRANSANAL HEMORRHOIDAL DEARTERIALIZATION, 2 OR MORE HEMORRHOID COLUMNS/GROUPS, INCLUDING ULTRASOUND GUIDANCE, WITH MUCOPEXY, WHEN PERFORMED	1/1/2020	12/31/2382	1
OPH	46999	UNLISTED PROCEDURE, ANUS	4/1/2018	12/31/2382	1
OPH	47000	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE;	10/1/2010	12/31/2382	3
OPH	47001	BIOPSY OF LIVER, PERCUTANEOUS NEEDLE; WHEN DONE FOR INDICATED PURPOSE AT TIME OF OTHER MAJOR PROCEDURE (NOT AS	10/1/2010	12/31/2382	3
OPH	47370	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); RADIOFREQUENCY	10/1/2010	12/31/2382	1
OPH	47371	LAPAROSCOPY, SURGICAL, ABLATION OF ONE OR MORE LIVER TUMOR(S); CRYOSURGICAL	10/1/2010	12/31/2382	1
OPH	47379	UNLISTED LAPAROSCOPIC PROCEDURE, LIVER	4/1/2018	12/31/2382	1
OPH	47382	ABLATION, ONE OR MORE LIVER TUMOR(S), PERCUTANEOUS, RADIOFREQUENCY	10/1/2010	12/31/2382	1
OPH	47383	ABLATION, 1 OR MORE LIVER TUMOR(S), PERCUTANEOUS, CRYOABLATION	1/1/2015	12/31/2382	1
OPH	47399	UNLISTED PROCEDURE, LIVER	4/1/2018	12/31/2382	1
OPH	47490	PERCUTANEOUS CHOLECYSTOSTOMY	10/1/2010	12/31/2382	1
OPH	47531	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	1/1/2016	12/31/2382	2
OPH	47532	INJECTION OF BILE DUCT FOR X-RAY IMAGING PROCEDURE ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING	1/1/2016	12/31/2382	1
OPH	47533	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	1/1/2016	12/31/2382	1
OPH	47534	PLACEMENT OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED, IMAGING GUIDANCE	4/1/2017	12/31/2382	2
OPH	47535	CONVERSION OF EXTERNAL BILIARY DRAINAGE CATHETER TO INTERNAL-EXTERNAL BILIARY DRAINAGE CATHETER, PERCUTANEOUS	1/1/2016	12/31/2382	1
OPH	47536	EXCHANGE OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY WHEN PERFORMED,	4/1/2017	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	47537	REMOVAL OF BILIARY DRAINAGE CATHETER, PERCUTANEOUS, REQUIRING FLUOROSCOPIC GUIDANCE, INCLUDING DIAGNOSTIC	1/1/2016	12/31/2382	1
OPH	47538	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	1/1/2017	12/31/2382	2
OPH	47539	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY	1/1/2017	12/31/2382	2
OPH	47540	PLACEMENT OF STENT AND DRAINAGE CATHETER OF BILIARY DUCT, ACCESSED THROUGH THE SKIN WITH THE IMAGING INCLUDING	1/1/2017	12/31/2382	2
OPH	47541	PLACEMENT OF STENT(S) INTO A BILE DUCT, PERCUTANEOUS, INCLUDING DIAGNOSTIC CHOLANGIOGRAPHY, IMAGING GUIDANCE, BALLOON DILATION	1/1/2016	12/31/2382	1
OPH	47542	BALLOON DILATION OF BILE DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION	1/1/2016	12/31/2382	2
OPH	47543	BIOPSY OF BILE DUCT OR LIVER DUCT ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
OPH	47544	REMOVAL OF BILIARY DUCT OR GALLBLADDER STONE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE	1/1/2016	12/31/2382	1
OPH	47552	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	47553	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR BIOPSY AND/OR COLLECTION OF SPECIMEN BY BRUSHIN	10/1/2010	12/31/2382	1
OPH	47554	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR REMOVAL OF STONE(S)	10/1/2010	12/31/2382	1
OPH	47555	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITHOUT S	10/1/2010	12/31/2382	1
OPH	47556	BILIARY ENDOSCOPY, PERCUTANEOUS VIA T-TUBE OR OTHER TRACT; FOR DILATION OF BILIARY DUCT STRICTURE(S) WITH STEN	10/1/2010	12/31/2382	1
OPH	47562	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY	10/1/2010	12/31/2382	1
OPH	47563	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH CHOLANGIOGRAPHY	10/1/2010	12/31/2382	1
OPH	47564	LAPAROSCOPY, SURGICAL; CHOLECYSTECTOMY WITH EXPLORATION OF COMMON DUCT	10/1/2010	12/31/2382	1
OPH	47579	UNLISTED LAPAROSCOPY PROCEDURE, BILIARY TRACT	4/1/2018	12/31/2382	1
OPH	47711	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; EXTRAHEPATIC	7/1/2021	12/31/2382	1
OPH	47712	EXCISION OF BILE DUCT TUMOR, WITH OR WITHOUT PRIMARY REPAIR OF BILE DUCT; INTRAHEPATIC	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	47715	EXCISION OF CHOLEDOCHAL CYST	7/1/2021	12/31/2382	1
OPH	47999	UNLISTED PROCEDURE, BILIARY TRACT	4/1/2018	12/31/2382	1
OPH	48102	BIOPSY OF PANCREAS, PERCUTANEOUS NEEDLE	4/1/2014	12/31/2382	1
OPH	48160	PANCREATECTOMY, TOTAL; WITH TRANSPLANTATION	10/1/2013	12/31/2382	1
OPH	48550	DONOR PANCREATECTOMY, WITH PREPARATION AND MAINTENANCE OF ALLOGRAFT FROM CADAVER DONOR, WITH OR WITHOUT DUODEN	10/1/2012	12/31/2382	1
OPH	48999	UNLISTED PROCEDURE, PANCREAS	4/1/2018	12/31/2382	1
OPH	49000	EXPLORATORY LAPAROTOMY, EXPLORATORY CELIOTOMY WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	7/1/2021	12/31/2382	1
OPH	49010	EXPLORATION, RETROPERITONEAL AREA WITH OR WITHOUT BIOPSY(S) (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	49013	PREPERITONEAL PELVIC PACKING FOR HEMORRHAGE ASSOCIATED WITH PELVIC TRAUMA, INCLUDING LOCAL EXPLORATION	4/1/2020	12/31/2382	1
OPH	49014	RE-EXPLORATION OF PELVIC WOUND WITH REMOVAL OF PREPERITONEAL PELVIC PACKING, INCLUDING REPACKING, WHEN PERFORMED	4/1/2020	12/31/2382	1
OPH	49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	1/1/2012	12/31/2382	1
OPH	49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	1/1/2019	12/31/2382	2
OPH	49084	PERITONEAL LAVAGE, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2012	12/31/2382	1
OPH	49180	BIOPSY, ABDOMINAL OR RETROPERITONEAL MASS, PERCUTANEOUS NEEDLE	4/1/2014	12/31/2382	2
OPH	49185	INJECTION OF ABNORMAL FLUID ACCUMULATION USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	49215	EXCISION OF PRESACRAL OR SACROCOCCYGEAL TUMOR	7/1/2021	12/31/2382	1
OPH	49250	UMBILECTOMY, OMPHALECTOMY, EXCISION OF UMBILICUS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	49255	OMENECTOMY, EPIPLOECTOMY, RESECTION OF OMENTUM (SEPARATE PROCEDURE)	1/1/2021	12/31/2382	1
OPH	49320	LAPAROSCOPY, ABDOMEN, PERITONEUM, AND OMENTUM; DIAGNOSTIC, W/OR W/OUT COLLECTION OF SPECIMENS BY	10/1/2010	12/31/2382	1
OPH	49321	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM, WITH BIOPSY (SINGLE OR MULTIPLE)	10/1/2010	12/31/2382	1
OPH	49322	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH ASPIRATION OF CAVITY OR CYST (SINGLE OR MULTIPLE)	10/1/2010	12/31/2382	1
OPH	49323	LAPAROSCOPY, SURGICAL, ABDOMEN, PERITONEUM, AND OMENTUM; WITH DRAINAGE OF LYMPHOCELE TO PERITONEAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	49324	LAPAROSCOPY, SURGICAL; WITH INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, PERMANENT	10/1/2010	12/31/2382	1
OPH	49325	LAPAROSCOPY, SURGICAL; WITH REVISION OF PREVIOUSLY PLACED INTRAPERITONEAL CANNULA OR CATHETER, WITH REMOVAL	10/1/2010	12/31/2382	1
OPH	49326	LAPAROSCOPY, SURGICAL; WITH OMENTOPEXY (OMENTAL TACKING PROCEDURE)	10/1/2010	12/31/2382	1
OPH	49327	LAPAROSCOPY, SURGICAL; WITH PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE	4/1/2011	12/31/2382	1
OPH	49329	UNLISTED LAPAROSCOPY PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	4/1/2018	12/31/2382	1
OPH	49400	PNEUMOPERITONEUM (SEPARATE PROCEDURE); INITIAL	10/1/2010	12/31/2382	1
OPH	49402	REMOVAL OF PERITONEAL FOREIGN BODY FROM PERITONEAL CAVITY	10/1/2010	12/31/2382	1
OPH	49405	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
OPH	49406	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE SKIN	4/1/2015	12/31/2382	2
OPH	49407	FLUID COLLECTION DRAINAGE BY CATHETER USING IMAGING GUIDANCE, ACCESSED THROUGH THE VAGINA OR RECTUM	4/1/2015	12/31/2382	1
OPH	49411	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE(EG,FIDUCIAL MARKERS, DOSIMETER), PERCUT	7/1/2012	12/31/2382	1
OPH	49418	INSERTION OF TUNNELED INTRAPERITONEAL CATHETER (EG, DIALYSIS, INTRAPERITONEAL CHEMOTHERAPY INSTILLATION,	4/1/2011	12/31/2382	1
OPH	49419	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER, WITH SUBCUTANEOUS RESERVOIR. PERMANENT (IE, TOTALLY IMPLANTA	10/1/2010	12/31/2382	1
OPH	49421	INSERTION OF INTRAPERITONEAL CANNULA OR CATHETER FOR DRAINAGE OR DIALYSIS; PERMANENT	10/1/2010	12/31/2382	1
OPH	49422	REMOVAL OF PERMANENT INTRAPERITONEAL CANNULA OR CATHETER	10/1/2010	12/31/2382	1
OPH	49423	EXCHANGE OF PREVIOUSLY PLACED ABSCESS OR CYST DRAINAGE CATHETER UNDER RADIOLOGICAL GUIDANCE (SEPARATE PROCED	4/1/2014	12/31/2382	2
OPH	49424	CONTRAST INJECTION FOR ASSESSMENT OF ABSCESS OR CYST VIA PREVIOUSLY PLACED CATHETER (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	3
OPH	49426	REVISION OF PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
OPH	49427	INJECTION PROCEDURE (EG, CONTRAST MEDIA) FOR EVALUATION OF PREVIOUSLY PLACED PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1
OPH	49429	REMOVAL OF PERITONEAL-VENOUS SHUNT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	49435	INSERTION OF SUBCUTANEOUS EXTENSION TO INTRAPERITONEAL CANNULA OR CATHETER WITH REMOTE CHEST EXIT SITE	10/1/2010	12/31/2382	1
OPH	49436	DELAYED CREATION OF EXIT SITE FROM EMBEDDED SUBCUTANEOUS SEGMENT OF INTRAPERITONEAL CANNULA OR CATHETER	10/1/2010	12/31/2382	1
OPH	49440	INSERTION OF GASTROSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST INJECTION	10/1/2010	12/31/2382	1
OPH	49441	INSERTION OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
OPH	49442	INSERTION OF CECOSTOMY OR OTHER COLONIC TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
OPH	49446	CONVERSION OF GASTROSTOMY TUBE TO GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
OPH	49450	REPLACEMENT OF GASTROSTOMY OR CECOSTOMY (OR OTHER COLONIC) TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
OPH	49451	REPLACEMENT OF DUODENOSTOMY OR JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
OPH	49452	REPLACEMENT OF GASTRO-JEJUNOSTOMY TUBE, PERCUTANEOUS, UNDER FLUOROSCOPIC GUIDANCE INCLUDING CONTRAST	10/1/2010	12/31/2382	1
OPH	49460	MECHANICAL REMOVAL OF OBSTRUCTIVE MATERIAL FROM GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY, GASTRO-JEJUNOSTOMY	10/1/2010	12/31/2382	1
OPH	49465	CONTRAST INJECTION(S) FOR RADIOLOGICAL EVALUATION OF EXISTING GASTROSTOMY, DUODENOSTOMY, JEJUNOSTOMY,	10/1/2010	12/31/2382	1
OPH	49491	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49492	REPAIR, INITIAL INGUINAL HERNIA, PRETERM INFANT WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49495	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; REDUCIBLE	7/1/2013	12/31/2382	1
OPH	49496	REPAIR INITIAL INGUINAL HERNIA, UNDER AGE 6 MONTHS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRANGU	7/1/2013	12/31/2382	1
OPH	49500	REPAIR INGUINAL HERNIA, UNDER AGE 5 YEARS, WITH OR WITHOUT HYDROCELECTOMY	7/1/2013	12/31/2382	1
OPH	49501	REPAIR INITIAL INGUINAL HERNIA, 6 MONTHS TO UNDER 5 YRS, WITH OR WITHOUT HYDROCELECTOMY; INCARCERATED OR STRAN	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	49505	REPAIR INGUINAL HERNIA, AGE 5 OR OVER;	7/1/2013	12/31/2382	1
OPH	49507	REPAIR INITIAL INGUINAL HERNIA, AGE 5 YRS OR OVER; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49520	REPAIR INGUINAL HERNIA, ANY AGE; RECURRENT	7/1/2013	12/31/2382	1
OPH	49521	REPAIR RECURRENT INGUINAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49525	REPAIR INGUINAL HERNIA, ANY AGE; SLIDING	7/1/2013	12/31/2382	1
OPH	49540	REPAIR LUMBAR HERNIA	7/1/2013	12/31/2382	1
OPH	49550	REPAIR FEMORAL HERNIA, GROIN INCISION	7/1/2013	12/31/2382	1
OPH	49553	REPAIR INITIAL FEMORAL HERNIA, ANY AGE; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49555	REPAIR FEMORAL HERNIA, RECURRENT, ANY APPROACH	7/1/2013	12/31/2382	1
OPH	49557	REPAIR RECURRENT FEMORAL HERNIA; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49560	REPAIR INITIAL INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	7/1/2012	12/31/2382	2
OPH	49561	REPAIR INITIAL INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2018	12/31/2382	1
OPH	49565	REPAIR RECURRENT INCISIONAL OR VENTRAL HERNIA; REDUCIBLE	10/1/2010	12/31/2382	2
OPH	49566	REPAIR RECURRENT INCISIONAL HERNIA; INCARCERATED OR STRANGULATED	10/1/2010	12/31/2382	2
OPH	49568	IMPLANTATION OF MESH OR OTHER PROSTHESIS FOR INCISIONAL OR VENTRAL HERNIA REPAIR (LIST SEPARATELY IN	7/1/2012	12/31/2382	2
OPH	49570	REPAIR EPIGASTRIC HERNIA, PROPERITONEAL FAT (SEPARATE PROCEDURE); SIMPLE	7/1/2013	12/31/2382	1
OPH	49572	REPAIR EPIGASTRIC HERNIA (EG, PREPERITONEAL FAT); INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49580	REPAIR UMBILICAL HERNIA; UNDER AGE 5 YEARS	7/1/2013	12/31/2382	1
OPH	49582	REPAIR UMBILICAL HERNIA, UNDER AGE 5 YEARS; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49585	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; REDUCIBLE	7/1/2013	12/31/2382	1
OPH	49587	REPAIR UMBILICAL HERNIA, AGE 5 YEARS OR OVER; INCARCERATED OR STRANGULATED	7/1/2013	12/31/2382	1
OPH	49590	REPAIR SPIGELIAN HERNIA	7/1/2013	12/31/2382	1
OPH	49600	REPAIR OF OMPHALOCELE; SMALL, WITH PRIMARY CLOSURE	7/1/2013	12/31/2382	1
OPH	49650	LAPAROSCOPY, SURGICAL, REPAIR INITIAL INGUINAL HERNIA	7/1/2013	12/31/2382	1
OPH	49651	LAPAROSCOPY, SURGICAL; REPAIR RECURRENT INGUINAL HERNIA	7/1/2013	12/31/2382	1
OPH	49652	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; REDUCIBLE	10/1/2010	12/31/2382	2
OPH	49653	LAPAROSCOPY, SURGICAL, REPAIR, VENTRAL, UMBILICAL, SPIGELIAN OR EPIGASTRIC HERNIA; INCARCERATED OR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	49654	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); REDUCIBLE	10/1/2018	12/31/2382	1
OPH	49655	LAPAROSCOPY, SURGICAL, REPAIR, INCISIONAL HERNIA (INCLUDES MESH INSERTION, WHEN PERFORMED); INCARCERATED	10/1/2018	12/31/2382	1
OPH	49656	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; REDUCIBLE	10/1/2018	12/31/2382	1
OPH	49657	LAPAROSCOPY, SURGICAL, REPAIR, RECURRENT INCISIONAL HERNIA ; INCARCERATED OR STRANGULATED	10/1/2018	12/31/2382	1
OPH	49659	UNLISTED LAPAROSCOPY PROCEDURE, HERNIOPLASTY, HERNIORGRAPHY, HERNIOTOMY	4/1/2018	12/31/2382	1
OPH	49999	UNLISTED PROCEDURE, ABDOMEN, PERITONEUM AND OMENTUM	4/1/2018	12/31/2382	1
OPH	50020	DRAINAGE OF PERIRENAL OR RENAL ABSCESS; OPEN	10/1/2010	12/31/2382	1
OPH	50080	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	1/1/2012	12/31/2382	1
OPH	50081	PERCUTANEOUS NEPHROSTOLITHOTOMY OR PYELOSTOLITHOTOMY, WITH OR WITHOUT DILATION, ENDOSCOPY, LITHOTRIPSY, STENTI	1/1/2012	12/31/2382	1
OPH	50200	RENAL BIOPSY; PERCUTANEOUS, BY TROCAR OR NEEDLE	1/1/2012	12/31/2382	1
OPH	50382	REMOVAL AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGI	7/1/2013	12/31/2382	1
OPH	50384	REMOVAL OF INTERNALLY DWELLING URETERAL STENT VIA PERCUTANEOUS APPROACH, INCLUDING RADIOLOGICAL SUPERVISION	7/1/2013	12/31/2382	1
OPH	50385	REMOVAL (VIA SNARE/CAPTURE) AND REPLACEMENT OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH,	1/1/2012	12/31/2382	1
OPH	50386	REMOVAL (VIA SNARE/CAPTURE) OF INTERNALLY DWELLING URETERAL STENT VIA TRANSURETHRAL APPROACH, WITHOUT USE OF	1/1/2012	12/31/2382	1
OPH	50387	REMOVAL AND REPLACEMENT OF EXTERNALLY ACCESSIBLE TRANSNEPHRIC URETERAL REQUIRING FLUOROSCOPIC GUIDANCE,	7/1/2013	12/31/2382	1
OPH	50389	REMOVAL OF NEPHROSTOMY TUBE, REQUIRING FLUOROSCOPIC GUIDANCE	1/1/2012	12/31/2382	1
OPH	50390	ASPIRATION AND/OR INJECTION OF RENAL CYST OR PELVIS BY NEEDLE, PERCUTANEOUS	10/1/2010	12/31/2382	2
OPH	50391	INSTILLATION(S) OF THERAPEUTIC AGENT INTO RENAL PELVIS AND/OR URETER THROUGH ESTABLISHED NEPHROSTOMY	10/1/2017	12/31/2382	1
OPH	50396	MANOMETRIC STUDIES THROUGH NEPHROSTOMY OR PYELOSTOMY TUBE, OR INDWELLING URETERAL CATHETER	1/1/2012	12/31/2382	1
OPH	50430	INECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	50431	INJECTION PROCEDURE FOR X-RAY IMAGING OF KIDNEY AND URINARY DUCT USING IMAGING GUIDANCE INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50432	PLACEMENT OF CATHETER OF KIDNEY, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50433	PLACEMENT OF CATHETER OF KIDNEY AND URINARY TUBE, ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50434	CONVERSION OF NEPHROSTOMY CATHETER TO NEPHROURETERAL CATHETER ACCESSED THROUGH THE SKIN USING IMAGING GUIDANCE WITH STUDY OF KIDNEY	1/1/2016	12/31/2382	2
OPH	50435	REPLACEMENT OF KIDNEY DRAINAGE CATHETER ACCESSED THROUGH THE SKIN WITH IMAGING AND RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50436	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
OPH	50437	ENLARGEMENT OF EXISTING OPENING INTO URINARY TRACT ACCESSED THROUGH SKIN AND CREATION OF NEW ACCESS INTO URINE COLLECTING SYSTEM OF KIDNEY, USING IMAGING GUIDANCE	1/1/2019	12/31/2382	1
OPH	50541	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL CYSTS	10/1/2012	12/31/2382	1
OPH	50542	LAPAROSCOPY, SURGICAL; ABLATION OF RENAL MASS LESION(S)	10/1/2012	12/31/2382	1
OPH	50543	LAPAROSCOPY, SURGICAL; PARTIAL NEPHRECTOMY	1/1/2012	12/31/2382	1
OPH	50544	LAPAROSCOPY, SURGICAL; PYELOPLASTY	10/1/2012	12/31/2382	1
OPH	50549	UNLISTED LAPAROSCOPY PROCEDURE, RENAL	4/1/2018	12/31/2382	1
OPH	50551	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
OPH	50553	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
OPH	50555	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	10/1/2010	12/31/2382	1
OPH	50557	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
OPH	50561	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR UR	1/1/2012	12/31/2382	1
OPH	50562	RENAL ENDOSCOPY THROUGH ESTABLISHED NEPHROSTOMY OR PYELOSTOMY, WITH RESECTION OF TUMOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	50570	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
OPH	50572	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
OPH	50574	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	10/1/2010	12/31/2382	1
OPH	50575	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, ...; WITH ENDOPYELOTOMY (INCLUDES CYSTOSCOPY, URETEROSCOPY,	1/1/2012	12/31/2382	1
OPH	50576	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	1/1/2012	12/31/2382	1
OPH	50580	RENAL ENDOSCOPY THROUGH NEPHROTOMY OR PYELOTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAP	10/1/2010	12/31/2382	1
OPH	50590	LITHOTRIPSY, EXTRACORPOREAL SHOCK WAVE	10/1/2010	12/31/2382	1
OPH	50592	ABLATION, ONE OR MORE RENAL TUMOR(S), PERCUTANEOUS, UNILATERAL, RADIOFREQUENCY	7/1/2013	12/31/2382	1
OPH	50593	ABLATION, RENAL TUMOR(S), UNILATERAL, PERCUTANEOUS, CRYOTHERAPY	1/1/2012	12/31/2382	1
OPH	50606	BIOPSY OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2017	12/31/2382	1
OPH	50684	INJECTION PROCEDURE FOR URETEROGRAPHY OR URETEROPYELOGRAPHY THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHET	1/1/2012	12/31/2382	1
OPH	50686	MANOMETRIC STUDIES THROUGH URETEROSTOMY OR INDWELLING URETERAL CATHETER	10/1/2010	12/31/2382	2
OPH	50688	CHANGE OF URETEROSTOMY TUBE	10/1/2010	12/31/2382	2
OPH	50690	INJECTION PROCEDURE FOR VISUALIZATION OF ILEAL CONDUIT AND/ OR URETEROPYELOGRAPHY, EXCLUSIVE OF RADIOLOGIC SER	10/1/2010	12/31/2382	2
OPH	50693	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50694	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50695	PLACEMENT OF STENT OF URINARY DUCT, ACCESSED THROUGH THE SKIN WITH IMAGING INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50705	OCCCLUSION OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	50706	BALLOON DILATION TREATMENT F STRICTURE OF URINARY DUCT USING IMAGING GUIDANCE WITH RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	50727	REVISION OF URINARY-CUTANEOUS ANASTOMOSIS (ANY TYPE UROSTOMY);	10/1/2014	12/31/2382	1
OPH	50945	LAPAROSCOPY, SURGICAL, URETEROLITHOTOMY	1/1/2012	12/31/2382	1
OPH	50947	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITH CYSTOSCOPY AND URETERAL STENT PLACEMENT	1/1/2012	12/31/2382	1
OPH	50948	LAPAROSCOPY, SURGICAL; URETERONEOCYSTOSTOMY WITHOUT CYSTOSCOPY AND URETERAL STENT PLACEMENT	1/1/2012	12/31/2382	1
OPH	50949	UNLISTED LAPAROSCOPY PROCEDURE, URETER	4/1/2018	12/31/2382	1
OPH	50951	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
OPH	50953	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
OPH	50955	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
OPH	50957	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
OPH	50961	URETERAL ENDOSCOPY THROUGH ESTABLISHED URETEROSTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELO	1/1/2012	12/31/2382	1
OPH	50970	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
OPH	50972	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
OPH	50974	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
OPH	50976	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
OPH	50980	URETERAL ENDOSCOPY THROUGH URETEROTOMY, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRAPHY, EXCLU	1/1/2012	12/31/2382	1
OPH	51020	CYSTOTOMY OR CYSTOSTOMY; WITH FULGURATION AND/OR INSERTION OF RADIOACTIVE MATERIAL	10/1/2010	12/31/2382	1
OPH	51030	CYSTOTOMY OR CYSTOSTOMY; WITH CRYOSURGICAL DESTRUCTION OF INTRAVESICAL LESION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	51040	CYSTOSTOMY, CYSTOTOMY WITH DRAINAGE	10/1/2010	12/31/2382	1
OPH	51045	CYSTOTOMY, WITH INSERTION OF URETERAL CATHETER OR STENT (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	51050	CYSTOLITHOTOMY, CYSTOTOMY WITH REMOVAL OF CALCULUS, WITHOUT VESICAL NECK RESECTION	10/1/2010	12/31/2382	1
OPH	51060	TRANSVESICAL URETEROLITHOTOMY	7/1/2014	12/31/2382	1
OPH	51065	CYSTOTOMY, WITH STONE BASKET EXTRACTION AND/OR ULTRASONIC OR ELECTROHYDRAULIC FRAGMENTATION OF URETERAL CALCUL	10/1/2010	12/31/2382	1
OPH	51080	DRAINAGE OF PERIVESICAL OR PREVESICAL SPACE ABSCESS	7/1/2014	12/31/2382	1
OPH	51100	ASPIRATION OF BLADDER; BY NEEDLE	10/1/2010	12/31/2382	1
OPH	51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	10/1/2010	12/31/2382	1
OPH	51102	ASPIRATION OF BLADDER; WITH INSERTION OF SUPRAPUBIC CATHETER	10/1/2010	12/31/2382	1
OPH	51500	EXCISION OF URACHAL CYST OR SINUS, WITH OR WITHOUT UMBILICAL HERNIA REPAIR	10/1/2010	12/31/2382	1
OPH	51520	CYSTOTOMY; FOR SIMPLE EXCISION OF VESICAL NECK (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	51535	CYSTOTOMY; FOR EXCISION, INCISION, OR REPAIR OF URETEROCELE	7/1/2013	12/31/2382	1
OPH	51600	INJECTION PROCEDURE FOR CYSTOGRAPHY OR VOIDING URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
OPH	51605	INJECTION PROCEDURE AND PLACEMENT OF CHAIN FOR CONTRAST AND/ OR CHAIN URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
OPH	51610	INJECTION PROCEDURE FOR RETROGRADE URETHROCYSTOGRAPHY	10/1/2010	12/31/2382	1
OPH	51700	BLADDER IRRIGATION, SIMPLE, LAVAGE AND/OR INSTILLATION	10/1/2010	12/31/2382	1
OPH	51701	INSERTION OF NON-INDWELLING BLADDER CATHETER (EG, STRAIGHT CATHETERIZATION FOR RESIDUAL URINE)	10/1/2010	12/31/2382	2
OPH	51702	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; SIMPLE (EG, FOLEY)	10/1/2010	12/31/2382	2
OPH	51703	INSERTION OF TEMPORARY INDWELLING BLADDER CATHETER; COMPLICATED (EG, ALTERED ANATOMY, FRACTURED CATHETER/BALLO	10/1/2010	12/31/2382	2
OPH	51705	CHANGE OF CYSTOSTOMY TUBE; SIMPLE	10/1/2010	12/31/2382	2
OPH	51710	CHANGE OF CYSTOSTOMY TUBE; COMPLICATED	10/1/2010	12/31/2382	1
OPH	51715	ENDOSCOPIC INJECTION OF IMPLANT MATERIAL INTO THE SUBMUCOSAL TISSUES OF THE URETHRA AND/OR BLADDER NECK	10/1/2010	12/31/2382	1
OPH	51720	BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT (INCLUDING DETENTION TIME)	10/1/2010	12/31/2382	1
OPH	51725	SIMPLE CYSTOMETROGRAM (CMG) (EG, SPINAL MANOMETER)	10/1/2010	12/31/2382	1
OPH	51726	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2010	12/31/2382	1
OPH	51727	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT); WITH URETHRAL PRESSURE PROFILE STUDIES	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	51728	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES	7/1/2012	12/31/2382	1
OPH	51729	COMPLEX CYSTOMETROGRAM (EG, CALIBRATED ELECTRONIC EQUIPMENT) WITH VOIDING PRESSURE STUDIES AND URETHRAL	7/1/2012	12/31/2382	1
OPH	51736	SIMPLE UROFLOWMETRY (UFR) (EG, STOP-WATCH FLOW RATE, MECHANICAL UROFLOWMETER)	10/1/2010	12/31/2382	1
OPH	51741	COMPLEX UROFLOWMETRY (EG, CALIBRATED ELECTRONIC EQUIPMENT)	10/1/2010	12/31/2382	1
OPH	51784	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, OTHER THAN NEEDLE, ANY TECHNIQUE	10/1/2010	12/31/2382	1
OPH	51785	ELECTROMYOGRAPHY STUDIES (EMG) OF ANAL OR URETHRAL SPHINCTER, ANY TECHNIQUE	10/1/2010	12/31/2382	1
OPH	51792	STIMULUS EVOKED RESPONSE (EG, MEASUREMENT OF BULBOCAVERNOSUS REFLEX LATENCY TIME)	10/1/2010	12/31/2382	1
OPH	51797	VOIDING PRESSURE STUDIES (VP); INTRA-ABDOMINAL VOIDING PRESSURE (AP) (RECTAL, GASTRIC, INTRAPERITONEAL)	10/1/2010	12/31/2382	1
OPH	51798	MEASUREMENT OF POST-VOIDING RESIDUAL URINE AND/OR BLADDER CAPACITY BY ULTRASOUND, NON-IMAGING	10/1/2010	12/31/2382	1
OPH	51840	ANTERIOR VESICourethropeXY, OR UREthropeXY (EG, MARSHALL-MARCHETTE-KRANTZ, BURCH); SIMPLE	1/1/2021	12/31/2382	1
OPH	51845	ABDOMINO-VAGINAL VESICAL NECK SUSPENSION, WITH OR WITHOUT ENDOSCOPIC CONTROL (EG, STAMEY, RAZ, MODIFIED PEREYR	1/1/2013	12/31/2382	1
OPH	51860	CYSTORRHAPHY, SUTURE OF BLADDER WOUND, INJURY OR RUPTURE; SIMPLE	10/1/2014	12/31/2382	1
OPH	51880	CLOSURE OF CYSTOSTOMY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	51990	LAPAROSCOPY, SURGICAL; URETHRAL SUSPENSION FOR STRESS INCONTINENCE	10/1/2010	12/31/2382	1
OPH	51992	LAPAROSCOPY, SURGICAL; SLING OPERATION FOR STRESS INCONTINENCE (EG,FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
OPH	51999	UNLISTED LAPAROSCOPY PROCEDURE, BLADDER	4/1/2018	12/31/2382	1
OPH	52000	CYSTourethroscopy (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	52001	CYSTourethroscopy WITH IRRIGATION AND EVACUATION OF CLOTS	10/1/2010	12/31/2382	1
OPH	52005	CYSTourethroscopy, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	1/1/2022	12/31/2382	1
OPH	52007	CYSTourethroscopy, WITH URETERAL CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR URETEROPYELOGRA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	52010	CYSTOURETHROSCOPY, WITH EJACULATORY DUCT CATHETERIZATION, WITH OR WITHOUT IRRIGATION, INSTILLATION, OR DUCT RA	10/1/2010	12/31/2382	1
OPH	52204	CYSTOURETHROSCOPY, WITH BIOPSY	10/1/2010	12/31/2382	1
OPH	52214	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OF TRIGONE, BLADDER NECK, PROSTAT	10/1/2010	12/31/2382	1
OPH	52224	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) OR TREATMENT OF MINOR (LESS THAN	10/1/2010	12/31/2382	1
OPH	52234	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; SMALL BLADDE	10/1/2010	12/31/2382	1
OPH	52235	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; MEDIUM BLADD	10/1/2010	12/31/2382	1
OPH	52240	CYSTOURETHROSCOPY, WITH FULGURATION (INCLUDING CRYOSURGERY OR LASER SURGERY) AND/OR RESECTION OF; LARGE BLADDE	10/1/2010	12/31/2382	1
OPH	52250	CYSTOURETHROSCOPY WITH INSERTION OF RADIOACTIVE SUBSTANCE, WITH OR WITHOUT BIOPSY OR FULGURATION	10/1/2010	12/31/2382	1
OPH	52260	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; GENERAL OR CONDUCTION (SPINAL) ANESTHES	10/1/2010	12/31/2382	1
OPH	52265	CYSTOURETHROSCOPY, WITH DILATION OF BLADDER FOR INTERSTITIAL CYSTITIS; LOCAL ANESTHESIA	10/1/2010	12/31/2382	1
OPH	52270	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; FEMALE	10/1/2010	12/31/2382	1
OPH	52275	CYSTOURETHROSCOPY, WITH INTERNAL URETHROTOMY; MALE	10/1/2010	12/31/2382	1
OPH	52276	CYSTOURETHROSCOPY WITH DIRECT VISION INTERNAL URETHROTOMY	10/1/2010	12/31/2382	1
OPH	52277	CYSTOURETHROSCOPY, WITH RESECTION OF EXTERNAL SPHINCTER (SPHINCTEROTOMY)	10/1/2010	12/31/2382	1
OPH	52281	CYSTOURETHROSCOPY, WITH CALIBRATION AND/OR DILATION OF URETHRAL STRICTURE OR STENOSIS, WITH OR WITHOUT MEATOTO	10/1/2010	12/31/2382	1
OPH	52282	CYSTOURETHROSCOPY, WITH INSERTION OF URETHRAL STENT	10/1/2010	12/31/2382	1
OPH	52283	CYSTOURETHROSCOPY, WITH STEROID INJECTION INTO STRICTURE	10/1/2010	12/31/2382	1
OPH	52285	CYSTOURETHROSCOPY FOR TREATMENT OF THE FEMALE URETHRAL SYNDROME WITH ANY OR ALL OF THE FOLLOWING: URETHRAL MEA	10/1/2010	12/31/2382	1
OPH	52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	1/1/2013	12/31/2382	1
OPH	52290	CYSTOURETHROSCOPY; WITH URETERAL MEATOTOMY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	52300	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ORTHOTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	52301	CYSTOURETHROSCOPY; WITH RESECTION OR FULGURATION OF ECTOPIC URETEROCELE(S), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	52305	CYSTOURETHROSCOPY; WITH INCISION OR RESECTION OF ORIFICE OF BLADDER DIVERTICULUM, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
OPH	52310	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	10/1/2010	12/31/2382	1
OPH	52315	CYSTOURETHROSCOPY, WITH REMOVAL OF FOREIGN BODY, CALCULUS, OR URETERAL STENT FROM URETHRA OR BLADDER (SEPARATE	10/1/2010	12/31/2382	2
OPH	52317	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; S	10/1/2010	12/31/2382	1
OPH	52318	LITHOLAPAXY: CRUSHING OR FRAGMENTATION OF CALCULUS BY ANY MEANS IN BLADDER AND REMOVAL OF FRAGMENTS, SIMPLE; C	10/1/2010	12/31/2382	1
OPH	52320	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH REMOVAL OF URETERAL CALCULUS	1/1/2012	12/31/2382	1
OPH	52325	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH FRAGMENTATION OF URETERAL CALCULUS (EG, ULTRASONI	10/1/2010	12/31/2382	1
OPH	52327	CYSTOURETHROSCOPY; WITH SUBURETERIC INJECTION OF IMPLANT MATERIAL	1/1/2012	12/31/2382	1
OPH	52330	CYSTOURETHROSCOPY (INCLUDING URETERAL CATHETERIZATION); WITH MANIPULATION, WITHOUT REMOVAL OF URETERAL CALCULU	1/1/2012	12/31/2382	1
OPH	52332	CYSTOURETHROSCOPY, WITH INSERTION OF INDWELLING URETERAL STENT (EG, GIBBONS OR DOUBLE-J TYPE)	7/1/2013	12/31/2382	1
OPH	52334	CYSTOURETHROSCOPY WITH INSERTION OF URETERAL GUIDE WIRE THROUGH KIDNEY TO ESTABLISH A PERCUTANEOUS NEPHROSTOMY	1/1/2012	12/31/2382	1
OPH	52341	CYSTOURETHROSCOPY; WITH TREATMENT OF URETERAL STRUCTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND INC	1/1/2012	12/31/2382	1
OPH	52342	CYSTOURETHROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAU	1/1/2012	12/31/2382	1
OPH	52343	CYSTOURETHROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTROCAUTERY, AND	1/1/2012	12/31/2382	1
OPH	52344	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETERAL STRICTURE (EG, BALLOON DILATION, LASER, ELECTR	1/1/2012	12/31/2382	1
OPH	52345	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF URETEROPELVIC JUNCTION STRICTURE (EG, BALLOON DILATION	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	52346	CYSTOURETHROSCOPY WITH URETEROSCOPY; WITH TREATMENT OF INTRA-RENAL STRICTURE (EG, BALLOON DILATION, LASER, ELE	4/1/2013	12/31/2382	1
OPH	52351	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; DIAGNOSTIC	7/1/2013	12/31/2382	1
OPH	52352	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH REMOVAL OR MANIPULATION OF CALCULUS	1/1/2012	12/31/2382	1
OPH	52353	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED)	1/1/2012	12/31/2382	1
OPH	52354	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH BIOPSY AND/OR FULGURATION OF LESION	1/1/2012	12/31/2382	1
OPH	52355	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH RESECTION OF TUMOR	1/1/2012	12/31/2382	1
OPH	52356	CYSTOURETHROSCOPY WITH URETEROSCOPY AND/OR PYELOSCOPY; WITH LITHOTRIPSY INCLUDING INSERTION OF DWELLING	1/1/2014	12/31/2382	1
OPH	52400	CYSTOURETHROSCOPY WITH INCISION, FULGURATION, OR RESECTION OF CONGENITAL POSTERIOR URETHRAL VALVES, OR CONGENT	10/1/2010	12/31/2382	1
OPH	52402	CYSTOURETHROSCOPY WITH TRANSURETHRAL RESECTION OR INCISION OF EJACULATORY DUCTS	10/1/2010	12/31/2382	1
OPH	52441	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; SINGLE IMPLANT	1/1/2015	12/31/2382	1
OPH	52442	CYSTOURETHROSCOPY, WITH INSERTION OF PERMANENT ADJUSTABLE TRANSPROSTATIC IMPLANT; EACH ADDITIONAL	10/1/2017	12/31/2382	6
OPH	52450	TRANSURETHRAL INCISION OF PROSTATE	10/1/2010	12/31/2382	1
OPH	52500	TRANSURETHRAL RESECTION OF BLADDER NECK (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	52601	TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE (VASECTOMY, MEATOTO	10/1/2010	12/31/2382	1
OPH	52630	TRANSURETHRAL RESECTION; OF REGROWTH OF OBSTRUCTIVE TISSUE LONGER THAN ONE YEAR POSTOPERATIVE	10/1/2010	12/31/2382	1
OPH	52640	TRANSURETHRAL RESECTION; OF POSTOPERATIVE BLADDER NECK CONTRACTURE	10/1/2010	12/31/2382	1
OPH	52647	NON-CONTACT LASER COAGULATION OF PROSTATE, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	10/1/2010	12/31/2382	1
OPH	52648	CONTACT LASER VAPORIZATION WITH OR WITHOUT TRANSURETHRAL RESECTION OF PROSTATE, INCLUDING CONTROL OF POSTOPERE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	52649	LASER ENUCLEATION OF THE PROSTATE WITH MORCELLATION, INCLUDING CONTROL OF POSTOPERATIVE BLEEDING, COMPLETE	10/1/2010	12/31/2382	1
OPH	52700	TRANSURETHRAL DRAINAGE OF PROSTATIC ABSCESS	10/1/2010	12/31/2382	1
OPH	53000	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PENDULOUS URETHRA	10/1/2010	12/31/2382	1
OPH	53010	URETHROTOMY OR URETHROSTOMY, EXTERNAL (SEPARATE PROCEDURE); PERINEAL URETHRA, EXTERNAL	10/1/2010	12/31/2382	1
OPH	53020	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); EXCEPT INFANT	10/1/2010	12/31/2382	1
OPH	53025	MEATOTOMY, CUTTING OF MEATUS (SEPARATE PROCEDURE); INFANT	10/1/2010	12/31/2382	1
OPH	53040	DRAINAGE OF DEEP PERIURETHRAL ABSCESS	10/1/2010	12/31/2382	1
OPH	53060	DRAINAGE OF SKENE'S GLAND ABSCESS OR CYST	10/1/2010	12/31/2382	1
OPH	53080	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; UNCOMPLICATED (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	53085	DRAINAGE OF PERINEAL URINARY EXTRAVASATION; COMPLICATED	10/1/2010	12/31/2382	1
OPH	53200	BIOPSY OF URETHRA	10/1/2010	12/31/2382	1
OPH	53210	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; FEMALE	10/1/2010	12/31/2382	1
OPH	53215	URETHRECTOMY, TOTAL, INCLUDING CYSTOSTOMY; MALE	10/1/2010	12/31/2382	1
OPH	53220	EXCISION OR FULGURATION OF CARCINOMA OF URETHRA	10/1/2010	12/31/2382	1
OPH	53230	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); FEMALE	10/1/2010	12/31/2382	1
OPH	53235	EXCISION OF URETHRAL DIVERTICULUM (SEPARATE PROCEDURE); MALE	10/1/2010	12/31/2382	1
OPH	53240	MARSUPIALIZATION OF URETHRAL DIVERTICULUM, MALE OR FEMALE	10/1/2010	12/31/2382	1
OPH	53250	EXCISION OF BULBOURETHRAL GLAND (COWPER'S GLAND)	10/1/2010	12/31/2382	1
OPH	53260	EXCISION OR FULGURATION; URETHRAL POLYP(S), DISTAL URETHRA	10/1/2010	12/31/2382	1
OPH	53265	EXCISION OR FULGURATION; URETHRAL CARUNCLE	10/1/2010	12/31/2382	1
OPH	53270	EXCISION OR FULGURATION; SKENE'S GLANDS	10/1/2010	12/31/2382	1
OPH	53275	EXCISION OR FULGURATION; URETHRAL PROLAPSE	10/1/2010	12/31/2382	1
OPH	53400	URETHROPLASTY; FIRST STAGE, FOR FISTULA, DIVERTICULUM, OR STRICTURE (EG, JOHANNSEN TYPE)	10/1/2010	12/31/2382	1
OPH	53405	URETHROPLASTY; SECOND STAGE (FORMATION OF URETHRA), INCLUDING URINARY DIVERSION	10/1/2010	12/31/2382	1
OPH	53410	URETHROPLASTY, ONE-STAGE RECONSTRUCTION OF MALE ANTERIOR URETHRA	10/1/2010	12/31/2382	1
OPH	53420	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; FIRST STAGE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	53425	URETHROPLASTY, TWO-STAGE RECONSTRUCTION OR REPAIR OF PROSTATIC OR MEMBRANOUS URETHRA; SECOND STAGE	10/1/2010	12/31/2382	1
OPH	53430	URETHROPLASTY, RECONSTRUCTION OF FEMALE URETHRA	10/1/2010	12/31/2382	1
OPH	53431	URETHROPLASTY WITH TUBULARIZATION OF POSTERIOR URETHRA AND/OR LOWER BLADDER FOR INCONTINENCE (EG, TENAGO, LEAD	10/1/2010	12/31/2382	1
OPH	53440	OPERATION FOR CORRECTION OF MALE URINARY INCONTINENCE, WITH OR WITHOUT INTRODUCTION OF PROSTHESIS	10/1/2010	12/31/2382	1
OPH	53442	REMOVAL OF PERINEAL PROSTHESIS INTRODUCED FOR CONTINENCE	10/1/2010	12/31/2382	1
OPH	53444	INSERTION OF TANDEM CUFF (DUAL CUFF)	10/1/2010	12/31/2382	1
OPH	53445	OPERATION FOR CORRECTION OF URINARY INCONTINENCE WITH PLACEMENT OF INFLATABLE URETHRAL OR BLADDER NECK SPHINCT	10/1/2010	12/31/2382	1
OPH	53446	REMOVAL OF INFLATABLE URETHRAL/BLADDER NECK SPHINCTER, INCLUDING PUMP, RESERVOIR, AND CUFF	10/1/2010	12/31/2382	1
OPH	53447	REMOVAL, REPAIR OR REPLACEMENT OF INFLATABLE SPHINCTER INCLUDING PUMP AND/OR RESERVOIR AND/OR CUFF	10/1/2010	12/31/2382	1
OPH	53449	SURGICAL CORRECTION OF HYDRAULIC ABNORMALITY OF INFLATABLE SPHINCTER DEVICE	10/1/2010	12/31/2382	1
OPH	53450	URETHROMEATOPLASTY, WITH MUCOSAL ADVANCEMENT	10/1/2010	12/31/2382	1
OPH	53451	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; BILATERAL INSERTION, INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE	1/1/2022	12/31/2382	1
OPH	53452	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; UNILATERAL INSERTION, INCLUDING CYSTOURETHROSCOPY AND IMAGING GUIDANCE	1/1/2022	12/31/2382	1
OPH	53453	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; REMOVAL, EACH BALLOON	1/1/2022	12/31/2382	2
OPH	53454	PERIURETHRAL TRANSPERINEAL ADJUSTABLE BALLOON CONTINENCE DEVICE; PERCUTANEOUS ADJUSTMENT OF BALLOON(S) FLUID VOLUME	1/1/2022	12/31/2382	1
OPH	53460	URETHROMEATOPLASTY, WITH PARTIAL EXCISION OF DISTAL URETHRAL SEGMENT (RICHARDSON TYPE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	53500	URETHROLYSIS, TRANSVAGINAL, SECONDARY, OPEN, INCLUDING CYSTOURETHROSCOPY	10/1/2010	12/31/2382	1
OPH	53502	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY, FEMALE	10/1/2010	12/31/2382	1
OPH	53505	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PENILE	10/1/2010	12/31/2382	1
OPH	53510	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PERINEAL	10/1/2010	12/31/2382	1
OPH	53515	URETHRORRHAPHY, SUTURE OF URETHRAL WOUND OR INJURY; PROSTATOMEMBRANOUS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	53520	CLOSURE OF URETHROSTOMY OR URETHROCUTANEOUS FISTULA, MALE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	53600	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; INITIAL	10/1/2010	12/31/2382	1
OPH	53601	DILATION OF URETHRAL STRICTURE BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE; SUBSEQUENT	10/1/2010	12/31/2382	1
OPH	53605	DILATION OF URETHRAL STRICTURE OR VESICAL NECK BY PASSAGE OF SOUND OR URETHRAL DILATOR, MALE, GENERAL OR CONDU	10/1/2010	12/31/2382	1
OPH	53620	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; INITIAL	10/1/2010	12/31/2382	1
OPH	53621	DILATION OF URETHRAL STRICTURE BY PASSAGE OF FILIFORM AND FOLLOWER, MALE; SUBSEQUENT	10/1/2010	12/31/2382	1
OPH	53660	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; INITIAL	10/1/2010	12/31/2382	1
OPH	53661	DILATION OF FEMALE URETHRA INCLUDING SUPPOSITORY AND/OR INSTILLATION; SUBSEQUENT	10/1/2010	12/31/2382	1
OPH	53665	DILATION OF FEMALE URETHRA, GENERAL OR CONDUCTION (SPINAL) ANESTHESIA	10/1/2010	12/31/2382	1
OPH	53850	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY MICROWAVE THERMOTHERAPY	10/1/2010	12/31/2382	1
OPH	53852	TRANSURETHRAL DESTRUCTION OF PROSTATE TISSUE; BY RADIOFREQUENCY THERMOTHERAPY	10/1/2010	12/31/2382	1
OPH	53854	DESTRUCTION OF PROSTATE TISSUE ACCESSED THROUGH URETHRA USING RADIOFREQUENCY GENERATED WATER VAPOR HEAT THERAPY	1/1/2019	12/31/2382	1
OPH	53855	INSERTION OF A TEMPORARY PROSTATIC URETHRAL STENT, INCLUDING URETHRAL MEASUREMENT	7/1/2014	12/31/2382	1
OPH	53860	TRANSURETHRAL RADIOFREQUENCY MICRO-REMODELING OF THE FEMALE BLADDER NECK AND PROXIMAL URETHRA FOR STRESS	1/1/2011	12/31/2382	1
OPH	53899	UNLISTED PROCEDURE, URINARY SYSTEM	4/1/2018	12/31/2382	1
OPH	54000	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); NEWBORN	10/1/2010	12/31/2382	1
OPH	54001	SLITTING OF PREPUCE, DORSAL OR LATERAL (SEPARATE PROCEDURE); EXCEPT NEWBORN	10/1/2010	12/31/2382	1
OPH	54015	INCISION AND DRAINAGE OF PENIS, DEEP	10/1/2010	12/31/2382	1
OPH	54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	10/1/2010	12/31/2382	1
OPH	54055	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; E	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; C	10/1/2010	12/31/2382	1
OPH	54057	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; L	10/1/2010	12/31/2382	1
OPH	54060	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), SIMPLE; S	10/1/2010	12/31/2382	1
OPH	54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM CONTAGIOSUM, HERPETIC VESICLE), EXTENSIVE	10/1/2010	12/31/2382	1
OPH	54100	BIOPSY OF PENIS; (SEPARATE PROCEDURE)	7/1/2014	12/31/2382	2
OPH	54105	BIOPSY OF PENIS; DEEP STRUCTURES	10/1/2010	12/31/2382	2
OPH	54110	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE);	10/1/2010	12/31/2382	1
OPH	54111	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT TO 5 CM IN LENGTH	10/1/2010	12/31/2382	1
OPH	54112	EXCISION OF PENILE PLAQUE (PEYRONIE DISEASE); WITH GRAFT GREATER THAN 5 CM IN LENGTH	10/1/2010	12/31/2382	1
OPH	54115	REMOVAL FOREIGN BODY FROM DEEP PENILE TISSUE (EG, PLASTIC IMPLANT)	10/1/2010	12/31/2382	1
OPH	54120	AMPUTATION OF PENIS; PARTIAL	10/1/2010	12/31/2382	1
OPH	54150	CIRCUMCISION, USING CLAMP OR OTHER DEVICE; NEWBORN	10/1/2010	12/31/2382	1
OPH	54160	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; NEWBORN	10/1/2010	12/31/2382	1
OPH	54161	CIRCUMCISION, SURGICAL EXCISION OTHER THAN CLAMP, DEVICE OR DORSAL SLIT; EXCEPT NEWBORN	10/1/2010	12/31/2382	1
OPH	54162	LYSIS OR EXCISION OF PENILE POST-CIRCUMCISION ADHESIONS	10/1/2010	12/31/2382	1
OPH	54163	REPAIR INCOMPLETE CIRCUMCISION	10/1/2010	12/31/2382	1
OPH	54164	FRENULOTOMY OF PENIS	10/1/2010	12/31/2382	1
OPH	54200	INJECTION PROCEDURE FOR PEYRONIE DISEASE;	10/1/2010	12/31/2382	1
OPH	54205	INJECTION PROCEDURE FOR PEYRONIE DISEASE; WITH SURGICAL EXPOSURE OF PLAQUE	10/1/2010	12/31/2382	1
OPH	54220	IRRIGATION OF CORPORA CAVERNOSA FOR PRIAPISM	7/1/2013	12/31/2382	1
OPH	54230	INJECTION PROCEDURE FOR CORPORA CAVERNOSOGRAPHY	7/1/2013	12/31/2382	1
OPH	54231	DYNAMIC CAVERNOMETRY, INCLUDING INTRACAVERNOSAL INJECTION OF VASOACTIVE DRUGS (EG, PAPAVERINE, PHENTOLAMINE)	10/1/2010	12/31/2382	1
OPH	54235	INJECTION OF CORPORA CAVERNOSA WITH PHARMACOLOGIC AGENT(S) (EG, PAPAVERINE, PHENTOLAMINE)	7/1/2013	12/31/2382	1
OPH	54240	PENILE PLETHYSMOGRAPHY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	54250	NOCTURNAL PENILE TUMESCENCE AND/OR RIGIDITY TEST	10/1/2010	12/31/2382	1
OPH	54300	PLASTIC OPERATION OF PENIS FOR STRAIGHTENING OF CHORDEE (EG, HYPOSPADIAS), WITH OR WITHOUT MOBILIZATION OF URE	10/1/2010	12/31/2382	1
OPH	54304	PLASTIC OPERATION ON PENIS FOR CORRECTION OF CHORDEE OR FOR FIRST STAGE HYPOSPADIAS REPAIR WITH OR WITHOUT TRA	10/1/2010	12/31/2382	1
OPH	54308	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); LESS THAN 3 CM	10/1/2010	12/31/2382	1
OPH	54312	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION); GREATER THAN 3 CM	10/1/2010	12/31/2382	1
OPH	54316	URETHROPLASTY FOR SECOND STAGE HYPOSPADIAS REPAIR (INCLUDING URINARY DIVERSION) WITH FREE SKIN GRAFT OBTAINED	10/1/2010	12/31/2382	1
OPH	54318	URETHROPLASTY FOR THIRD STAGE HYPOSPADIAS REPAIR TO RELEASE PENIS FROM SCROTUM (EG, THIRD STAGE CECIL REPAIR)	10/1/2010	12/31/2382	1
OPH	54322	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH SIMPLE MEATAL ADVANCEMENT	10/1/2010	12/31/2382	1
OPH	54324	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	10/1/2010	12/31/2382	1
OPH	54326	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH URETHROPLASTY BY LOCAL SKI	10/1/2010	12/31/2382	1
OPH	54328	ONE STAGE DISTAL HYPOSPADIAS REPAIR (WITH OR WITHOUT CHORDEE OR CIRCUMCISION); WITH EXTENSIVE DISSECTION TO CO	10/1/2010	12/31/2382	1
OPH	54332	ONE STAGE PROXIMAL PENILE OR PENOSCROTAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE	1/1/2013	12/31/2382	1
OPH	54336	ONE STAGE PERINEAL HYPOSPADIAS REPAIR REQUIRING EXTENSIVE DISSECTION TO CORRECT CHORDEE AND URETHROPLASTY BY U	1/1/2013	12/31/2382	1
OPH	54340	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); BY CLOSURE, INCISION, OR EXCISION,	10/1/2010	12/31/2382	1
OPH	54344	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING MOBILIZATION OF SKIN FLAP	10/1/2010	12/31/2382	1
OPH	54348	REPAIR OF HYPOSPADIAS COMPLICATIONS (IE, FISTULA, STRICTURE, DIVERTICULA); REQUIRING EXTENSIVE DISSECTION AND	10/1/2010	12/31/2382	1
OPH	54352	REPAIR OF HYPOSPADIAS CRIPPLE REQUIRING EXTENSIVE DISSECTION AND EXCISION OF PREVIOUSLY CONSTRUCTED STRUCTURES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	54360	PLASTIC OPERATION ON PENIS TO CORRECT ANGULATION	10/1/2010	12/31/2382	1
OPH	54380	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER;	10/1/2010	12/31/2382	1
OPH	54385	PLASTIC OPERATION ON PENIS FOR EPISPADIAS DISTAL TO EXTERNAL SPHINCTER; WITH INCONTINENCE	10/1/2010	12/31/2382	1
OPH	54400	INSERTION OF PENILE PROSTHESIS; NON-INFLATABLE (SEMI-RIGID)	10/1/2010	12/31/2382	1
OPH	54401	INSERTION OF PENILE PROSTHESIS; INFLATABLE (SELF-CONTAINED)	10/1/2010	12/31/2382	1
OPH	54405	INSERTION OF INFLATABLE (MULTI-COMPONENT) PENILE PROSTHESIS, INCLUDING PLACEMENT OF PUMP, CYLINDERS, AND/OR RE	10/1/2010	12/31/2382	1
OPH	54406	REMOVAL OF ALL COMPONENTS OF A MULTI-COMPONENT, INFLATABLE PENILE PROSTHESIS WITHOUT REPLACEMENT OF PRO	10/1/2010	12/31/2382	1
OPH	54408	REPAIR OF COMPONENT(S) OF A MULTI-COMPONENT, INFATABLE PENILE PROSTHESIS	10/1/2010	12/31/2382	1
OPH	54410	REMOVAL AND REPLACEMENT OF ALL COMPONENT(S) OF A MULTI- COMPONENT, INFLATABLE PENILE PROSTHESIS AT THE SAME OP	10/1/2010	12/31/2382	1
OPH	54411	REMOVAL AND REPLACEMENT OF ALL COMPONENTS OF A MULTI- COMPONENT INFLATABLE PENILE PROSTHESIS THROUGH AN INFECT	10/1/2017	12/31/2382	1
OPH	54415	REMOVAL OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS, WITHOUT REPLACEMENT F	10/1/2010	12/31/2382	1
OPH	54416	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS AT THE	10/1/2010	12/31/2382	1
OPH	54417	REMOVAL AND REPLACEMENT OF NON-INFLATABLE (SEMI-RIGID) OR INFLATABLE (SELF-CONTAINED) PENILE PROSTHESIS THROUG	10/1/2017	12/31/2382	1
OPH	54420	CORPORA CAVERNOSA-SAPHENOUS VEIN SHUNT (PRIAPISM OPERATION), UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	54435	CORPORA CAVERNOSA-GLANS PENIS FISTULIZATION (EG, BIOPSY NEEDLE, WINTER PROCEDURE, RONGEUR, OR PUNCH) FOR PRIAP	10/1/2010	12/31/2382	1
OPH	54437	REPAIR OF PENIS	1/1/2016	12/31/2382	1
OPH	54440	PLASTIC OPERATION OF PENIS FOR INJURY	10/1/2010	12/31/2382	1
OPH	54450	FORESKIN MANIPULATION INCLUDING LYSIS OF PREPUTIAL ADHESIONS AND STRETCHING	10/1/2010	12/31/2382	1
OPH	54500	BIOPSY OF TESTIS, NEEDLE (SEPARATE PROCEDURE)	7/1/2014	12/31/2382	1
OPH	54505	BIOPSY OF TESTIS, INCISIONAL (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	54512	EXCISION OF EXTRAPARENCHYMAL LESION OF TESTIS	1/1/2012	12/31/2382	1
OPH	54520	ORCHIECTOMY, SIMPLE (INCLUDING SUBCAPSULAR), WITH OR WITHOUT TESTICULAR PROSTHESIS, SCROTAL OR INGUINAL APPROA	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	54522	ORCHIECTOMY, PARTIAL	1/1/2012	12/31/2382	1
OPH	54530	ORCHIECTOMY, RADICAL, FOR TUMOR; INGUINAL APPROACH	1/1/2012	12/31/2382	1
OPH	54535	ORCHIECTOMY, RADICAL, FOR TUMOR; WITH ABDOMINAL EXPLORATION	10/1/2014	12/31/2382	1
OPH	54550	EXPLORATION FOR UNDESCENDED TESTIS (INGUINAL OR SCROTAL AREA)	7/1/2013	12/31/2382	1
OPH	54560	EXPLORATION FOR UNDESCENDED TESTIS WITH ABDOMINAL EXPLORATION	7/1/2013	12/31/2382	1
OPH	54600	REDUCTION OF TORSION OF TESTIS, SURGICAL, WITH OR WITHOUT FIXATION OF CONTRALATERAL TESTIS	1/1/2012	12/31/2382	1
OPH	54620	FIXATION OF CONTRALATERAL TESTIS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	54640	ORCHIOPEXY, ANY TYPE, WITH OR WITHOUT HERNIA REPAIR	7/1/2013	12/31/2382	1
OPH	54650	ORCHIOPEXY, ABDOMINAL APPROACH, FOR INTRA-ABDOMINAL TESTIS (EG, FOWLER-STEPHENS)	1/1/2013	12/31/2382	1
OPH	54660	INSERTION OF TESTICULAR PROSTHESIS (SEPARATE PROCEDURE)	7/1/2013	12/31/2382	1
OPH	54670	SUTURE OR REPAIR OF TESTICULAR INJURY	1/1/2012	12/31/2382	1
OPH	54680	TRANSPLANTATION OF TESTIS(ES) TO THIGH (BECAUSE OF SCROTAL DESTRUCTION)	10/1/2010	12/31/2382	1
OPH	54690	LAPAROSCOPY, SURGICAL; ORCHIECTOMY	1/1/2012	12/31/2382	1
OPH	54692	LAPAROSCOPY, SURGICAL; ORCHIOPEXY FOR INTRA-ABDOMINAL TESTIS	1/1/2012	12/31/2382	1
OPH	54699	UNLISTED LAPAROSCOPY PROCEDURE, TESTIS	4/1/2018	12/31/2382	1
OPH	54700	INCISION AND DRAINAGE OF EPIDIDYMIS, TESTIS AND/OR SCROTAL SPACE (EG, ABSCESS OR HEMATOMA)	4/1/2013	12/31/2382	1
OPH	54800	BIOPSY OF EPIDIDYMIS, NEEDLE	4/1/2013	12/31/2382	1
OPH	54830	EXCISION OF LOCAL LESION OF EPIDIDYMIS	4/1/2013	12/31/2382	1
OPH	54840	EXCISION OF SPERMATOCELE, WITH OR WITHOUT EPIDIDYMECTOMY	4/1/2013	12/31/2382	1
OPH	54860	EPIDIDYMECTOMY; UNILATERAL	10/1/2010	12/31/2382	1
OPH	54861	EPIDIDYMECTOMY; BILATERAL	10/1/2010	12/31/2382	1
OPH	54865	EXPLORATION OF EPIDIDYMIS, WITH OR WITHOUT BIOPSY	10/1/2010	12/31/2382	1
OPH	54900	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; UNILATERAL	10/1/2010	12/31/2382	1
OPH	54901	EPIDIDYMOVASOSTOMY, ANASTOMOSIS OF EPIDIDYMIS TO VAS DEFERENS; BILATERAL	10/1/2010	12/31/2382	1
OPH	55000	PUNCTURE ASPIRATION OF HYDROCELE, TUNICA VAGINALIS, WITH OR WITHOUT INJECTION OF MEDICATION	4/1/2013	12/31/2382	1
OPH	55040	EXCISION OF HYDROCELE; UNILATERAL	10/1/2010	12/31/2382	1
OPH	55041	EXCISION OF HYDROCELE; BILATERAL	10/1/2010	12/31/2382	1
OPH	55060	REPAIR OF TUNICA VAGINALIS HYDROCELE (BOTTLE TYPE)	1/1/2012	12/31/2382	1
OPH	55100	DRAINAGE OF SCROTAL WALL ABSCESS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	55110	SCROTAL EXPLORATION	10/1/2010	12/31/2382	1
OPH	55120	REMOVAL OF FOREIGN BODY IN SCROTUM	10/1/2010	12/31/2382	1
OPH	55150	RESECTION OF SCROTUM	10/1/2010	12/31/2382	1
OPH	55175	SCROTOPLASTY; SIMPLE	10/1/2010	12/31/2382	1
OPH	55180	SCROTOPLASTY; COMPLICATED	10/1/2010	12/31/2382	1
OPH	55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING POSTOPERATIVE SEMEN EXAMINATION(S)	10/1/2010	12/31/2382	1
OPH	55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	55400	VASOVASOSTOMY, VASOVASORRHAPHY	7/1/2013	12/31/2382	1
OPH	55500	EXCISION OF HYDROCELE OF SPERMATIC CORD, UNILATERAL (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	55520	EXCISION OF LESION OF SPERMATIC CORD (SEPARATE PROCEDURE)	4/1/2013	12/31/2382	1
OPH	55530	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	55535	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; ABDOMINAL APPROACH	1/1/2012	12/31/2382	1
OPH	55540	EXCISION OF VARICOCELE OR LIGATION OF SPERMATIC VEINS FOR VARICOCELE; WITH HERNIA REPAIR	1/1/2012	12/31/2382	1
OPH	55550	LAPAROSCOPY, SURGICAL, WITH LIGATION OF SPERMATIC VEINS FOR VARICOCELE	1/1/2012	12/31/2382	1
OPH	55559	UNLISTED LAPAROSCOPY PROCEDURE, SPERMATIC CORD	4/1/2018	12/31/2382	1
OPH	55600	VESICULOTOMY;	7/1/2013	12/31/2382	1
OPH	55680	EXCISION OF MULLERIAN DUCT CYST	4/1/2013	12/31/2382	1
OPH	55700	BIOPSY, PROSTATE; NEEDLE OR PUNCH, SINGLE OR MULTIPLE, ANY APPROACH	10/1/2010	12/31/2382	1
OPH	55705	BIOPSY, PROSTATE; INCISIONAL, ANY APPROACH	10/1/2010	12/31/2382	1
OPH	55706	BIOPSIES, PROSTATE, NEEDLE, TRANSPERINEAL, STEREOTACTIC TEMPLATE GUIDED SATURATION SAMPLING, INCLUDING IMA	10/1/2010	12/31/2382	1
OPH	55720	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; SIMPLE	10/1/2010	12/31/2382	1
OPH	55725	PROSTATOTOMY, EXTERNAL DRAINAGE OF PROSTATIC ABSCESS, ANY APPROACH; COMPLICATED	10/1/2010	12/31/2382	1
OPH	55860	EXPOSURE OF PROSTATE, ANY APPROACH, FOR INSERTION OF RADIOACTIVE SUBSTANCE;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	55866	LAPAROSCOPY, SURGICAL PROSTATECTOMY, RETROPUBIC RADICAL, INCLUDING NERVE SPARING	1/1/2018	12/31/2382	1
OPH	55870	ELECTROEJACULATION	10/1/2010	12/31/2382	1
OPH	55873	CRYOSURGICAL ABLATION OF THE PROSTATE (INCLUDES ULTRASONIC GUIDANCE FOR INTERSTITIAL CRYOSURGICAL PROBE PLACEM	10/1/2010	12/31/2382	1
OPH	55874	TRANSPERINEAL PLACEMENT OF BIODEGRADABLE MATERIAL, PERI-PROSTATIC, SINGLE OR MULTIPLE INJECTION(S), INCLUDING IMAGE GUIDANCE, WHEN PERFORMED	1/1/2018	12/31/2382	1
OPH	55875	TRANSPERINEAL PLACEMENT OF NEEDLES OR CATHETERS INTO PROSTATE FOR INTERSTITIAL RADIOELEMENT APPLICATION, WITH	10/1/2010	12/31/2382	1
OPH	55876	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY GUIDANCE, PROSTATE, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
OPH	55880	ABLATION OF MALIGNANT PROSTATE TISSUE, TRANSRECTAL, WITH HIGH INTENSITY-FOCUSED ULTRASOUND (HIFU), INCLUDING ULTRASOUND GUIDANCE	1/1/2021	12/31/2382	1
OPH	55899	UNLISTED PROCEDURE, MALE GENITAL SYSTEM	4/1/2018	12/31/2382	1
OPH	55920	PLACEMENT OF NEEDLES OR CATHETERS INTO PELVIC ORGANS AND/OR GENITALIA (EXCEPT PROSTATE) FOR SUBSEQUENT INTERST	10/1/2010	12/31/2382	1
OPH	55970	INTERSEX SURGERY; MALE TO FEMALE	4/1/2018	12/31/2382	1
OPH	55980	INTERSEX SURGERY; FEMALE TO MALE	4/1/2018	12/31/2382	1
OPH	56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	10/1/2010	12/31/2382	2
OPH	56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	7/1/2013	12/31/2382	1
OPH	56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	7/1/2013	12/31/2382	1
OPH	56441	LYSIS OF LABIAL ADHESIONS	10/1/2010	12/31/2382	1
OPH	56442	HYMENOTOMY, SIMPLE INCISION	10/1/2010	12/31/2382	1
OPH	56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE, ANY METHOD	10/1/2010	12/31/2382	1
OPH	56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE, ANY METHOD	10/1/2010	12/31/2382	1
OPH	56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	10/1/2010	12/31/2382	1
OPH	56606	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); EACH SEPARATE ADDITIONAL LESION	7/1/2014	12/31/2382	6
OPH	56620	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); PARTIAL	10/1/2010	12/31/2382	1
OPH	56625	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); COMPLETE	10/1/2010	12/31/2382	1
OPH	56630	VULVECTOMY, RADICAL, PARTIAL;	1/1/2021	12/31/2382	1
OPH	56700	PARTIAL HYMENECTOMY OR REVISION OF HYMENAL RING	10/1/2010	12/31/2382	1
OPH	56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	56800	PLASTIC REPAIR OF INTROITUS	10/1/2010	12/31/2382	1
OPH	56805	CLITOROPLASTY FOR ADRENOGENITAL SYNDROME	10/1/2010	12/31/2382	1
OPH	56810	PERINEOPLASTY, REPAIR OF PERINEUM, NON-OBSTETRICAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	56820	COLPOSCOPY OF THE VULVA;	10/1/2010	12/31/2382	1
OPH	56821	COLPOSCOPY OF THE VULVA; WITH BIOPY(S)	10/1/2010	12/31/2382	1
OPH	57000	COLPOTOMY; WITH EXPLORATION	10/1/2010	12/31/2382	1
OPH	57010	COLPOTOMY; WITH DRAINAGE OF PELVIC ABSCESS	10/1/2010	12/31/2382	1
OPH	57020	COLPOCENTESIS (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	57022	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; POST-OBSTETRICAL	7/1/2014	12/31/2382	1
OPH	57023	INCISION AND DRAINAGE OF VAGINAL HEMATOMA; NON-OBSTETRICAL (EG, POST-TRAUMA, SPONTANEOUS BLEEDING)	7/1/2014	12/31/2382	1
OPH	57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE, ANY METHOD	10/1/2010	12/31/2382	1
OPH	57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE, ANY METHOD	10/1/2010	12/31/2382	1
OPH	57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	7/1/2019	12/31/2382	2
OPH	57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	10/1/2010	12/31/2382	2
OPH	57106	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL	10/1/2010	12/31/2382	1
OPH	57107	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE	10/1/2010	12/31/2382	1
OPH	57109	VAGINECTOMY PARTIAL REMOVAL OF VAGINAL WALL; WITH REMOVAL OF PARAVAGINAL TISSUE WITH BILATERAL TOTAL	10/1/2010	12/31/2382	1
OPH	57120	COLPOCLEISIS (LE FORT TYPE)	10/1/2010	12/31/2382	1
OPH	57130	EXCISION OF VAGINAL SEPTUM	10/1/2010	12/31/2382	1
OPH	57135	EXCISION OF VAGINAL CYST OR TUMOR	10/1/2010	12/31/2382	2
OPH	57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF BACTERIAL, PARASITIC, OR FUNGOID DISEAS	10/1/2010	12/31/2382	1
OPH	57155	INSERTION OF UTERINE TANDEM(S) AND/OR VAGINAL OVOIDS FOR CLINICAL BRACHTHERAPY	10/1/2010	12/31/2382	1
OPH	57156	INSERTION OF A VAGINAL RADIATION AFTERLOADING APPARATUS FOR CLINICAL BRACHYTHERAPY	4/1/2011	12/31/2382	1
OPH	57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	10/1/2010	12/31/2382	1
OPH	57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	10/1/2010	12/31/2382	1
OPH	57180	INTRODUCTION OF ANY HEMOSTATIC AGENT OR PACK FOR SPONTANEOUS OR TRAUMATIC NONOBSTETRICAL VAGINAL HEMORRHAGE (S	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	57200	COLPORRHAPHY, SUTURE OF INJURY OF VAGINA (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
OPH	57210	COLPOPERINEORRHAPHY, SUTURE OF INJURY OF VAGINA AND/OR PERINEUM (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
OPH	57220	PLASTIC OPERATION ON URETHRAL SPHINCTER, VAGINAL APPROACH (EG, KELLY URETHRAL PPLICATION)	10/1/2010	12/31/2382	1
OPH	57230	PLASTIC REPAIR OF URETHROCELE	10/1/2010	12/31/2382	1
OPH	57240	ANTERIOR COLPORRHAPHY, REPAIR OF CYSTOCELE WITH OR WITHOUT REPAIR OF URETHROCELE	10/1/2010	12/31/2382	1
OPH	57250	POSTERIOR COLPORRHAPHY, REPAIR OF RECTOCELE WITH OR WITHOUT PERINEORRHAPHY	10/1/2010	12/31/2382	1
OPH	57260	COMBINED ANTEROPOSTERIOR COLPORRHAPHY;	10/1/2010	12/31/2382	1
OPH	57265	COMBINED ANTEROPOSTERIOR COLPORRHAPHY; WITH ENTEROCELE REPAIR	10/1/2010	12/31/2382	1
OPH	57267	INSERTION OF MESH OR OTHER PROSTHESIS FOR REPAIR OF PELVIC FLOOR DEFECT, EACH SITE	7/1/2014	12/31/2382	2
OPH	57268	REPAIR OF ENTEROCELE, VAGINAL APPROACH (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	57282	SACROSPINOUS LIGAMENT FIXATION FOR PROLAPSE OF VAGINA	10/1/2010	12/31/2382	1
OPH	57283	COLPOPEXY, VAGINAL; INTRA-PERITONEAL APPROACH (UTEROSACRAL, LEVATOR MYORRHAPHY)	10/1/2010	12/31/2382	1
OPH	57284	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE, STRESS URINARY INCONTINENCE, AND/OR INCOMPLETE VAGIL	10/1/2010	12/31/2382	1
OPH	57285	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	57287	REMOVAL OR REVISION OF SLING FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
OPH	57288	SLING OPERATION FOR STRESS INCONTINENCE (EG, FASCIA OR SYNTHETIC)	10/1/2010	12/31/2382	1
OPH	57289	PEREYRA PROCEDURE, INCLUDING ANTERIOR COLPORRHAPHY	10/1/2010	12/31/2382	1
OPH	57291	CONSTRUCTION OF ARTIFICIAL VAGINA; WITHOUT GRAFT	10/1/2010	12/31/2382	1
OPH	57292	CONSTRUCTION OF ARTIFICIAL VAGINA; WITH GRAFT	10/1/2010	12/31/2382	1
OPH	57295	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	57300	CLOSURE OF RECTOVAGINAL FISTULA; VAGINAL OR TRANSANAL APPROACH	10/1/2010	12/31/2382	1
OPH	57310	CLOSURE OF URETHROVAGINAL FISTULA;	10/1/2010	12/31/2382	1
OPH	57320	CLOSURE OF VESICOVAGINAL FISTULA; VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	57330	CLOSURE OF VESICOVAGINAL FISTULA; TRANSVESICAL AND VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	57335	VAGINOPLASTY FOR ADRENOGENITAL SYNDROME	10/1/2010	12/31/2382	1
OPH	57400	DILATION OF VAGINA UNDER ANESTHESIA	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	57410	PELVIC EXAMINATION UNDER ANESTHESIA	10/1/2010	12/31/2382	1
OPH	57415	REMOVAL OF IMPACTED VAGINAL FOREIGN BODY (SEPARATE PROCEDURE) UNDER ANESTHESIA	10/1/2010	12/31/2382	1
OPH	57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	10/1/2010	12/31/2382	1
OPH	57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S)	10/1/2010	12/31/2382	1
OPH	57423	PARAVAGINAL DEFECT REPAIR (INCLUDING REPAIR OF CYSTOCELE IF PERFORMED); LAPAROSCOPIC APPROACH	10/1/2010	12/31/2382	1
OPH	57425	LAPAROSCOPY, SURGICAL, COLPOPEXY	10/1/2010	12/31/2382	1
OPH	57426	REVISION (INCLUDING REMOVAL) OF PROSTHETIC VAGINAL GRAFT, LAPAROSCOPIC APPROACH	7/1/2012	12/31/2382	1
OPH	57452	COLPOSCOPY (VAGINOSCOPY); (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	57454	COLPOSCOPY (VAGINOSCOPY); WITH BIOPSIES, OR BIOPSY OF THE CERVIX	10/1/2010	12/31/2382	1
OPH	57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE CERVIX	10/1/2010	12/31/2382	1
OPH	57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL CURETTAGE	10/1/2010	12/31/2382	1
OPH	57460	COLPOSCOPY (VAGINOSCOPY); WITH LOOP ELECTROSURGICAL EXCISION(S) OF THE CERVIX (LEEP)	10/1/2010	12/31/2382	1
OPH	57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE CONIZATION OF THE CERVIX	10/1/2010	12/31/2382	1
OPH	57465	COMPUTER-AIDED MAPPING OF CERVIX UTERI DURING COLPOSCOPY, INCLUDING OPTICAL DYNAMIC SPECTRAL IMAGING AND ALGORITHMIC QUANTIFICATION OF THE ACETOWHITENING EFFECT (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2021	12/31/2382	1
OPH	57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT FULGURATION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	10/1/2010	12/31/2382	1
OPH	57510	CAUTERIZATION OF CERVIX; ELECTRO OR THERMAL	10/1/2010	12/31/2382	1
OPH	57511	CAUTERIZATION OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	10/1/2010	12/31/2382	1
OPH	57513	CAUTERIZATION OF CERVIX; LASER ABLATION	10/1/2010	12/31/2382	1
OPH	57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND CURETTAGE, WITH OR WITHOUT REP	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION,.....;LOOP ELECTRODE EXCISION	10/1/2010	12/31/2382	1
OPH	57530	TRACHELECTOMY (CERVICECTOMY), AMPUTATION OF CERVIX (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	57540	EXCISION OF CERVICAL STUMP, ABDOMINAL APPROACH;	7/1/2021	12/31/2382	1
OPH	57550	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH;	10/1/2010	12/31/2382	1
OPH	57555	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH ANTERIOR AND/OR POSTERIOR REPAIR	10/1/2010	12/31/2382	1
OPH	57556	EXCISION OF CERVICAL STUMP, VAGINAL APPROACH; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
OPH	57558	DILATION AND CURETTAGE OF CERVICAL STUMP	10/1/2010	12/31/2382	1
OPH	57700	CERCLAGE OF UTERINE CERVIX, NONOBSTETRICAL	10/1/2010	12/31/2382	1
OPH	57720	TRACHELORRHAPHY, PLASTIC REPAIR OF UTERINE CERVIX, VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCER- VICAL SAMPLING (BIOPSY), WITHOUT CERVICAL DILATION, ANY	10/1/2010	12/31/2382	1
OPH	58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY	10/1/2010	12/31/2382	1
OPH	58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	10/1/2010	12/31/2382	1
OPH	58145	MYOMECTOMY, EXCISION OF FIBROID TUMOR OF UTERUS, SINGLE OR MULTIPLE (SEPARATE PROCEDURE); VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	58260	VAGINAL HYSTERECTOMY;	10/1/2010	12/31/2382	1
OPH	58262	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S)	10/1/2010	12/31/2382	1
OPH	58263	VAGINAL HYSTERECTOMY; WITH REMOVAL OF TUBE(S), AND/OR OVARY(S), WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
OPH	58270	VAGINAL HYSTERECTOMY; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
OPH	58290	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS	10/1/2010	12/31/2382	1
OPH	58291	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S)	10/1/2010	12/31/2382	1
OPH	58292	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS; WITH REMOVAL OF TUBE(S) AND/OR OVARY(S), WITH RE	10/1/2010	12/31/2382	1
OPH	58294	VAGINAL HYSTERECTOMY, FOR UTERUS GREATER, THAN 250 GRAMS; WITH REPAIR OF ENTEROCELE	10/1/2010	12/31/2382	1
OPH	58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	10/1/2013	12/31/2382	1
OPH	58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	10/1/2010	12/31/2382	1
OPH	58321	ARTIFICIAL INSEMINATION; INTRA-CERVICAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	58322	ARTIFICIAL INSEMINATION; INTRA-UTERINE	10/1/2010	12/31/2382	1
OPH	58323	SPERM WASHING FOR ARTIFICIAL INSEMINATION	10/1/2010	12/31/2382	1
OPH	58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR HYSTEROSONOGRAPHY OR HYSTEOSALPINGOGRAPHY	10/1/2010	12/31/2382	1
OPH	58345	TRANSCERVICAL INTRODUCTION OF FALLOPIAN TUBE CATHETER FOR DIAGNOSIS AND/OR RE-ESTABLISHING PATENCY (ANY METHOD)	1/1/2012	12/31/2382	1
OPH	58346	INSERTION OF HEYMAN CAPSULES FOR CLINICAL BRACHTHERAPY	10/1/2010	12/31/2382	1
OPH	58350	HYDROTUBATION OF OVIDUCT, INCLUDING MATERIALS	4/1/2013	12/31/2382	1
OPH	58353	ENDOMETRIAL ABLATION, THERMAL, WITHOUT HYSTEROSCOPIC GUIDANCE	10/1/2010	12/31/2382	1
OPH	58356	ENDOMETRIAL CRYOABLATION WITH ULTRASONIC GUIDANCE, INCLUDING ENDOMETRIAL CURETTAGE, WHEN PERFORMED	10/1/2010	12/31/2382	1
OPH	58541	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	10/1/2010	12/31/2382	1
OPH	58542	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OV	10/1/2010	12/31/2382	1
OPH	58543	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2010	12/31/2382	1
OPH	58544	LAPAROSCOPY, SURGICAL, SUPRACERVICAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/	10/1/2010	12/31/2382	1
OPH	58545	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 1 TO 4 INTRAMURAL MYOMAS WITH TOTAL WEIGHT OF 250 GRAMS OR LESS	10/1/2010	12/31/2382	1
OPH	58546	LAPAROSCOPY, SURGICAL, MYOMECTOMY, EXCISION; 5 OR MORE INTRAMURAL MYOMAS AND/OR INTRAMURAL MYOMAS WITH TOTAL	10/1/2010	12/31/2382	1
OPH	58550	LAPAROSCOPY, SURGICAL; WITH VAGINAL HYSTERECTOMY W/OR W/OUT REMOVAL OF TUBES,W/ OR W/OUT REMOVAL OF OVARIES	10/1/2010	12/31/2382	1
OPH	58552	LAPAROSCOPY SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS 250 GRAMS OR LESS; WITH REMOVAL OF TUBE(S) AND/OR	10/1/2010	12/31/2382	1
OPH	58553	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 GRAMS;	10/1/2010	12/31/2382	1
OPH	58554	LAPAROSCOPY, SURGICAL, WITH VAGINAL HYSTERECTOMY, FOR UTERUS GREATHER THAN 250 GRAMS; WITH REMOVALOF TUBE(S)	10/1/2010	12/31/2382	1
OPH	58555	HYSTEROSCOPY, DIAGNOSTIC (SEPERATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR POLYPECTOMY W/ OR W/OUT D&C	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	58559	HYSTEROSCOPY, SURGICAL; WITH LYSIS OF INTRAUTERINE ADHESIONS (ANY METHOD)	10/1/2010	12/31/2382	1
OPH	58560	HYSTEROSCOPY, SURGICAL; WITH DIVISION OR RESECTION OF INTRAUTERINE SEPTUM (ANY METHOD)	10/1/2010	12/31/2382	1
OPH	58561	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF LEIOMYOMATA	10/1/2010	12/31/2382	1
OPH	58562	HYSTEROSCOPY, SURGICAL; WITH REMOVAL OF IMPACTED FOREIGN BODY	10/1/2010	12/31/2382	1
OPH	58563	HYSTEROSCOPY, SURGICAL; WITH ENDOMETRIAL ABLATION (ANY METHOD)	10/1/2010	12/31/2382	1
OPH	58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE OCCLUSION BY PLACEMENT OF PERM	10/1/2010	12/31/2382	1
OPH	58570	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS	10/1/2010	12/31/2382	1
OPH	58571	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS 250 G OR LESS; WITH REMOVAL OF TUBE(S) AND/OR OVARY	10/1/2010	12/31/2382	1
OPH	58572	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G	10/1/2010	12/31/2382	1
OPH	58573	LAPAROSCOPY, SURGICAL, WITH TOTAL HYSTERECTOMY, FOR UTERUS GREATER THAN 250 G; WITH REMOVAL OF TUBE(S) AND/OR	10/1/2010	12/31/2382	1
OPH	58578	UNLISTED LAPAROSCOPY PROCEDURE, UTERUS	4/1/2018	12/31/2382	1
OPH	58579	UNLISTED HYSTEROSCOPY PROCEDURE, UTERUS	4/1/2018	12/31/2382	1
OPH	58600	LIGATION OR TRANSECTION OF FALLOPIAN TUBE(S), ABDOMINAL OR VAGINAL APPROACH, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	58615	OCCLUSION OF FALLOPIAN TUBE(S) BY DEVICE (EG, BAND, CLIP, FALOPE RING) VAGINAL OR SUPRAPUBIC APPROACH	10/1/2010	12/31/2382	1
OPH	58660	LAPAROSCOPY, SURGICAL; WITH LYSIS OF ADHESIONS (SALPINGOLYSIS, OVARIOLYSIS) SEPERATE PROCEDURE	10/1/2010	12/31/2382	1
OPH	58661	LAPAROSCOPY, SURGICAL; WITH REMOVAL OF ADNEXAL STRUCTURES (PARTIAL OR TOTAL OOPHORECTOMY AND SALPINGECTOMY)	10/1/2010	12/31/2382	1
OPH	58662	LAPAROSCOPY, SURGICAL; WITH FULGURATION OR EXCISION OF LESIONS OF THE OVARY, PELVIC VISCERA, OR PERITONEAL	10/1/2010	12/31/2382	1
OPH	58670	LAPAROSCOPY, SURGICAL; WITH FULGURATION OF OVIDUCTS (WITH OR WITHOUT TRANSECTION)	10/1/2010	12/31/2382	1
OPH	58671	LAPAROSCOPY, SURGICAL; WITH OCCLUSION OF OVIDUCTS BY DEVICE (EG,BAND, CLIP, OR FALOPE RING)	10/1/2010	12/31/2382	1
OPH	58672	LAPAROSCOPY, SURGICAL; WITH FIMBRIOPLASTY	7/1/2013	12/31/2382	1
OPH	58673	LAPAROSCOPY, SURGICAL; WITH SALPINGOSTOMY (SALPINGONEOSTOMY)	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	58674	DESTRUCTION OF FIBROID TUMOR OF UTERUS USING A LAPAROSCOPE AND ULTRASOUND GUIDANCE AND MONITORING	1/1/2017	12/31/2382	1
OPH	58679	UNLISTED LAPAROSCOPY PROCEDURE, OVIDUCT, OVARY	4/1/2018	12/31/2382	1
OPH	58770	SALPINGOSTOMY (SALPINGONEOSTOMY)	1/1/2012	12/31/2382	1
OPH	58800	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); VAGINAL APPROACH	10/1/2010	12/31/2382	1
OPH	58805	DRAINAGE OF OVARIAN CYST(S), UNILATERAL OR BILATERAL, (SEPARATE PROCEDURE); ABDOMINAL APPROACH	10/1/2010	12/31/2382	1
OPH	58820	DRAINAGE OF OVARIAN ABSCESS; VAGINAL APPROACH, OPEN	4/1/2013	12/31/2382	1
OPH	58900	BIOPSY OF OVARY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	58920	WEDGE RESECTION OR BISECTION OF OVARY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	58925	OVARIAN CYSTECTOMY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	58970	FOLLICLE PUNCTURE FOR OOCYTE RETRIEVAL, ANY METHOD	10/1/2010	12/31/2382	1
OPH	58974	EMBRYO TRANSFER, INTRAUTERINE	10/1/2010	12/31/2382	1
OPH	58976	GAMETE, ZYGOTE, OR EMBRYO INTRAFALLOPIAN TRANSFER, ANY METHOD	10/1/2010	12/31/2382	2
OPH	58999	UNLISTED PROCEDURE, FEMALE GENITAL SYSTEM (NONOBSTETRICAL)	4/1/2018	12/31/2382	1
OPH	59000	AMNIOCENTESIS, ANY METHOD	7/1/2017	12/31/2382	2
OPH	59001	AMNIOCENTESIS; THERAPEUTIC AMNIOTIC FLUID REDUCTION (INCLUDES ULTRASOUND GUIDANCE)	7/1/2017	12/31/2382	2
OPH	59012	CORDOCENTESIS (INTRAUTERINE), ANY METHOD	7/1/2017	12/31/2382	2
OPH	59015	CHORIONIC VILLUS SAMPLING, ANY METHOD	7/1/2017	12/31/2382	2
OPH	59020	FETAL CONTRACTION STRESS TEST	10/1/2010	12/31/2382	4
OPH	59025	FETAL NON-STRESS TEST	7/1/2017	12/31/2382	4
OPH	59030	FETAL SCALP BLOOD SAMPLING	7/1/2017	12/31/2382	2
OPH	59050	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING PHYSICIAN) WITH WRITTEN REPORT; SUPE	7/1/2017	12/31/2382	2
OPH	59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN; INTERPRETATION ONLY	7/1/2017	12/31/2382	2
OPH	59070	TRANSABDOMINAL AMNIOINFUSION, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	2
OPH	59072	FETAL UMBILICAL CORD OCCLUSION, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
OPH	59074	FETAL FLUID DRAINAGE, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
OPH	59076	FETAL SHUNT PLACEMENT, INCLUDING ULTRASOUND GUIDANCE	7/1/2017	12/31/2382	1
OPH	59100	HYSTEROTOMY, ABDOMINAL (EG, FOR HYDATIDIFORM MOLE, ABORTION)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	59150	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITHOUT SALPINGECTOMY AND/OR OOPHORECTOMY	10/1/2010	12/31/2382	1
OPH	59151	LAPAROSCOPIC TREATMENT OF ECTOPIC PREGNANCY; WITH SALPINGECTOMY AND/OR OOPHORECTOMY	10/1/2010	12/31/2382	1
OPH	59160	CURETTAGE, POSTPARTUM	10/1/2010	12/31/2382	1
OPH	59200	INSERTION OF CERVICAL DILATOR (EG, LAMINARIA, PROSTAGLANDIN) (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	59300	EPISIOTOMY OR VAGINAL REPAIR, BY OTHER THAN ATTENDING PHYSICIAN	10/1/2010	12/31/2382	1
OPH	59320	CERCLAGE OF CERVIX, DURING PREGNANCY; VAGINAL	10/1/2010	12/31/2382	1
OPH	59400	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS)	10/1/2010	12/31/2382	1
OPH	59409	VAGINAL DELIVERY ONLY	1/1/2018	12/31/2382	2
OPH	59410	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS) INCLUDING POSTPARTUM CARE	1/1/2012	12/31/2382	1
OPH	59412	EXTERNAL CEPHALIC VERSION, WITH OR WITHOUT TOCOLYSIS (LIST IN ADDITION TO CODE(S) FOR DELIVERY)	10/1/2010	12/31/2382	2
OPH	59414	DELIVERY OF PLACENTA (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	10/1/2010	12/31/2382	1
OPH	59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	10/1/2010	12/31/2382	1
OPH	59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	59510	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE	1/1/2012	12/31/2382	1
OPH	59515	CESAREAN DELIVERY ONLY INCLUDING POSTPARTUM CARE	10/1/2010	12/31/2382	1
OPH	59610	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, VAGINAL DELIVERY (WITH OR WITHOUT EPISIOTOMY, AND/OR FORCEPS)	1/1/2012	12/31/2382	1
OPH	59612	VAGINAL DELIVERY ONLY, AFTER CESAREAN DELIVERY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	1/1/2018	12/31/2382	2
OPH	59614	VAGINAL DELIVERY ONLY, AFTER PREVIOUS CESAREAN DELIVER; INCLUDING POSTPARTUM CARE	1/1/2012	12/31/2382	1
OPH	59618	ROUTINE OBSTETRIC CARE INCLUDING ANTEPARTUM CARE, CESAREAN DELIVERY, AND POSTPARTUM CARE, FOLLOWING ATTEMPTEDV	1/1/2012	12/31/2382	1
OPH	59620	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	59622	CESAREAN DELIVERY ONLY, FOLLOWING ATTEMPTED VAGINAL DELIVERY AFTER PREVIOUS CESAREAN DELIVERY;INCLUDING POSTPAR	1/1/2012	12/31/2382	1
OPH	59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	10/1/2010	12/31/2382	1
OPH	59820	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; FIRST TRIMESTER	10/1/2010	12/31/2382	1
OPH	59821	TREATMENT OF MISSED ABORTION, COMPLETED SURGICALLY; SECOND TRIMESTER	10/1/2010	12/31/2382	1
OPH	59840	INDUCED ABORTION, BY DILATION AND CURETTAGE	10/1/2010	12/31/2382	1
OPH	59841	INDUCED ABORTION, BY DILATION AND EVACUATION	10/1/2010	12/31/2382	1
OPH	59866	MULTIFETAL PREGNANCY REDUCTION(S) (MPR)	10/1/2010	12/31/2382	1
OPH	59870	UTERINE EVACUATION AND CURETTAGE FOR HYDATIDIFORM MOLE	10/1/2010	12/31/2382	1
OPH	59871	REMOVAL OF CERCLAGE SUTURE UNDER ANESTHESIA (OTHER THAN LOCAL)	10/1/2010	12/31/2382	1
OPH	59897	UNLISTED FETAL INVASIVE PROCEDURE, INCLUDING ULTRASOUND GUIDANCE	4/1/2018	12/31/2382	1
OPH	59898	UNLISTED LAPAROSCOPY PROCEDURE, MATERNITY CARE AND DELIVERY	4/1/2018	12/31/2382	1
OPH	59899	UNLISTED PROCEDURE, MATERNITY CARE AND DELIVERY	4/1/2018	12/31/2382	1
OPH	60000	INCISION AND DRAINAGE OF THYROGLOSSAL CYST, INFECTED	10/1/2010	12/31/2382	1
OPH	60100	BIOPSY THYROID, PERCUTANEOUS NEEDLE	10/1/2014	12/31/2382	3
OPH	60200	EXCISION OF CYST OR ADENOMA OF THYROID, OR TRANSECTION OF ISTHMUS	10/1/2010	12/31/2382	2
OPH	60210	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH OR WITHOUT ISTHMUSECTOMY	10/1/2010	12/31/2382	1
OPH	60212	PARTIAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRA- LATERALSUBTOTAL LOBECTOMY, INCLUDING ISTHMUSECTOMY	10/1/2010	12/31/2382	1
OPH	60220	TOTAL THYROID LOBECTOMY, UNILATERAL;	10/1/2010	12/31/2382	1
OPH	60225	TOTAL THYROID LOBECTOMY, UNILATERAL; WITH CONTRALATERAL SUBTOTAL LOBECTOMY, INCLUDING ISTHMUS	10/1/2010	12/31/2382	1
OPH	60240	THYROIDECTOMY, TOTAL OR COMPLETE	10/1/2010	12/31/2382	1
OPH	60252	THYROIDECTOMY, TOTAL OR SUBTOTAL FOR MALIGNANCY; WITH LIMITED NECK DISSECTION	10/1/2010	12/31/2382	1
OPH	60260	THYROIDECTOMY, SECONDARY	7/1/2013	12/31/2382	1
OPH	60271	THYROIDECTOMY, INCLUDING SUBSTERNAL THYROID GLAND; CERVICAL APPROACH	10/1/2010	12/31/2382	1
OPH	60280	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS;	10/1/2010	12/31/2382	1
OPH	60281	EXCISION OF THYROGLOSSAL DUCT CYST OR SINUS; RECURRENT	10/1/2010	12/31/2382	1
OPH	60300	ASPIRATION AND/OR INJECTION, THYROID CYST	10/1/2014	12/31/2382	2
OPH	60500	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S);	10/1/2010	12/31/2382	1
OPH	60502	PARATHYROIDECTOMY OR EXPLORATION OF PARATHYROID(S); RE-EXPLORATION	10/1/2010	12/31/2382	1
OPH	60512	PARATHYROID AUTOTRANSPLANTATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	60520	THYMECTOMY, PARTIAL OR TOTAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	60659	UNLISTED LAPAROSCOPY PROCEDURE, ENDOCRINE SYSTEM	4/1/2018	12/31/2382	1
OPH	60699	UNLISTED PROCEDURE, ENDOCRINE SYSTEM	4/1/2018	12/31/2382	1
OPH	61000	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; INITIAL	10/1/2010	12/31/2382	1
OPH	61001	SUBDURAL TAP THROUGH FONTANELLE, OR SUTURE, INFANT, UNILATERAL OR BILATERAL; SUBSEQUENT TAPS	10/1/2010	12/31/2382	1
OPH	61020	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	10/1/2010	12/31/2382	2
OPH	61026	VENTRICULAR PUNCTURE THROUGH PREVIOUS BURR HOLE, FONTANELLE, SUTURE, OR IMPLANTED VENTRICULAR CATHETER/RESERVO	10/1/2010	12/31/2382	2
OPH	61050	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITHOUT INJECTION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	61055	CISTERNAL OR LATERAL CERVICAL (C1-C2) PUNCTURE; WITH INJECTION OF DRUG OR OTHER SUBSTANCE FOR DIAGNOSIS OR TRE	10/1/2010	12/31/2382	1
OPH	61070	PUNCTURE OF SHUNT TUBING OR RESERVOIR FOR ASPIRATION OR INJECTION PROCEDURE	10/1/2010	12/31/2382	2
OPH	61215	INSERTION OF SUBCUTANEOUS RESERVOIR, PUMP OR CONTINUOUS INFUSION SYSTEM FOR CONNECTION TO VENTRICULAR CATHETER	10/1/2010	12/31/2382	1
OPH	61330	DECOMPRESSION OF ORBIT ONLY, TRANSCRANIAL APPROACH	7/1/2013	12/31/2382	1
OPH	61623	ENDOVASCULAR TEMPORARY BALLOON ARTERIAL OCCLUSION, HEAD OR NECK (EXTRACRANIAL/INTRACRANIAL) INCLUDING SELECTIV	10/1/2010	12/31/2382	2
OPH	61624	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	1/1/2021	12/31/2382	2
OPH	61626	TRANSCATHETER OCCLUSION OR EMBOLIZATION (EG, FOR TUMOR DESTRUCTION, TO ACHIEVE HEMOSTASIS, TO OCCLUDE A VASCUL	10/1/2010	12/31/2382	2
OPH	61640	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; INITIAL VESSELL	10/1/2012	12/31/2382	1
OPH	61641	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN SAME VASCULAR FAMILY	1/1/2014	12/31/2382	1
OPH	61642	BALLOON DILATATION OF INTRACRANIAL VASOSPASM, PERCUTANEOUS; EACH ADDITIONAL VESSEL IN DIFFERENT VASCULAR FAMIL	1/1/2014	12/31/2382	1
OPH	61720	CREATION OF LESION BY STEREOTACTIC METHOD, INCLUDING BURR HOLE(S) AND LOCALIZING AND RECORDING TECHNIQUES, SIN	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	61736	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; SINGLE TRAJECTORY	1/1/2022	12/31/2382	1
OPH	61737	LASER INTERSTITIAL THERMAL THERAPY (LITT) OF LESION, INTRACRANIAL, INCLUDING BURR HOLE(S), WITH MAGNETIC RESONANCE IMAGING GUIDANCE, WHEN PERFORMED; MULTIPLE TRAJECTORIES FOR MULTIPLE OR COMPLEX LESION(S)	1/1/2022	12/31/2382	1
OPH	61770	STEREOTACTIC LOCALIZATION, ANY METHOD, INCLUDING BURR HOLE(S); WITH INSERTION OF CATHETER(S) FOR BRACHYTHERAPY	10/1/2010	12/31/2382	1
OPH	61781	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, INTRADURAL	4/1/2011	12/31/2382	1
OPH	61782	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; CRANIAL, EXTRADURAL	4/1/2011	12/31/2382	1
OPH	61783	STEREOTACTIC COMPUTER-ASSISTED (NAVIGATIONAL) PROCEDURE; SPINAL	4/1/2011	12/31/2382	1
OPH	61790	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	4/1/2013	12/31/2382	1
OPH	61791	CREATION OF LESION BY STEREOTACTIC METHOD, PERCUTANEOUS, BY NEUROLYTIC AGENT (EG, ALCOHOL, THERMAL, ELECTRICAL	4/1/2013	12/31/2382	1
OPH	61796	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 SIMPLE CRANIAL LESION	10/1/2010	12/31/2382	1
OPH	61797	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	10/1/2016	12/31/2382	4
OPH	61798	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); 1 COMPLEX CRANIAL LESION	10/1/2010	12/31/2382	1
OPH	61799	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR); EACH ADDITIONAL CRANIAL LESION	10/1/2016	12/31/2382	4
OPH	61800	APPLICATION OF STEREOTACTIC HEADFRAME FOR STEROTACTIC RADIOSURGEY	10/1/2010	12/31/2382	1
OPH	61880	REVISION OR REMOVAL OF INTRACRANIAL NEUROSTIMULATOR ELECTRODES	10/1/2010	12/31/2382	1
OPH	61885	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR	10/1/2018	12/31/2382	1
OPH	61886	INCISION AND SUBCUTANEOUS PLACEMENT OF CRANIAL NEUROSTIM PULSE GENERATOR WITH CONNECTION TO TWO OR MORE ELECTR	7/1/2013	12/31/2382	1
OPH	61888	REVISION OR REMOVAL OF CRANIAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2014	12/31/2382	1
OPH	62000	ELEVATION OF DEPRESSED SKULL FRACTURE; SIMPLE, EXTRADURAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	62160	NEUROENDOSCOPY, INTRACRANIAL, FOR PLACEMENT OR REPLACEMENT OF VENTRICULAR CATHETER AND ATTACHMENT TO SHUNT	10/1/2010	12/31/2382	1
OPH	62194	REPLACEMENT OR IRRIGATION, SUBARACHNOID/SUBDURAL CATHETER	10/1/2014	12/31/2382	1
OPH	62225	REPLACEMENT OR IRRIGATION, VENTRICULAR CATHETER	10/1/2010	12/31/2382	2
OPH	62230	REPLACEMENT OR REVISION OF CSF SHUNT, OBSTRUCTED VALVE, OR DISTAL CATHETER IN SHUNT SYSTEM	10/1/2010	12/31/2382	2
OPH	62252	REPROGRAMMING OF PROGRAMMABLE CSF SHUNT	10/1/2010	12/31/2382	2
OPH	62263	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION OR MECHANICAL MEANS INCLUDING RADIOL	10/1/2010	12/31/2382	1
OPH	62264	PERCUTANEOUS LYSIS OF EPIDURAL ADHESIONS USING SOLUTION INJECTION, MULTIPLE ADHESIOLYSIS SESSIONS, 1 DAY	10/1/2010	12/31/2382	1
OPH	62267	PERCUTANEOUS ASPIRATION WITHIN THE NUCLEUS PULPOSUS, INTERVERTEBRAL DISC, OR PARAVERTEBRAL TISSUE	10/1/2010	12/31/2382	2
OPH	62268	PERCUTANEOUS ASPIRATION, SPINAL CORD CYST OR SYRINX	10/1/2010	12/31/2382	1
OPH	62269	BIOPSY OF SPINAL CORD, PERCUTANEOUS NEEDLE	10/1/2010	12/31/2382	2
OPH	62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	10/1/2010	12/31/2382	2
OPH	62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF SPINAL FLUID (BY NEEDLE OR CATHETER)	10/1/2010	12/31/2382	2
OPH	62273	INJECTION, EPIDURAL, OF BLOOD OR CLOT PATCH	10/1/2010	12/31/2382	2
OPH	62280	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2010	12/31/2382	1
OPH	62281	INJECTION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE SOLUTIONS); EPIDURAL, CERVICAL OR THORACIC	10/1/2010	12/31/2382	1
OPH	62282	INJECTION/INFUSION OF NEUROLYTIC SUBSTANCE (EG, ALCOHOL, PHENOL, ICED SALINE	10/1/2010	12/31/2382	1
OPH	62284	INJECTION PROCEDURE FOR MYELOGRAPHY AND/OR COMPUTERIZED AXIAL TOMOGRAPHY, SPINAL (OTHER THAN C1-C2 AND POSTERI	10/1/2010	12/31/2382	1
OPH	62287	ASPIRATION OR DECOMPRESSION PROCEDURE, PERCUTANEOUS, OF NUCLEUS PULPOSUS OF	10/1/2010	12/31/2382	1
OPH	62290	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; LUMBAR	7/1/2014	12/31/2382	5
OPH	62291	INJECTION PROCEDURE FOR DISKOGRAPHY, EACH LEVEL; CERVICAL OR THORACIC	10/1/2014	12/31/2382	4
OPH	62292	INJECTION PROCEDURE FOR CHEMONUCLEOLYSIS, INCLUDING DISKOGRAPHY, INTERVERTEBRAL DISK, SINGLE OR MULTIPLE LEVEL	10/1/2010	12/31/2382	1
OPH	62294	INJECTION PROCEDURE, ARTERIAL, FOR OCCLUSION OF ARTERIOVENOUS MALFORMATION, SPINAL	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	62302	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; CERVICAL	1/1/2015	12/31/2382	1
OPH	62303	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; THORACIC	1/1/2015	12/31/2382	1
OPH	62304	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; LUMBOSACRAL	1/1/2015	12/31/2382	1
OPH	62305	MYELOGRAPHY VIA LUMBAR INJECTION, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION; 2 OR MORE	1/1/2015	12/31/2382	1
OPH	62320	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
OPH	62321	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
OPH	62322	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
OPH	62323	INJECTION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK OR SACRUM USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
OPH	62324	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
OPH	62325	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF UPPER OR MIDDLE BACK	1/1/2017	12/31/2382	1
OPH	62326	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
OPH	62327	INSERTION OF INDWELLING CATHETER AND ADMINISTRATION OF SUBSTANCE INTO SPINAL CANAL OF LOWER BACK USING IMAGING GUIDANCE	1/1/2017	12/31/2382	1
OPH	62328	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC; WITH FLUOROSCOPIC OR CT GUIDANCE	1/1/2020	12/31/2382	2
OPH	62329	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR CATHETER); WITH FLUOROSCOPIC OR CT GUIDANCE	1/1/2020	12/31/2382	1
OPH	62350	IMPLANTATION, REVISION OR REPOSITIONING OF TUNNELED INTRATHECAL OR EPIDURAL	10/1/2010	12/31/2382	1
OPH	62351	IMPLANTATION, REVISION OR REPOSITIONING OF INTRATHECAL OR EPIDURAL CATHETER; WITH LAMINECTOMY	10/1/2010	12/31/2382	1
OPH	62355	REMOVAL OF PREVIOUSLY IMPLANTED INTRATHECAL OR EPIDURAL CATHETER	10/1/2010	12/31/2382	1
OPH	62360	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; SUBCUTANEOUS RESERVOIR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	62361	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; NON-PROGRAMMABLE PUMP	10/1/2010	12/31/2382	1
OPH	62362	IMPLANTATION OR REPLACEMENT OF DEVICE FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; PROGRAMMABLE PUMP, INCLUDING	10/1/2010	12/31/2382	1
OPH	62365	REMOVAL OF SUBUTANEOUS RESERVOIR OR PUMP, PREVIOUSLY IMPLANTED FOR INTRATHECAL OR EPIDURAL INFUSION	10/1/2010	12/31/2382	1
OPH	62367	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITHOU REPROGR	10/1/2010	12/31/2382	1
OPH	62368	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAMM	10/1/2010	12/31/2382	1
OPH	62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	1/1/2012	12/31/2382	1
OPH	62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL DRUG INFUSION; WITH REPROGRAM	1/1/2012	12/31/2382	1
OPH	62380	DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT IN LOWER BACK USING ENDOSCOPE	4/1/2018	12/31/2382	2
OPH	63001	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63003	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63005	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63011	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63012	LAMINECTOMY WITH REMOVAL OF ABNORMAL FACETS AND/OR PARS INTER-ARTICULARIS WITH DECOMPRESSION OF CAUDA EQUINA A	10/1/2010	12/31/2382	1
OPH	63015	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63016	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1
OPH	63017	LAMINECTOMY WITH EXPLORATION AND/OR DECOMPRESSION OF SPINAL CORD AND/OR CAUDA EQUINA, WITHOUT FACETECTOMY, FOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	63020	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
OPH	63030	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING	7/1/2013	12/31/2382	1
OPH	63035	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	10/1/2014	12/31/2382	4
OPH	63040	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
OPH	63042	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY	7/1/2013	12/31/2382	1
OPH	63043	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), EACH ADDITIONAL CERVICAL INTERSPACE	10/1/2017	12/31/2382	4
OPH	63044	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), EACH ADDITIONAL LUMBAR INTERSPACE	10/1/2017	12/31/2382	4
OPH	63045	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
OPH	63046	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
OPH	63047	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2010	12/31/2382	1
OPH	63048	LAMINECTOMY, FACETECTOMY AND FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQ	10/1/2014	12/31/2382	5
OPH	63052	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR;	1/1/2022	12/31/2382	1
OPH	63053	LAMINECTOMY, FACETECTOMY, OR FORAMINOTOMY (UNILATERAL OR BILATERAL WITH DECOMPRESSION OF SPINAL CORD, CAUDA EQUINA AND/OR NERVE ROOT[S] [EG, SPINAL OR LATERAL RECESS STENOSIS]), DURING POSTERIOR INTERBODY ARTHRODESIS, LUMBAR;	1/1/2022	12/31/2382	4
OPH	63055	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	10/1/2010	12/31/2382	1
OPH	63056	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	63057	TRANSPEDICULAR APPROACH WITH DECOMPRESSION OF SPINAL CORD, EQUINA AND/OR NERVE ROOT(S) (EG, HERNIATED INTERVER	10/1/2014	12/31/2382	3
OPH	63064	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	10/1/2010	12/31/2382	1
OPH	63066	COSTOVERTEBRAL APPROACH WITH DECOMPRESSION OF SPINAL CORD OR NERVE ROOT(S), (EG, HERNIATED INTERVERTEBRAL DISK	10/1/2014	12/31/2382	1
OPH	63075	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	10/1/2010	12/31/2382	1
OPH	63076	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/ OR NERVE ROOT(S), INCLUDING OSTEOPHYTECTOMY; CERV	10/1/2014	12/31/2382	3
OPH	63265	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; CERVICAL	1/1/2020	12/31/2382	1
OPH	63266	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; THORACIC	1/1/2020	12/31/2382	1
OPH	63267	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; LUMBAR	1/1/2020	12/31/2382	1
OPH	63268	LAMINECTOMY FOR EXCISION OR EVACUATION OF INTRASPINAL LESION OTHER THAN NEOPLASM, EXTRADURAL; SACRAL	1/1/2020	12/31/2382	1
OPH	63600	CREATION OF LESION OF SPINAL CORD BY STEREOTACTIC METHOD, PERCUTANEOUS, ANY MODALITY (INCLUDING STIMULATION AN	10/1/2010	12/31/2382	2
OPH	63610	STEREOTACTIC STIMULATION OF SPINAL CORD, PERCUTANEOUS, SEPARATE PROCEDURE NOT FOLLOWED BY OTHER SURGERY	10/1/2010	12/31/2382	1
OPH	63620	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ;1 SPINAL LESION	10/1/2010	12/31/2382	1
OPH	63621	STEREOTACTIC RADIOSURGERY (PARTICLE BEAM, GAMMA RAY, OR LINEAR ACCELERATOR) ; EACH ADDITIONAL SPINAL LESION	10/1/2010	12/31/2382	2
OPH	63650	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	10/1/2010	12/31/2382	2
OPH	63655	LAMINECTOMY FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; EPIDURAL	10/1/2010	12/31/2382	1
OPH	63661	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY(S), INCLUDING FLUOROSCOPY, WHEN PERFORMED	10/1/2010	12/31/2382	1
OPH	63662	REMOVAL OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S) PLACED VIA LAMINOTOMY OR LAMINECTOMY, INCLUDING F	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	63663	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PERCUTANEOUS ARRAY	7/1/2012	12/31/2382	1
OPH	63664	REVISION INCLUDING REPLACEMENT, WHEN PERFORMED, OF SPINAL NEUROSTIMULATOR ELECTRODE PLATE/PADDLE(S)	7/1/2012	12/31/2382	1
OPH	63685	INCISION AND SUBCUTANEOUS PLACEMENT OF SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUCTIVE	10/1/2014	12/31/2382	1
OPH	63688	REVISION OR REMOVAL OF IMPLANTED SPINAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2014	12/31/2382	1
OPH	63741	CREATION OF SHUNT, LUMBAR, SUBARACHNOID-PERITONEAL, -PLEURAL, OR OTHER; PERCUTANEOUS, NOT REQUIRING LAMINECTOMY	10/1/2010	12/31/2382	1
OPH	63744	REPLACEMENT, IRRIGATION OR REVISION OF LUMBOSUBARACHNOID SHUNT	10/1/2010	12/31/2382	1
OPH	63746	REMOVAL OF ENTIRE LUMBOSUBARACHNOID SHUNT SYSTEM WITHOUT REPLACEMENT	10/1/2010	12/31/2382	1
OPH	64400	INJECTION, ANESTHETIC AGENT; TRIGEMINAL NERVE, ANY DIVISION OR BRANCH	7/1/2014	12/31/2382	4
OPH	64405	INJECTION, ANESTHETIC AGENT; GREATER OCCIPITAL NERVE	10/1/2010	12/31/2382	1
OPH	64408	INJECTION, ANESTHETIC AGENT; VAGUS NERVE	1/1/2012	12/31/2382	1
OPH	64415	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS	1/1/2012	12/31/2382	1
OPH	64416	INJECTION, ANESTHETIC AGENT; BRACHIAL PLEXUS, CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR	1/1/2012	12/31/2382	1
OPH	64417	INJECTION, ANESTHETIC AGENT; AXILLARY NERVE	1/1/2012	12/31/2382	1
OPH	64418	INJECTION, ANESTHETIC AGENT; SUPRASCAPULAR NERVE	1/1/2012	12/31/2382	1
OPH	64420	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVE, SINGLE	1/1/2022	12/31/2382	1
OPH	64421	INJECTION, ANESTHETIC AGENT; INTERCOSTAL NERVES, MULTIPLE, REGIONAL BLOCK	10/1/2010	12/31/2382	3
OPH	64425	INJECTION, ANESTHETIC AGENT; ILIOINGUINAL, ILIOHYPOGASTRIC NERVES	1/1/2012	12/31/2382	1
OPH	64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	1/1/2012	12/31/2382	1
OPH	64435	INJECTION, ANESTHETIC AGENT; PARACERVICAL (UTERINE) NERVE	1/1/2012	12/31/2382	1
OPH	64445	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE	10/1/2010	12/31/2382	1
OPH	64446	INJECTION, ANESTHETIC AGENT; SCIATIC NERVE, CONTINUOUS INFUSION BY CATHETER, INCLUDING DAILY MANAGEMENT FOR ANE	1/1/2012	12/31/2382	1
OPH	64447	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, SINGLE	1/1/2012	12/31/2382	1
OPH	64448	INJECTION, ANESTHETIC AGENT; FEMORAL NERVE, CONTINUOUS INFUSION BY CATHETER INCLUDING DAILY MANAGEMENT FOR AN	1/1/2012	12/31/2382	1
OPH	64449	INJECTION, ANESTHETIC AGENT; LUMBAR PLEXUS, POSTERIOR APPROACH, CONTINUOUS INFUSION BY CATHETER	1/1/2012	12/31/2382	1

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OPH	64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2016	12/31/2382	10
OPH	64451	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	1/1/2020	12/31/2382	2
OPH	64454	INJECTION(S), ANESTHETIC AGENT(S) AND/OR STEROID; GENICULAR NERVE BRANCHES, INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2020	12/31/2382	2
OPH	64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	7/1/2011	12/31/2382	1
OPH	64461	PARAVERTEBRAL BLOCK, THORACIC; SINGLE INJECTION SITE	1/1/2016	12/31/2382	1
OPH	64462	PARAVERTEBRAL BLOCK, THORACIC; SECON AND ANY ADDITIONAL INJECTION SITE(S)	1/1/2016	12/31/2382	1
OPH	64463	PARAVERTEBRAL BLOCK, THORACIC; CONTINUOUS INFUSION BY CATHETER	1/1/2016	12/31/2382	1
OPH	64479	INJECTION, ANESTHETIC AGENT AND/OR STERIOD TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC, SINGLE LEVEL	10/1/2010	12/31/2382	1
OPH	64480	INJECTION, ANESTHETIC AGENT AND/OR STERIOD, TRANSFORAMINAL EPIDURAL; CERVICAL OR THORACIC EACH ADDITIONAL LEVE	10/1/2016	12/31/2382	4
OPH	64483	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL OR SACRAL, EACH, SINGLE LEVEL	7/1/2013	12/31/2382	1
OPH	64484	INJECTION, ANESTHETIC AGENT AND/OR STEROID, TRANSFORAMINAL EPIDURAL; LUMBAR OR SACRAL, EACH ADDITIONAL LEVEL	10/1/2016	12/31/2382	4
OPH	64486	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
OPH	64487	TRANSVERSUS ABDOMINIS PLANE BLOCK, UNILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
OPH	64488	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; INJECTIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
OPH	64489	TRANSVERSUS ABDOMINIS PLANE BLOCK, BILATERAL; CONTINUOUS INFUSIONS OF LOCAL ANESTHETIC FOR PAIN CONTROL	1/1/2015	12/31/2382	1
OPH	64490	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
OPH	64491	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
OPH	64492	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1

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OPH	64493	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
OPH	64494	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
OPH	64495	INJECTION(S), DIAGNOSTIC OR THERAPEUTIC AGENT, PARAVERTEBRAL FACET(ZYGAPOPHYSEAL) JOINT (OR NERVES INNERVATING	4/1/2012	12/31/2382	1
OPH	64505	INJECTION, ANESTHETIC AGENT; SPHENOPALATINE GANGLION	4/1/2013	12/31/2382	1
OPH	64510	INJECTION, ANESTHETIC AGENT; STELLATE GANGLION (CERVICAL SYMPATHETIC)	4/1/2013	12/31/2382	1
OPH	64517	INJECTION, ANESTHETIC AGENT; SUPERIOR HYPOGASTIC PLEXUS	10/1/2010	12/31/2382	1
OPH	64520	INJECTION, ANESTHETIC AGENT; LUMBAR OR THORACIC (PARAVERTEBRAL SYMPATHETIC)	4/1/2013	12/31/2382	1
OPH	64530	INJECTION, ANESTHETIC AGENT; CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	10/1/2012	12/31/2382	1
OPH	64553	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; CRANIAL NERVE	10/1/2010	12/31/2382	1
OPH	64555	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	10/1/2010	12/31/2382	2
OPH	64561	PERCUTANEOUS IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	1/1/2012	12/31/2382	1
OPH	64566	POSTERIOR TIBIAL NEUROSTIMULATION, PERCUTANEOUS NEEDLE ELECTRODE, SINGLE TREATMENT, INCLUDES PROGRAMMING	4/1/2011	12/31/2382	1
OPH	64568	INCISION FOR IMPLANTATION OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE	1/1/2012	12/31/2382	1
OPH	64569	REVISION OR REPLACEMENT OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY, INCLUDING	1/1/2012	12/31/2382	1
OPH	64570	REMOVAL OF CRANIAL NERVE (EG, VAGUS NERVE) NEUROSTIMULATOR ELECTRODE ARRAY AND PULSE GENERATOR	1/1/2012	12/31/2382	1
OPH	64575	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; PERIPHERAL NERVE	10/1/2010	12/31/2382	2
OPH	64580	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES; NEUROMUSCULAR	10/1/2010	12/31/2382	2
OPH	64581	INCISION FOR IMPLANTATION OF NEUROSTIMULATOR ELECTRODES ;SACRAL NERVE (TRANSFORAMINAL PLACEMENT)	10/1/2010	12/31/2382	2
OPH	64582	OPEN IMPLANTATION OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	1/1/2022	12/31/2382	1
OPH	64583	REVISION OR REPLACEMENT OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY, INCLUDING CONNECTION TO EXISTING PULSE GENERATOR	1/1/2022	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	64584	REMOVAL OF HYPOGLOSSAL NERVE NEUROSTIMULATOR ARRAY, PULSE GENERATOR, AND DISTAL RESPIRATORY SENSOR ELECTRODE OR ELECTRODE ARRAY	1/1/2022	12/31/2382	1
OPH	64585	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR ELECTRODES	10/1/2010	12/31/2382	2
OPH	64590	INCISION AND SUBCUTANEOUS PLACEMENT OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER, DIRECT OR INDUC	10/1/2010	12/31/2382	1
OPH	64595	REVISION OR REMOVAL OF PERIPHERAL NEUROSTIMULATOR PULSE GENERATOR OR RECEIVER	10/1/2010	12/31/2382	1
OPH	64600	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SUPRAORBITAL, INFRAORBITAL, MENTAL, OR INFERIOR ALVEOLAR BR	10/1/2010	12/31/2382	2
OPH	64605	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE	4/1/2013	12/31/2382	1
OPH	64610	DESTRUCTION BY NEUROLYTIC AGENT, TRIGEMINAL NERVE; SECOND AND THIRD DIVISION BRANCHES AT FORAMEN OVALE UNDER R	4/1/2013	12/31/2382	1
OPH	64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS, BILATERAL	4/1/2011	12/31/2382	1
OPH	64612	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES ENERVATED BY FACIAL NERVE (EG,	1/1/2012	12/31/2382	1
OPH	64615	DESTRUCTION BY NEUROLYTIC AGENT (CHEMODENERVATION OF MUSCLE ENDPLATE); MUSCLES INNERVATED BY FACIAL,TRIGEMINAL	1/1/2013	12/31/2382	1
OPH	64616	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF NECK EXCLUDING VOICE BOX ACCESSED	1/1/2014	12/31/2382	1
OPH	64617	INJECTION OF CHEMICAL FOR DESTRUCTION OF NERVE MUSCLES ON ONE SIDE OF VOICE BOX ACCESSED	1/1/2014	12/31/2382	1
OPH	64620	DESTRUCTION BY NEUROLYTIC AGENT; INTERCOSTAL NERVE	10/1/2016	12/31/2382	5
OPH	64624	DESTRUCTION BY NEUROLYTIC AGENT, GENICULAR NERVE BRANCHES INCLUDING IMAGING GUIDANCE, WHEN PERFORMED	1/1/2020	12/31/2382	2
OPH	64625	RADIOFREQUENCY ABLATION, NERVES INNERVATING THE SACROILIAC JOINT, WITH IMAGE GUIDANCE (IE, FLUOROSCOPY OR COMPUTED TOMOGRAPHY)	1/1/2020	12/31/2382	2
OPH	64628	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; FIRST 2 VERTEBRAL BODIES, LUMBAR OR SACRAL	1/1/2022	12/31/2382	1
OPH	64629	THERMAL DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, INCLUDING ALL IMAGING GUIDANCE; EACH ADDITIONAL VERTEBRAL BODY, LUMBAR OR SACRAL (LIST SEPARATELY IN ADDITION	4/1/2022	12/31/2382	1
OPH	64630	DESTRUCTION BY NEUROLYTIC AGENT; PUDENDAL NERVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	1/1/2012	12/31/2382	1
OPH	64633	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	1/1/2012	12/31/2382	1
OPH	64634	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; CERVICAL OR	7/1/2015	12/31/2382	4
OPH	64635	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	1/1/2012	12/31/2382	1
OPH	64636	DESTRUCTION BY NEUROLYTIC AGENT, PARAVERTEBRAL FACET JOINT NERVE(S) WITH IMAGING GUIDANCE; LUMBAR OR SACRAL	7/1/2015	12/31/2382	4
OPH	64640	DESTRUCTION BY NEUROLYTIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	10/1/2014	12/31/2382	5
OPH	64642	CHEMODENERVATION OF ONE EXTREMITY, 1-4 MUSCLE (S)	1/1/2014	12/31/2382	1
OPH	64643	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 1-4 MUSCLES	1/1/2014	12/31/2382	3
OPH	64644	CHEMODENERVATION OF ONE EXTREMITY, 5 OR MORE MUSCLES	1/1/2014	12/31/2382	1
OPH	64645	CHEMODENERVATION OF ONE EXTREMITY, EACH ADDITIONAL EXTREMITY, 5 OR MORE MUSCLES	1/1/2014	12/31/2382	3
OPH	64646	CHEMODENERVATION OF TRUNK MUSCLE (S), 1-5 MUSCLES	1/1/2014	12/31/2382	1
OPH	64647	CHEMODENERVATION OF TRUNK MUSCLE(S), 6 OR MORE MUSCLES	1/1/2014	12/31/2382	1
OPH	64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	10/1/2010	12/31/2382	1
OPH	64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER DAY	10/1/2010	12/31/2382	1
OPH	64680	DESTRUCTION BY NEUROLYTIC AGENT, CELIAC PLEXUS, WITH OR WITHOUT RADIOLOGIC MONITORING	10/1/2010	12/31/2382	1
OPH	64681	DESTRUCTION BY NEUROLYTIC AGENT, WITH OR WITHOUT RADIOLOGIC MONITORING, SUPERIOR HYPOGASTRIC PLEXUS	10/1/2010	12/31/2382	1
OPH	64702	NEUROPLASTY; DIGITAL, ONE OR BOTH, SAME DIGIT	10/1/2010	12/31/2382	2
OPH	64704	NEUROPLASTY; NERVE OF HAND OR FOOT	10/1/2014	12/31/2382	4
OPH	64708	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; OTHER THAN SPECIFIED	10/1/2014	12/31/2382	3
OPH	64712	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; SCIATIC NERVE	4/1/2013	12/31/2382	1
OPH	64713	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; BRACHIAL PLEXUS	4/1/2013	12/31/2382	1
OPH	64714	NEUROPLASTY, MAJOR PERIPHERAL NERVE, ARM OR LEG; LUMBAR PLEXUS	4/1/2013	12/31/2382	1
OPH	64716	NEUROPLASTY AND/OR TRANSPOSITION; CRANIAL NERVE (SPECIFY)	10/1/2014	12/31/2382	2
OPH	64718	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT ELBOW	4/1/2013	12/31/2382	1
OPH	64719	NEUROPLASTY AND/OR TRANSPOSITION; ULNAR NERVE AT WRIST	4/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	64721	NEUROPLASTY AND/OR TRANSPOSITION; MEDIAN NERVE AT CARPAL TUNNEL	1/1/2012	12/31/2382	1
OPH	64722	DECOMPRESSION; UNSPECIFIED NERVE(S) (SPECIFY)	10/1/2014	12/31/2382	4
OPH	64726	DECOMPRESSION; PLANTAR DIGITAL NERVE	10/1/2010	12/31/2382	2
OPH	64727	INTERNAL NEUROLYSIS, REQUIRING USE OF OPERATING MICROSCOPE (LIST SEPARATELY IN ADDITION TO CODE FOR NEUROPLAST	10/1/2014	12/31/2382	2
OPH	64732	TRANSECTION OR AVULSION OF; SUPRAORBITAL NERVE	4/1/2013	12/31/2382	1
OPH	64734	TRANSECTION OR AVULSION OF; INFRAORBITAL NERVE	4/1/2013	12/31/2382	1
OPH	64736	TRANSECTION OR AVULSION OF; MENTAL NERVE	4/1/2013	12/31/2382	1
OPH	64738	TRANSECTION OR AVULSION OF; INFERIOR ALVEOLAR NERVE BY OSTEOTOMY	4/1/2013	12/31/2382	1
OPH	64740	TRANSECTION OR AVULSION OF; LINGUAL NERVE	4/1/2013	12/31/2382	1
OPH	64742	TRANSECTION OR AVULSION OF; FACIAL NERVE, DIFFERENTIAL OR COMPLETE	4/1/2013	12/31/2382	1
OPH	64744	TRANSECTION OR AVULSION OF; GREATER OCCIPITAL NERVE	1/1/2012	12/31/2382	1
OPH	64746	TRANSECTION OR AVULSION OF; PHRENIC NERVE	4/1/2013	12/31/2382	1
OPH	64763	TRANSECTION OR AVULSION OF OBTURATOR NERVE, EXTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	7/1/2013	12/31/2382	1
OPH	64766	TRANSECTION OR AVULSION OF OBTURATOR NERVE, INTRAPELVIC, WITH OR WITHOUT ADDUCTOR TENOTOMY	7/1/2013	12/31/2382	1
OPH	64771	TRANSECTION OR AVULSION OF OTHER CRANIAL NERVE, EXTRADURAL	10/1/2010	12/31/2382	2
OPH	64772	TRANSECTION OR AVULSION OF OTHER SPINAL NERVE, EXTRADURAL	10/1/2010	12/31/2382	2
OPH	64774	EXCISION OF NEUROMA; CUTANEOUS NERVE, SURGICALLY IDENTIFIABLE	10/1/2014	12/31/2382	2
OPH	64776	EXCISION OF NEUROMA; DIGITAL NERVE, ONE OR BOTH, SAME DIGIT	10/1/2010	12/31/2382	1
OPH	64778	EXCISION OF NEUROMA; DIGITAL NERVE, EACH ADDITIONAL DIGIT (LIST SEPARATELY BY THIS NUMBER)	10/1/2014	12/31/2382	1
OPH	64782	EXCISION OF NEUROMA; HAND OR FOOT, EXCEPT DIGITAL NERVE	10/1/2010	12/31/2382	2
OPH	64783	EXCISION OF NEUROMA; HAND OR FOOT, EACH ADDITIONAL NERVE, EXCEPT SAME DIGIT (LIST SEPARATELY BY THIS NUMBER)	10/1/2010	12/31/2382	2
OPH	64784	EXCISION OF NEUROMA; MAJOR PERIPHERAL NERVE, EXCEPT SCIATIC	10/1/2014	12/31/2382	3
OPH	64786	EXCISION OF NEUROMA; SCIATIC NERVE	4/1/2013	12/31/2382	1
OPH	64787	IMPLANTATION OF NERVE END INTO BONE OR MUSCLE (LIST SEPARATELY IN ADDITION TO NEUROMA EXCISION)	10/1/2014	12/31/2382	4
OPH	64788	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; CUTANEOUS NERVE	10/1/2016	12/31/2382	5
OPH	64790	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; MAJOR PERIPHERAL NERVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	64792	EXCISION OF NEUROFIBROMA OR NEUROLEMMOMA; EXTENSIVE (INCLUDING MALIGNANT TYPE)	10/1/2010	12/31/2382	2
OPH	64795	BIOPSY OF NERVE	10/1/2010	12/31/2382	2
OPH	64802	SYMPATHECTOMY, CERVICAL	7/1/2013	12/31/2382	1
OPH	64804	SYMPATHECTOMY, CERVICOTHORACIC	7/1/2013	12/31/2382	1
OPH	64820	SYMPATHECTOMY, DIGITAL ARTERIES, WITH MAGNIFICATION, EACH DIGIT	10/1/2014	12/31/2382	4
OPH	64821	SYMPATHECTOMY; RADIAL ARTERY	1/1/2012	12/31/2382	1
OPH	64822	SYMPATHECTOMY; ULNAR ARTERY	1/1/2012	12/31/2382	1
OPH	64823	SYMPATHECTOMY; SUPERFICIAL PALMAR ARCH	1/1/2012	12/31/2382	1
OPH	64831	SUTURE OF DIGITAL NERVE, HAND OR FOOT; ONE NERVE	4/1/2013	12/31/2382	1
OPH	64832	SUTURE OF DIGITAL NERVE, HAND OR FOOT; EACH ADDITIONAL DIGITAL NERVE	10/1/2014	12/31/2382	3
OPH	64834	SUTURE OF ONE NERVE, HAND OR FOOT; COMMON SENSORY NERVE	4/1/2013	12/31/2382	1
OPH	64835	SUTURE OF ONE NERVE, HAND OR FOOT; MEDIAN MOTOR THENAR	4/1/2013	12/31/2382	1
OPH	64836	SUTURE OF ONE NERVE, HAND OR FOOT; ULNAR MOTOR	4/1/2013	12/31/2382	1
OPH	64837	SUTURE OF EACH ADDITIONAL NERVE, HAND OR FOOT	10/1/2014	12/31/2382	2
OPH	64840	SUTURE OF POSTERIOR TIBIAL NERVE	4/1/2013	12/31/2382	1
OPH	64856	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; INCLUDING TRANSPOSITION	10/1/2010	12/31/2382	2
OPH	64857	SUTURE OF MAJOR PERIPHERAL NERVE, ARM OR LEG, EXCEPT SCIATIC; WITHOUT TRANSPOSITION	10/1/2014	12/31/2382	2
OPH	64858	SUTURE OF SCIATIC NERVE	4/1/2013	12/31/2382	1
OPH	64859	SUTURE OF EACH ADDITIONAL MAJOR PERIPHERAL NERVE	10/1/2010	12/31/2382	2
OPH	64861	SUTURE OF; BRACHIAL PLEXUS	4/1/2013	12/31/2382	1
OPH	64862	SUTURE OF; LUMBAR PLEXUS	4/1/2013	12/31/2382	1
OPH	64864	SUTURE OF FACIAL NERVE; EXTRACRANIAL	10/1/2010	12/31/2382	2
OPH	64865	SUTURE OF FACIAL NERVE; INTRATEMPORAL, WITH OR WITHOUT GRAFTING	10/1/2010	12/31/2382	1
OPH	64872	SUTURE OF NERVE; REQUIRING SECONDARY OR DELAYED SUTURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY NEUROR)	10/1/2014	12/31/2382	1
OPH	64874	SUTURE OF NERVE; REQUIRING EXTENSIVE MOBILIZATION, OR TRANSPOSITION OF NERVE (LIST SEPARATELY IN ADDITION TO C)	10/1/2010	12/31/2382	1
OPH	64876	SUTURE OF NERVE; REQUIRING SHORTENING OF BONE OF EXTREMITY (LIST SEPARATELY IN ADDITION TO CODE FOR NERVE SUTU)	10/1/2010	12/31/2382	1
OPH	64885	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; UP TO 4 CM IN LENGTH	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	64886	NERVE GRAFT (INCLUDES OBTAINING GRAFT), HEAD OR NECK; MORE THAN 4 CM IN LENGTH	10/1/2010	12/31/2382	1
OPH	64890	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; UP TO 4 CM LENGTH	7/1/2013	12/31/2382	2
OPH	64891	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, HAND OR FOOT; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64892	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64893	NERVE GRAFT (INCLUDES OBTAINING GRAFT), SINGLE STRAND, ARM OR LEG; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64895	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64896	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), HAND OR FOOT; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64897	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; UP TO 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64898	NERVE GRAFT (INCLUDES OBTAINING GRAFT), MULTIPLE STRANDS (CABLE), ARM OR LEG; MORE THAN 4 CM LENGTH	10/1/2010	12/31/2382	2
OPH	64901	NERVE GRAFT, EACH ADDITIONAL NERVE; SINGLE STRAND	10/1/2010	12/31/2382	2
OPH	64902	NERVE GRAFT, EACH ADDITIONAL NERVE; MULTIPLE STRANDS (CABLE)	10/1/2014	12/31/2382	1
OPH	64905	NERVE PEDICLE TRANSFER; FIRST STAGE	10/1/2010	12/31/2382	1
OPH	64907	NERVE PEDICLE TRANSFER; SECOND STAGE	10/1/2010	12/31/2382	1
OPH	64910	NERVE REPAIR; WITH SYNTHETIC CONDUIT OR VEIN ALLOGRAFT, EACH NERVE	10/1/2010	12/31/2382	3
OPH	64911	NERVE REPAIR; WITH AUTOGENOUS VEIN GRAFT, EACH NERVE	10/1/2010	12/31/2382	2
OPH	64912	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH NERVE, FIRST STRAND (CABLE)	1/1/2018	12/31/2382	3
OPH	64913	NERVE REPAIR; WITH NERVE ALLOGRAFT, EACH ADDITIONAL STRAND (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2018	12/31/2382	3
OPH	64999	UNLISTED PROCEDURE, NERVOUS SYSTEM	10/1/2018	12/31/2382	1
OPH	65091	EVISCERATION OF OCULAR CONTENTS; WITHOUT IMPLANT	1/1/2012	12/31/2382	1
OPH	65093	EVISCERATION OF OCULAR CONTENTS; WITH IMPLANT	1/1/2012	12/31/2382	1
OPH	65101	ENUCLEATION OF EYE; WITHOUT IMPLANT	1/1/2012	12/31/2382	1
OPH	65103	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES NOT ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
OPH	65105	ENUCLEATION OF EYE; WITH IMPLANT, MUSCLES ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	65110	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; ONLY	1/1/2012	12/31/2382	1
OPH	65112	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH THERAPEUTIC REMOVAL OF	1/1/2012	12/31/2382	1
OPH	65114	EXENTERATION OF ORBIT (DOES NOT INCLUDE SKIN GRAFT), REMOVAL OF ORBITAL CONTENTS; WITH MUSCLE OR MYOCUTANEOUS	1/1/2012	12/31/2382	1
OPH	65125	MODIFICATION OF OCULAR IMPLANT (EG, DRILLING RECEPTACLE FOR PROSTHESIS APPENDAGE) (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	65130	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER EVISCERATION, IN SCLERAL SHELL	1/1/2012	12/31/2382	1
OPH	65135	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES NOT ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
OPH	65140	INSERTION OF OCULAR IMPLANT SECONDARY; AFTER ENUCLEATION, MUSCLES ATTACHED TO IMPLANT	1/1/2012	12/31/2382	1
OPH	65150	REINSERTION OF OCULAR IMPLANT; WITH OR WITHOUT CONJUNCTIVAL GRAFT	1/1/2012	12/31/2382	1
OPH	65155	REINSERTION OF OCULAR IMPLANT; WITH USE OF FOREIGN MATERIAL FOR REINFORCEMENT AND/OR ATTACHMENT OF MUSCLES TO	1/1/2012	12/31/2382	1
OPH	65175	REMOVAL OF OCULAR IMPLANT	1/1/2012	12/31/2382	1
OPH	65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	1/1/2012	12/31/2382	1
OPH	65210	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL EMBEDDED (INCLUDES CONCRETIONS), SUBCONJUNCTIVAL, OR SCLER	1/1/2012	12/31/2382	1
OPH	65220	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITHOUT SLIT LAMP	1/1/2012	12/31/2382	1
OPH	65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	1/1/2012	12/31/2382	1
OPH	65235	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM ANTERIOR CHAMBER OR LENS	1/1/2012	12/31/2382	1
OPH	65260	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, MAGNETIC EXTRACTION, ANTERIOR OR POSTERIOR ROUTE	1/1/2012	12/31/2382	1
OPH	65265	REMOVAL OF FOREIGN BODY, INTRAOCULAR; FROM POSTERIOR SEGMENT, NONMAGNETIC EXTRACTION	1/1/2012	12/31/2382	1
OPH	65270	REPAIR OF LACERATION; CONJUNCTIVA, WITH OR WITHOUT NONPERFORATING LACERATION SCLERA, DIRECT CLOSURE	1/1/2012	12/31/2382	1
OPH	65272	REPAIR OF LACERATION; CONJUNCTIVA, BY MOBILIZATION AND REARRANGEMENT, WITHOUT HOSPITALIZATION	1/1/2012	12/31/2382	1
OPH	65275	REPAIR OF LACERATION; CORNEA, NONPERFORATING, WITH OR WITHOUT REMOVAL FOREIGN BODY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	65280	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, NOT INVOLVING UVEAL TISSUE	1/1/2012	12/31/2382	1
OPH	65285	REPAIR OF LACERATION; CORNEA AND/OR SCLERA, PERFORATING, WITH REPOSITION OR RESECTION OF UVEAL TISSUE	1/1/2012	12/31/2382	1
OPH	65286	REPAIR OF LACERATION; APPLICATION OF TISSUE GLUE, WOUNDS OF CORNEA AND/OR SCLERA	1/1/2012	12/31/2382	1
OPH	65290	REPAIR OF WOUND, EXTRAOCULAR MUSCLE, TENDON AND/OR TENON'S CAPSULE	1/1/2012	12/31/2382	1
OPH	65400	EXCISION OF LESION, CORNEA (KERATECTOMY, LAMELLAR, PARTIAL), EXCEPT PTERYGIUM	1/1/2012	12/31/2382	1
OPH	65410	BIOPSY OF CORNEA	1/1/2012	12/31/2382	1
OPH	65420	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITHOUT GRAFT	1/1/2012	12/31/2382	1
OPH	65426	EXCISION OR TRANSPOSITION OF PTERYGIUM; WITH GRAFT	1/1/2012	12/31/2382	1
OPH	65430	SCRAPING OF CORNEA, DIAGNOSTIC, FOR SMEAR AND/OR CULTURE	1/1/2012	12/31/2382	1
OPH	65435	REMOVAL OF CORNEAL EPITHELIUM; WITH OR WITHOUT CHEMOCAUTERIZATION (ABRASION, CURETTAGE)	1/1/2012	12/31/2382	1
OPH	65436	REMOVAL OF CORNEAL EPITHELIUM; WITH APPLICATION OF CHELATING AGENT (EG, EDTA)	1/1/2012	12/31/2382	1
OPH	65450	DESTRUCTION OF LESION OF CORNEA BY CRYOTHERAPY, PHOTOCOAGULATION OR THERMOCAUTERIZATION	1/1/2012	12/31/2382	1
OPH	65600	TATTOO CORNEA, MECHANICAL OR CHEMICAL	1/1/2012	12/31/2382	1
OPH	65710	KERATOPLASTY (CORNEAL TRANSPLANT); LAMELLAR	1/1/2012	12/31/2382	1
OPH	65730	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (EXCEPT IN APHAKIA)	1/1/2012	12/31/2382	1
OPH	65750	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN APHAKIA)	1/1/2012	12/31/2382	1
OPH	65755	KERATOPLASTY (CORNEAL TRANSPLANT); PENETRATING (IN PSEUDOPHAKIA)	1/1/2012	12/31/2382	1
OPH	65756	KERATOPLASTY (CORNEAL TRANSPLANT); ENDOTHELIAL	1/1/2012	12/31/2382	1
OPH	65757	BACKBENCH PREPARATION OF CORNEAL ENDOTHELIAL ALLOGRAFT PRIOR TO TRANSPLANTATION	10/1/2012	12/31/2382	1
OPH	65760	KERATOMILEUSIS	10/1/2013	12/31/2382	1
OPH	65765	KERATOPHAKIA	10/1/2013	12/31/2382	1
OPH	65767	EPIKERATOPLASTY	10/1/2013	12/31/2382	1
OPH	65770	KERATOPROSTHESIS	1/1/2012	12/31/2382	1
OPH	65771	RADIAL KERATOTOMY	10/1/2013	12/31/2382	1
OPH	65772	CORNEAL RELAXING INCISION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1/1/2012	12/31/2382	1
OPH	65775	CORNEAL WEDGE RESECTION FOR CORRECTION OF SURGICALLY INDUCED ASTIGMATISM	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SELF-RETAINING	1/1/2012	12/31/2382	1
OPH	65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE LAYER, SUTURED	1/1/2012	12/31/2382	1
OPH	65780	OCULAR SURFACE RECONSTRUCTION; AMNIOTIC MEMBRANE TRANSPLANTATION	1/1/2012	12/31/2382	1
OPH	65781	OCULAR SURFACE RECONSTRUCTION; LIMBAL STEM CELL ALLOGRAFT	1/1/2012	12/31/2382	1
OPH	65782	OCULAR SURFACE RECONSTRUCTION; LIMBAL CONJUNCTIVAL AUTOGRAFT	1/1/2012	12/31/2382	1
OPH	65785	IMPLANTATION OF CORNEAL RING SEGMENTS	4/1/2017	12/31/2382	1
OPH	65800	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH DIAGNOSTIC ASPIRATION OF AQUEOUS	1/1/2012	12/31/2382	1
OPH	65810	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF VITREOUS AND/OR DISCUSSION OF AN	1/1/2012	12/31/2382	1
OPH	65815	PARACENTESIS OF ANTERIOR CHAMBER OF EYE (SEPARATE PROCEDURE); WITH REMOVAL OF BLOOD, WITH OR WITHOUT IRRIGATION	1/1/2012	12/31/2382	1
OPH	65820	GONIOTOMY	1/1/2012	12/31/2382	1
OPH	65850	TRABECULOTOMY AB EXTERNO	1/1/2012	12/31/2382	1
OPH	65855	TRABECULOPLASTY BY LASER SURGERY, ONE OR MORE SESSIONS (DEFINED TREATMENT SERIES)	1/1/2012	12/31/2382	1
OPH	65860	SEVERING ADHESIONS OF ANTERIOR SEGMENT, LASER TECHNIQUE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	65865	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	1/1/2012	12/31/2382	1
OPH	65870	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	1/1/2012	12/31/2382	1
OPH	65875	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	1/1/2012	12/31/2382	1
OPH	65880	SEVERING ADHESIONS OF ANTERIOR SEGMENT OF EYE, INCISIONAL TECHNIQUE (WITH OR WITHOUT INJECTION OF AIR OR LIQUID)	1/1/2012	12/31/2382	1
OPH	65900	REMOVAL OF EPITHELIAL DOWNGROWTH, ANTERIOR CHAMBER EYE	1/1/2012	12/31/2382	1
OPH	65920	REMOVAL OF IMPLANTED MATERIAL, ANTERIOR SEGMENT EYE	1/1/2012	12/31/2382	1
OPH	65930	REMOVAL OF BLOOD CLOT, ANTERIOR SEGMENT EYE	1/1/2012	12/31/2382	1
OPH	66020	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); AIR OR LIQUID	1/1/2012	12/31/2382	1
OPH	66030	INJECTION, ANTERIOR CHAMBER (SEPARATE PROCEDURE); MEDICATION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	66130	EXCISION OF LESION, SCLERA	1/1/2012	12/31/2382	1
OPH	66150	FISTULIZATION OF SCLERA FOR GLAUCOMA; TREPHINATION WITH IRIDECTOMY	1/1/2012	12/31/2382	1
OPH	66155	FISTULIZATION OF SCLERA FOR GLAUCOMA; THERMOCAUTERIZATION WITH IRIDECTOMY	1/1/2012	12/31/2382	1
OPH	66160	FISTULIZATION OF SCLERA FOR GLAUCOMA; SCLERECTOMY WITH PUNCH OR SCISSORS, WITH IRIDECTOMY	1/1/2012	12/31/2382	1
OPH	66170	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO	1/1/2012	12/31/2382	1
OPH	66172	FISTULIZATION OF SCLERA FOR GLAUCOMA; TRABECULECTOMY AB EXTERNO WITH SCARRING FROM PREVIOUS OCULAR SURGERY OR	1/1/2012	12/31/2382	1
OPH	66174	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITHOUT RETENTION OF DEVICE OR STENT	1/1/2012	12/31/2382	1
OPH	66175	TRANSLUMINAL DILATION OF AQUEOUS OUTFLOW CANAL; WITH RETENTION OF DEVICE OR STENT	1/1/2012	12/31/2382	1
OPH	66179	AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR, EXTERNAL APPROACH; WITHOUT GRAFT	1/1/2015	12/31/2382	1
OPH	66180	AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR, (EG, MOLTENO, SCHOCKET, DENVER-KRUPIN)	1/1/2012	12/31/2382	1
OPH	66183	INSERTION ANTERIOUS SEGMENT AQUEOUS DRAINAGE DEVICE, WITHOUT EXTRAOCULAR RESERVIOR, EXTERNAL	1/1/2014	12/31/2382	1
OPH	66184	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR EQUATORIAL PLATE RESERVOIR; WITHOUT GRAFT	1/1/2015	12/31/2382	1
OPH	66185	REVISION OF AQUEOUS SHUNT TO EXTRAOCULAR RESERVOIR	1/1/2012	12/31/2382	1
OPH	66225	REPAIR OF SCLERAL STAPHYLOMA; WITH GRAFT	1/1/2012	12/31/2382	1
OPH	66250	REVISION OR REPAIR OF OPERATIVE WOUND OF ANTERIOR SEGMENT, ANY TYPE, EARLY OR LATE, MAJOR OR MINOR PROCEDURE	1/1/2012	12/31/2382	1
OPH	66500	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); EXCEPT TRANSFIXION	1/1/2012	12/31/2382	1
OPH	66505	IRIDOTOMY BY STAB INCISION (SEPARATE PROCEDURE); WITH TRANSFIXION AS FOR IRIS BOMBE	1/1/2012	12/31/2382	1
OPH	66600	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; FOR REMOVAL OF LESION	1/1/2012	12/31/2382	1
OPH	66605	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; WITH CYCLECTOMY	1/1/2012	12/31/2382	1
OPH	66625	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; PERIPHERAL FOR GLAUCOMA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	66630	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; SECTOR FOR GLAUCOMA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	66635	IRIDECTOMY, WITH CORNEOSCLERAL OR CORNEAL SECTION; "OPTICAL" (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	66680	REPAIR OF IRIS, CILIARY BODY (AS FOR IRIDODIALYSIS)	1/1/2012	12/31/2382	1
OPH	66682	SUTURE OF IRIS, CILIARY BODY (SEPARATE PROCEDURE) WITH RETRIEVAL OF SUTURE THROUGH SMALL INCISION (EG, MCCANNE	1/1/2012	12/31/2382	1
OPH	66700	CILIARY BODY DESTRUCTION; DIATHERMY	1/1/2012	12/31/2382	1
OPH	66710	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION	1/1/2012	12/31/2382	1
OPH	66711	CILIARY BODY DESTRUCTION; CYCLOPHOTOCOAGULATION, ENDOSCOPIC	1/1/2012	12/31/2382	1
OPH	66720	CILIARY BODY DESTRUCTION; CRYOTHERAPY	1/1/2012	12/31/2382	1
OPH	66740	CILIARY BODY DESTRUCTION; CYCLODIALYSIS	1/1/2012	12/31/2382	1
OPH	66761	IRIDOTOMY/IRIDECTOMY BY LASER SURGERY (EG, FOR GLAUCOMA) (ONE OR MORE SESSIONS)	1/1/2012	12/31/2382	1
OPH	66762	IRIDOPLASTY BY PHOTOCOAGULATION (ONE OR MORE SESSIONS) (EG, FOR IMPROVEMENT OF VISION, FOR WIDENING OF ANTERIO	1/1/2012	12/31/2382	1
OPH	66770	DESTRUCTION OF CYST OR LESION IRIS OR CILIARY BODY (NONEXCISIONAL PROCEDURE)	1/1/2012	12/31/2382	1
OPH	66820	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; STAB I	1/1/2012	12/31/2382	1
OPH	66821	DISCISSION OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID; LASER	1/1/2012	12/31/2382	1
OPH	66825	REPOSITIONING OF INTRAOCULAR LENS PROSTHESIS, REQUIRING AN INCISION (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	66830	REMOVAL OF SECONDARY MEMBRANEOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE AND/OR ANTERIOR HYALOID) WITH CORNE	1/1/2012	12/31/2382	1
OPH	66840	REMOVAL OF LENS MATERIAL; ASPIRATION TECHNIQUE, ONE OR MORE STAGES	1/1/2012	12/31/2382	1
OPH	66850	REMOVAL OF LENS MATERIAL; PHACOFRAGMENTATION TECHNIQUE (MECHANICAL OR ULTRASONIC) (EG, PHACOEMULSIFICATION), W	1/1/2012	12/31/2382	1
OPH	66852	REMOVAL OF LENS MATERIAL; PARS PLANA APPROACH, WITH OR WITHOUT VITRECTOMY	1/1/2012	12/31/2382	1
OPH	66920	REMOVAL OF LENS MATERIAL; INTRACAPSULAR	1/1/2012	12/31/2382	1
OPH	66930	REMOVAL OF LENS MATERIAL; INTRACAPSULAR, FOR DISLOCATED LENS	1/1/2012	12/31/2382	1
OPH	66940	REMOVAL OF LENS MATERIAL; EXTRACAPSULAR (OTHER THAN 66840, 66850, 66852)	1/1/2012	12/31/2382	1
OPH	66982	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS, MANUAL OR MECHANICAL TECHNIQUE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	66983	INTRACAPSULAR CATARACT EXTRACTION WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	66984	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (ONE STAGE PROCEDURE), MANUAL OR	1/1/2012	12/31/2382	1
OPH	66985	INSERTION OF INTRAOCULAR LENS PROSTHESIS (SECONDARY IMPLANT), NOT ASSOCIATED WITH CONCURRENT CATARACT REMOVAL	1/1/2012	12/31/2382	1
OPH	66986	EXCHANGE OF INTRAOCULAR LENS	1/1/2012	12/31/2382	1
OPH	66987	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX,	1/1/2020	12/31/2382	2
OPH	66988	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH ENDOSCOPIC CYCLOPHOTOCOAGULATION	1/1/2020	12/31/2382	2
OPH	66989	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1-STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION), COMPLEX, REQUIRING DEVICES OR TECHNIQUES	1/1/2022	12/31/2382	1
OPH	66990	USE OF OPHTHALMIC ENDOSCOPE (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2012	12/31/2382	1
OPH	66991	EXTRACAPSULAR CATARACT REMOVAL WITH INSERTION OF INTRAOCULAR LENS PROSTHESIS (1 STAGE PROCEDURE), MANUAL OR MECHANICAL TECHNIQUE (EG, IRRIGATION AND ASPIRATION OR PHACOEMULSIFICATION); WITH INSERTION OF	1/1/2022	12/31/2382	1
OPH	66999	UNLISTED PROCEDURE, ANTERIOR SEGMENT OF EYE	4/1/2018	12/31/2382	1
OPH	67005	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); PARTIAL REMOVAL	1/1/2012	12/31/2382	1
OPH	67010	REMOVAL OF VITREOUS, ANTERIOR APPROACH (OPEN SKY TECHNIQUE OR LIMBAL INCISION); SUBTOTAL REMOVAL WITH MECHANIC	1/1/2012	12/31/2382	1
OPH	67015	ASPIRATION OR RELEASE OF VITREOUS, SUBRETINAL OR CHOROIDAL FLUID, PARS PLANA APPROACH (POSTERIOR SCLEROTOMY)	1/1/2012	12/31/2382	1
OPH	67025	INJECTION OF VITREOUS SUBSTITUTE, PARS PLANA OR LIMBAL APPROACH, (FLUID-GAS EXCHANGE), WITH OR WITHOUT ASPIRAT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67027	IMPLANTATION OR REPLACEMENT OF INTRAVITREAL DRUG DELIVERY SYSTEM (EG, GANCICLOVIR IMPLANT), INCLUDES CONCOMIT	1/1/2012	12/31/2382	1
OPH	67028	INTRAVITREAL INJECTION OF A PHARMACOLOGIC AGENT (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	67030	DISCISSION OF VITREOUS STRANDS (WITHOUT REMOVAL), PARS PLANA APPROACH	1/1/2012	12/31/2382	1
OPH	67031	SEVERING OF VITREOUS STRANDS, VITREOUS FACE ADHESIONS, SHEETS, MEMBRANES OR OPACITIES, LASER SURGERY (ONE OR M	1/1/2012	12/31/2382	1
OPH	67036	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH;	1/1/2012	12/31/2382	1
OPH	67039	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH FOCAL ENDOLASER PHOTOCOAGULATION	1/1/2012	12/31/2382	1
OPH	67040	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH ENDOLASER PANRETINAL PHOTOCOAGULATION	1/1/2012	12/31/2382	1
OPH	67041	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF PRENETINAL CELLULAR MEMBRANE	1/1/2012	12/31/2382	1
OPH	67042	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF INTERNAL LIMITING MEMBRANE OF RETINA, INCLUDES,	1/1/2012	12/31/2382	1
OPH	67043	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH; WITH REMOVAL OF SUBRETINAL MEMBRANE, INCLUDES,	1/1/2012	12/31/2382	1
OPH	67101	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; CRYOTHERAPY OR DIATHERMY, WITH OR WITHOUT DRAINAGE OF SUBR	1/1/2012	12/31/2382	1
OPH	67105	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; PHOTOCOAGULATION, WITH OR WITHOUT DRAINAGE OF SUBRETINA	1/1/2012	12/31/2382	1
OPH	67107	REPAIR OF RETINAL DETACHMENT; SCLERAL BUCKLING , WITH OR WITHOUT IMPLANT, WITH OR WITHOUT CRYOTHERAPY, PHOTO-	1/1/2012	12/31/2382	1
OPH	67108	REPAIR OF RETINAL DETACHMENT; WITH VITRECTOMY, ANY METHOD, WITH OR WITHOUT AIR OR GAS TAMPONADE, FOCAL ENDOLAS	1/1/2012	12/31/2382	1
OPH	67110	REPAIR OF RETINAL DETACHMENT, ONE OR MORE SESSIONS; BY INJECTION OF AIR OR OTHER GAS (EG, PNEUMORETINOPEXY)	1/1/2012	12/31/2382	1
OPH	67113	REPAIR OF COMPLEX RETINAL DETACHMENT, WITH VITRECTOMY AND MEMBRANE PEELING, MAY INCLUDE AIR,GAS, OR SILICONE	1/1/2012	12/31/2382	1
OPH	67115	RELEASE OF ENCIRCLING MATERIAL (POSTERIOR SEGMENT)	1/1/2012	12/31/2382	1
OPH	67120	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; EXTRAOCULAR	1/1/2012	12/31/2382	1
OPH	67121	REMOVAL OF IMPLANTED MATERIAL, POSTERIOR SEGMENT; INTRAOCULAR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67141	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	1/1/2012	12/31/2382	1
OPH	67145	PROPHYLAXIS OF RETINAL DETACHMENT (EG, RETINAL BREAK, LATTICE DEGENERATION) WITHOUT DRAINAGE, ONE OR MORE SESS	1/1/2012	12/31/2382	1
OPH	67208	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
OPH	67210	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
OPH	67218	DESTRUCTION OF LOCALIZED LESION OF RETINA (EG, MACULOPATHY, CHOROIDOPATHY, SMALL TUMORS), ONE OR MORE SESSIONS	1/1/2012	12/31/2382	1
OPH	67220	DESTRUCTION OF LOCALIZED LESION OF CHOROID, ONE OR MORE SESSION	1/1/2012	12/31/2382	1
OPH	67221	DESTRUCTION OF LOCALIZED LESION OF CHOROID (EG, CHOROIDAL NEOVASCULARIZATION); PHOTODYNAMIC THERAPY	10/1/2010	12/31/2382	1
OPH	67225	DESTRUCTION OF LOCALIZED LESION OF CHOROID; PHOTODYNAMIC THERAPY, SECOND EYE, AT SINGLE SESSION	10/1/2010	12/31/2382	1
OPH	67227	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; CRYOTHER	1/1/2012	12/31/2382	1
OPH	67228	DESTRUCTION OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PHOTOCOAG	1/1/2012	12/31/2382	1
OPH	67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY (EG, DIABETIC RETINOPATHY), ONE OR MORE SESSIONS; PRETERM	10/1/2010	12/31/2382	1
OPH	67250	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITHOUT GRAFT	1/1/2012	12/31/2382	1
OPH	67255	SCLERAL REINFORCEMENT (SEPARATE PROCEDURE); WITH GRAFT	1/1/2012	12/31/2382	1
OPH	67299	UNLISTED PROCEDURE, POSTERIOR SEGMENT	4/1/2018	12/31/2382	1
OPH	67311	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE HORIZONTAL MUSC	1/1/2012	12/31/2382	1
OPH	67312	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO HORIZONTAL MUSC	1/1/2012	12/31/2382	1
OPH	67314	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); ONE VERTICAL MUSCLE	1/1/2012	12/31/2382	1
OPH	67316	STRABISMUS SURGERY, RECESSIO OR RESECTION PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON); TWO OR MORE VERTICA	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67318	STRABISMUS SURGERY, ANY PROCEDURE (PATIENT NOT PREVIOUSLY OPERATED ON), SUPERIOR OBLIQUE MUSCLE	1/1/2012	12/31/2382	1
OPH	67320	TRANSPOSITION PROCEDURE (EG, FOR PARETIC EXTRAOCULAR MUSCLE), ANY EXTRAOCULAR MUSCLE (SPECIFY)	10/1/2010	12/31/2382	2
OPH	67331	STRABISMUS SURGERY ON PATIENT WITH PREVIOUS EYE SURGERY OR INJURY THAT DID NOT INVOLVE THE EXTRAOCULAR MUSCLES	10/1/2014	12/31/2382	1
OPH	67332	STRABISMUS SURGERY ON PATIENT WITH SCARRING OF EXTRAOCULAR MUSCLES (EG, PRIOR OCULAR INJURY, STRABISMUS OR RET	10/1/2014	12/31/2382	1
OPH	67334	STRABISMUS SURGERY BY POSTERIOR FIXATION SUTURE TECHNIQUE, WITH OR WITHOUT MUSCLE RECESSION	10/1/2014	12/31/2382	1
OPH	67335	PLACEMENT OF ADJUSTABLE SUTURE(S) DURING STRABISMUS SURGERY, INCLUDING POSTOPERATIVE ADJUSTMENT(S) OF SUTURE(S	10/1/2014	12/31/2382	1
OPH	67340	STRABISMUS SURGERY INVOLVING EXPLORATION AND/OR REPAIR OF DETACHED EXTRAOCULAR MUSCLE(S)	10/1/2010	12/31/2382	2
OPH	67343	RELEASE OF EXTENSIVE SCAR TISSUE WITHOUT DETACHING EXTRAOCULAR MUSCLE (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	67345	CHEMODENERVATION OF EXTRAOCULAR MUSCLE	1/1/2012	12/31/2382	1
OPH	67346	BIOPSY OF EXTRAOCULAR MUSCLE	10/1/2010	12/31/2382	1
OPH	67399	UNLISTED PROCEDURE, OCULAR MUSCLE	4/1/2018	12/31/2382	1
OPH	67400	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); FOR EXPLORATION, WITH OR WITHOUT BONE BI	1/1/2012	12/31/2382	1
OPH	67405	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH DRAINAGE ONLY	1/1/2012	12/31/2382	1
OPH	67412	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF LESION	1/1/2012	12/31/2382	1
OPH	67413	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF FOREIGN BODY	1/1/2012	12/31/2382	1
OPH	67414	ORBITOTOMY WITHOUT BONE FLAP (FRONTAL OR TRANSCONJUNCTIVAL APPROACH); WITH REMOVAL OF BONE FOR DECOMPRESSION	1/1/2012	12/31/2382	1
OPH	67415	FINE NEEDLE ASPIRATION OF ORBITAL CONTENTS	1/1/2012	12/31/2382	1
OPH	67420	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67430	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	1/1/2012	12/31/2382	1
OPH	67440	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH DRAINAGE	1/1/2012	12/31/2382	1
OPH	67445	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION WITH REMOVAL OF	1/1/2012	12/31/2382	1
OPH	67450	ORBITOTOMY WITH BONE FLAP OR WINDOW, LATERAL APPROACH (EG, KROENLEIN); WITH REMOVAL OF LESION FOR EXPLORATION,	1/1/2012	12/31/2382	1
OPH	67500	RETROBULBAR INJECTION; MEDICATION (SEPARATE PROCEDURE, DOES NOT INCLUDE SUPPLY OF MEDICATION)	1/1/2012	12/31/2382	1
OPH	67505	RETROBULBAR INJECTION; ALCOHOL	1/1/2012	12/31/2382	1
OPH	67515	INJECTION OF THERAPEUTIC AGENT INTO TENON'S CAPSULE	1/1/2012	12/31/2382	1
OPH	67550	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); INSERTION	1/1/2012	12/31/2382	1
OPH	67560	ORBITAL IMPLANT (IMPLANT OUTSIDE MUSCLE CONE); REMOVAL OR REVISION	1/1/2012	12/31/2382	1
OPH	67570	OPTIC NERVE DECOMPRESSION (EG, INCISION OR FENESTRATION OF OPTIC NERVE SHEATH)	1/1/2012	12/31/2382	1
OPH	67599	UNLISTED PROCEDURE, ORBIT	4/1/2018	12/31/2382	1
OPH	67700	BLEPHAROTOMY, DRAINAGE OF ABSCESS, EYELID	10/1/2014	12/31/2382	2
OPH	67710	SEVERING OF TARSORRHAPHY	1/1/2012	12/31/2382	1
OPH	67715	CANTHOTOMY (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	67800	EXCISION OF CHALAZION; SINGLE	10/1/2010	12/31/2382	1
OPH	67801	EXCISION OF CHALAZION; MULTIPLE, SAME LID	10/1/2010	12/31/2382	1
OPH	67805	EXCISION OF CHALAZION; MULTIPLE, DIFFERENT LIDS	10/1/2010	12/31/2382	1
OPH	67808	EXCISION OF CHALAZION; UNDER GENERAL ANESTHESIA AND/OR REQUIRING HOSPITALIZATION, SINGLE OR MULTIPLE	10/1/2010	12/31/2382	1
OPH	67810	BIOPSY OF EYELID	10/1/2014	12/31/2382	2
OPH	67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	1/1/2012	12/31/2382	1
OPH	67825	CORRECTION OF TRICHIASIS; EPILATION BY OTHER THAN FORCEPS (EG, BY ELECTROSURGERY, CRYOTHERAPY, LASER SURGERY)	1/1/2012	12/31/2382	1
OPH	67830	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN	10/1/2014	12/31/2382	1
OPH	67835	CORRECTION OF TRICHIASIS; INCISION OF LID MARGIN, WITH FREE MUCOUS MEMBRANE GRAFT	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67840	EXCISION OF LESION OF EYELID (EXCEPT CHALAZION) WITHOUT CLOSURE OR WITH SIMPLE DIRECT CLOSURE	4/1/2019	12/31/2382	3
OPH	67850	DESTRUCTION OF LESION OF LID MARGIN (UP TO 1 CM)	10/1/2014	12/31/2382	3
OPH	67875	TEMPORARY CLOSURE OF EYELIDS BY SUTURE (EG, FROST SUTURE)	1/1/2012	12/31/2382	1
OPH	67880	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY;	1/1/2012	12/31/2382	1
OPH	67882	CONSTRUCTION OF INTERMARGINAL ADHESIONS, MEDIAN TARSORRHAPHY, OR CANTHORRHAPHY; WITH TRANSPOSITION OF TARSAL P	1/1/2012	12/31/2382	1
OPH	67900	REPAIR OF BROW PTOSIS (SUPRACILIARY, MID-FOREHEAD OR CORONAL APPROACH)	1/1/2012	12/31/2382	1
OPH	67901	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH SUTURE OR OTHER MATERIAL	1/1/2012	12/31/2382	1
OPH	67902	REPAIR OF BLEPHAROPTOSIS; FRONTALIS MUSCLE TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1/1/2012	12/31/2382	1
OPH	67903	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, INTERNAL APPROACH	1/1/2012	12/31/2382	1
OPH	67904	REPAIR OF BLEPHAROPTOSIS; (TARSO)LEVATOR RESECTION OR ADVANCEMENT, EXTERNAL APPROACH	1/1/2012	12/31/2382	1
OPH	67906	REPAIR OF BLEPHAROPTOSIS; SUPERIOR RECTUS TECHNIQUE WITH FASCIAL SLING (INCLUDES OBTAINING FASCIA)	1/1/2012	12/31/2382	1
OPH	67908	REPAIR OF BLEPHAROPTOSIS; CONJUNCTIVO-TARSO-MULLER'S MUSCLE-LEVATOR RESECTION (EG, FASANELLA-SERVAT TYPE)	1/1/2012	12/31/2382	1
OPH	67909	REDUCTION OF OVERCORRECTION OF PTOSIS	1/1/2012	12/31/2382	1
OPH	67911	CORRECTION OF LID RETRACTION	10/1/2018	12/31/2382	2
OPH	67912	CORRECTION OF LAGOPHTHALMOS, WITH IMPLANTATION OF UPPER EYELID LOAD	1/1/2012	12/31/2382	1
OPH	67914	REPAIR OF ECTROPION; SUTURE	7/1/2017	12/31/2382	2
OPH	67915	REPAIR OF ECTROPION; THERMOCAUTERIZATION	7/1/2017	12/31/2382	2
OPH	67916	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	7/1/2017	12/31/2382	2
OPH	67917	REPAIR OF ECTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, KUHNT-SZYMANOWSKI OR TARSAL STRIP OPERATIONS)	7/1/2017	12/31/2382	2
OPH	67921	REPAIR OF ENTROPION; SUTURE	7/1/2017	12/31/2382	2
OPH	67922	REPAIR OF ENTROPION; THERMOCAUTERIZATION	7/1/2017	12/31/2382	2
OPH	67923	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXCISION TARSAL WEDGE	7/1/2017	12/31/2382	2
OPH	67924	REPAIR OF ENTROPION; BLEPHAROPLASTY, EXTENSIVE (EG, WHEELER OPERATION)	7/1/2017	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	67930	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; PA	10/1/2010	12/31/2382	2
OPH	67935	SUTURE OF RECENT WOUND, EYELID, INVOLVING LID MARGIN, TARSUS, AND/OR PALPEBRAL CONJUNCTIVA) DIRECT CLOSURE; FU	10/1/2010	12/31/2382	2
OPH	67938	REMOVAL OF EMBEDDED FOREIGN BODY, EYELID	10/1/2010	12/31/2382	2
OPH	67950	CANTHOPLASTY (RECONSTRUCTION OF CANTHUS)	10/1/2010	12/31/2382	2
OPH	67961	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	10/1/2018	12/31/2382	2
OPH	67966	EXCISION AND REPAIR OF EYELID, INVOLVING LID MARGIN, TARSUS, CONJUNCTIVA, CANTHUS, OR FULL THICKNESS, MAY INCL	10/1/2018	12/31/2382	2
OPH	67971	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; UP TO TWO	1/1/2012	12/31/2382	1
OPH	67973	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	1/1/2012	12/31/2382	1
OPH	67974	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; TOTAL EYE	1/1/2012	12/31/2382	1
OPH	67975	RECONSTRUCTION OF EYELID, FULL THICKNESS BY TRANSFER OF TARSOCONJUNCTIVAL FLAP FROM OPPOSING EYELID; SECOND ST	1/1/2012	12/31/2382	1
OPH	67999	UNLISTED PROCEDURE, EYELIDS	4/1/2018	12/31/2382	1
OPH	68020	INCISION OF CONJUNCTIVA, DRAINAGE OF CYST	1/1/2012	12/31/2382	1
OPH	68040	EXPRESSION OF CONJUNCTIVAL FOLLICLES, EG, FOR TRACHOMA	1/1/2012	12/31/2382	1
OPH	68100	BIOPSY OF CONJUNCTIVA	1/1/2012	12/31/2382	1
OPH	68110	EXCISION OF LESION, CONJUNCTIVA; UP TO 1 CM	1/1/2012	12/31/2382	1
OPH	68115	EXCISION OF LESION, CONJUNCTIVA; OVER 1 CM	1/1/2012	12/31/2382	1
OPH	68130	EXCISION OF LESION, CONJUNCTIVA; WITH ADJACENT SCLERA	1/1/2012	12/31/2382	1
OPH	68135	DESTRUCTION OF LESION, CONJUNCTIVA	1/1/2012	12/31/2382	1
OPH	68200	SUBCONJUNCTIVAL INJECTION	1/1/2012	12/31/2382	1
OPH	68320	CONJUNCTIVOPLASTY; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	1/1/2012	12/31/2382	1
OPH	68325	CONJUNCTIVOPLASTY; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	68326	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH CONJUNCTIVAL GRAFT OR EXTENSIVE REARRANGEMENT	10/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	68328	CONJUNCTIVOPLASTY, RECONSTRUCTION CUL-DE-SAC; WITH BUCCAL MUCOUS MEMBRANE GRAFT (INCLUDES OBTAINING GRAFT)	10/1/2018	12/31/2382	1
OPH	68330	REPAIR OF SYMBLEPHARON; CONJUNCTIVOPLASTY, WITHOUT GRAFT	1/1/2012	12/31/2382	1
OPH	68335	REPAIR OF SYMBLEPHARON; WITH FREE GRAFT CONJUNCTIVA OR BUCCAL MUCOUS MEMBRANE (INCLUDES OBTAINING GRAFT)	1/1/2012	12/31/2382	1
OPH	68340	REPAIR OF SYMBLEPHARON; DIVISION OF SYMBLEPHARON, WITH OR WITHOUT INSERTION OF CONFORMER OR CONTACT LENS	1/1/2012	12/31/2382	1
OPH	68360	CONJUNCTIVAL FLAP; BRIDGE OR PARTIAL (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1
OPH	68362	CONJUNCTIVAL FLAP; TOTAL (SUCH AS GUNDERSON THIN FLAP OR PURSE STRING FLAP)	1/1/2012	12/31/2382	1
OPH	68371	HARVESTING CONJUNCTIVAL ALLOGRAFT, LIVING DONOR	10/1/2010	12/31/2382	1
OPH	68399	UNLISTED PROCEDURE, CONJUNCTIVA	4/1/2018	12/31/2382	1
OPH	68400	INCISION, DRAINAGE OF LACRIMAL GLAND	1/1/2012	12/31/2382	1
OPH	68420	INCISION, DRAINAGE OF LACRIMAL SAC (DACRYOCYSTOTOMY OR DACRYOCYSTOSTOMY)	1/1/2012	12/31/2382	1
OPH	68440	SNIP INCISION OF LACRIMAL PUNCTUM	10/1/2010	12/31/2382	2
OPH	68500	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; TOTAL	1/1/2012	12/31/2382	1
OPH	68505	EXCISION OF LACRIMAL GLAND (DACRYOADENECTOMY), EXCEPT FOR TUMOR; PARTIAL	1/1/2012	12/31/2382	1
OPH	68510	BIOPSY OF LACRIMAL GLAND	1/1/2012	12/31/2382	1
OPH	68520	EXCISION OF LACRIMAL SAC (DACRYOCYSTEATOMY)	1/1/2012	12/31/2382	1
OPH	68525	BIOPSY OF LACRIMAL SAC	1/1/2012	12/31/2382	1
OPH	68530	REMOVAL OF FOREIGN BODY OR DACRYOLITH, LACRIMAL PASSAGES	1/1/2012	12/31/2382	1
OPH	68540	EXCISION OF LACRIMAL GLAND TUMOR; FRONTAL APPROACH	10/1/2010	12/31/2382	1
OPH	68550	EXCISION OF LACRIMAL GLAND TUMOR; INVOLVING OSTEOTOMY	10/1/2010	12/31/2382	1
OPH	68700	PLASTIC REPAIR OF CANALICULI	1/1/2012	12/31/2382	1
OPH	68705	CORRECTION OF EVERTED PUNCTUM, CAUTERY	10/1/2010	12/31/2382	2
OPH	68720	DACRYOCYSTORHINOSTOMY (FISTULIZATION OF LACRIMAL SAC TO NASAL CAVITY)	1/1/2012	12/31/2382	1
OPH	68745	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITHOUT TUBE	1/1/2012	12/31/2382	1
OPH	68750	CONJUNCTIVORHINOSTOMY (FISTULIZATION OF CONJUNCTIVA TO NASAL CAVITY); WITH INSERTION OF TUBE OR STENT	1/1/2012	12/31/2382	1
OPH	68760	CLOSURE OF THE LACRIMAL PUNCTUM; BY THERMOCAUTERIZATION, LIGATION, OR LASER SURGERY	10/1/2010	12/31/2382	4
OPH	68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	10/1/2010	12/31/2382	4
OPH	68770	CLOSURE OF LACRIMAL FISTULA (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION;	10/1/2010	12/31/2382	4
OPH	68810	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;	7/1/2013	12/31/2382	1
OPH	68811	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; REQUIRING GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
OPH	68815	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION;WITH INSERTION OF TUBE OR STENT	7/1/2013	12/31/2382	1
OPH	68816	PROBING OF NASOLACRIMAL DUCT, WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL BALLOON CATHETER DILATION	7/1/2013	12/31/2382	1
OPH	68840	PROBING OF LACRIMAL CANALICULI, WITH OR WITHOUT IRRIGATION	1/1/2012	12/31/2382	1
OPH	68841	INSERTION OF DRUG-ELUTING IMPLANT, INCLUDING PUNCTAL DILATION WHEN PERFORMED, INTO LACRIMAL CANALICULUS, EACH	7/1/2022	12/31/2382	2
OPH	68850	INJECTION OF CONTRAST MEDIUM FOR DACRYOCYSTOGRAPHY	1/1/2012	12/31/2382	1
OPH	68899	UNLISTED PROCEDURE, LACRIMAL SYSTEM	4/1/2018	12/31/2382	1
OPH	69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	4/1/2013	12/31/2382	1
OPH	69005	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; COMPLICATED	4/1/2013	12/31/2382	1
OPH	69020	DRAINAGE EXTERNAL AUDITORY CANAL, ABSCESS	4/1/2013	12/31/2382	1
OPH	69090	EAR PIERCING	10/1/2013	12/31/2382	1
OPH	69100	BIOPSY EXTERNAL EAR	10/1/2010	12/31/2382	3
OPH	69105	BIOPSY EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
OPH	69110	EXCISION EXTERNAL EAR; PARTIAL, SIMPLE REPAIR	4/1/2013	12/31/2382	1
OPH	69120	EXCISION EXTERNAL EAR; COMPLETE AMPUTATION	10/1/2010	12/31/2382	1
OPH	69140	EXCISION EXOSTOSIS(ES), EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
OPH	69145	EXCISION SOFT TISSUE LESION, EXTERNAL AUDITORY CANAL	4/1/2013	12/31/2382	1
OPH	69150	RADICAL EXCISION EXTERNAL AUDITORY CANAL LESION; WITHOUT NECK DISSECTION	10/1/2010	12/31/2382	1
OPH	69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
OPH	69205	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITH GENERAL ANESTHESIA	4/1/2013	12/31/2382	1
OPH	69209	REMOVAL OF IMPACTED EAR WAX BY WASHING	4/1/2017	12/31/2382	1
OPH	69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	10/1/2010	12/31/2382	1
OPH	69220	DEBRIDEMENT, MASTOIDECTOMY CAVITY, SIMPLE (EG, ROUTINE CLEANING)	7/1/2013	12/31/2382	1
OPH	69222	DEBRIDEMENT, MASTOIDECTOMY CAVITY, COMPLEX (EG, WITH ANESTHESIA OR MORE THAN ROUTINE CLEANING)	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	69300	OTOPLASTY, PROTRUDING EAR, WITH OR WITHOUT SIZE REDUCTION	7/1/2013	12/31/2382	1
OPH	69310	RECONSTRUCTION OF EXTERNAL AUDITORY CANAL (MEATOPLASTY) (EG, FOR STENOSIS DUE TO TRAUMA, INFECTION), (SEPARATE	4/1/2013	12/31/2382	1
OPH	69320	RECONSTRUCTION EXTERNAL AUDITORY CANAL FOR CONGENITAL ATRESIA, SINGLE STAGE	4/1/2013	12/31/2382	1
OPH	69399	UNLISTED PROCEDURE, EXTERNAL EAR	4/1/2018	12/31/2382	1
OPH	69420	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION	1/1/2012	12/31/2382	1
OPH	69421	MYRINGOTOMY INCLUDING ASPIRATION AND/OR EUSTACHIAN TUBE INFLATION REQUIRING GENERAL ANESTHESIA	1/1/2012	12/31/2382	1
OPH	69424	VENTILATING TUBE REMOVAL WHEN ORIGINALLY INSERTED BY ANOTHER PHYSICIAN	7/1/2013	12/31/2382	1
OPH	69433	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), LOCAL OR TOPICAL ANESTHESIA	7/1/2013	12/31/2382	1
OPH	69436	TYMPANOSTOMY (REQUIRING INSERTION OF VENTILATING TUBE), GENERAL ANESTHESIA	7/1/2013	12/31/2382	1
OPH	69440	MIDDLE EAR EXPLORATION THROUGH POSTAURICULAR OR EAR CANAL INCISION	1/1/2012	12/31/2382	1
OPH	69450	TYMPANOLYSIS, TRANSCANAL	1/1/2012	12/31/2382	1
OPH	69501	TRANSMASTOID ANTROTOMY ("SIMPLE" MASTOIDECTOMY)	10/1/2010	12/31/2382	1
OPH	69502	MASTOIDECTOMY; COMPLETE	10/1/2010	12/31/2382	1
OPH	69505	MASTOIDECTOMY; MODIFIED RADICAL	10/1/2010	12/31/2382	1
OPH	69511	MASTOIDECTOMY; RADICAL	10/1/2010	12/31/2382	1
OPH	69530	PETROUS APICECTOMY INCLUDING RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69535	RESECTION TEMPORAL BONE, EXTERNAL APPROACH	7/1/2021	12/31/2382	1
OPH	69540	EXCISION AURAL POLYP	1/1/2012	12/31/2382	1
OPH	69550	EXCISION AURAL GLOMUS TUMOR; TRANSCANAL	10/1/2010	12/31/2382	1
OPH	69552	EXCISION AURAL GLOMUS TUMOR; TRANSMASTOID	10/1/2010	12/31/2382	1
OPH	69554	EXCISION AURAL GLOMUS TUMOR; EXTENDED (EXTRATEMPORAL)	7/1/2021	12/31/2382	1
OPH	69601	REVISION MASTOIDECTOMY; RESULTING IN COMPLETE MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69602	REVISION MASTOIDECTOMY; RESULTING IN MODIFIED RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69603	REVISION MASTOIDECTOMY; RESULTING IN RADICAL MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69604	REVISION MASTOIDECTOMY; RESULTING IN TYMPANOPLASTY	10/1/2010	12/31/2382	1
OPH	69610	TYMPANIC MEMBRANE REPAIR, WITH OR WITHOUT SITE PREPARATION OR PERFORATION FOR CLOSURE, WITH OR WITHOUT PATCH	1/1/2012	12/31/2382	1
OPH	69620	MYRINGOPLASTY (SURGERY CONFINED TO DRUMHEAD AND DONOR AREA)	1/1/2012	12/31/2382	1
OPH	69631	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	69632	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	10/1/2010	12/31/2382	1
OPH	69633	TYMPANOPLASTY WITHOUT MASTOIDECTOMY (INCLUDING CANALPLASTY, ATTICOTOMY AND/OR MIDDLE EAR SURGERY), INITIAL OR	10/1/2010	12/31/2382	1
OPH	69635	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
OPH	69636	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
OPH	69637	TYMPANOPLASTY WITH ANTROTOMY OR MASTOIDOTOMY (INCLUDING CANALPLASTY, ATTICOTOMY, MIDDLE EAR SURGERY, AND/OR TY	10/1/2010	12/31/2382	1
OPH	69641	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITHOU	10/1/2010	12/31/2382	1
OPH	69642	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH O	10/1/2010	12/31/2382	1
OPH	69643	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	10/1/2010	12/31/2382	1
OPH	69644	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); WITH I	10/1/2010	12/31/2382	1
OPH	69645	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	10/1/2010	12/31/2382	1
OPH	69646	TYMPANOPLASTY WITH MASTOIDECTOMY (INCLUDING CANALPLASTY, MIDDLE EAR SURGERY, TYMPANIC MEMBRANE REPAIR); RADICA	10/1/2010	12/31/2382	1
OPH	69650	STAPES MOBILIZATION	10/1/2010	12/31/2382	1
OPH	69660	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	10/1/2010	12/31/2382	1
OPH	69661	STAPEDECTOMY OR STAPEDOTOMY WITH REESTABLISHMENT OF OSSICULAR CONTINUITY, WITH OR WITHOUT USE OF FOREIGN MATER	10/1/2010	12/31/2382	1
OPH	69662	REVISION OF STAPEDECTOMY OR STAPEDOTOMY	1/1/2012	12/31/2382	1
OPH	69666	REPAIR OVAL WINDOW FISTULA	1/1/2012	12/31/2382	1
OPH	69667	REPAIR ROUND WINDOW FISTULA	1/1/2012	12/31/2382	1
OPH	69670	MASTOID OBLITERATION (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	69676	TYMPANIC NEURECTOMY	7/1/2013	12/31/2382	1
OPH	69700	CLOSURE POSTAURICULAR FISTULA, MASTOID (SEPARATE PROCEDURE)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	69705	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); UNILATERAL	1/1/2021	12/31/2382	1
OPH	69706	NASOPHARYNGOSCOPY, SURGICAL, WITH DILATION OF EUSTACHIAN TUBE (IE, BALLOON DILATION); BILATERAL	1/1/2021	12/31/2382	1
OPH	69710	IMPLANTATION OR REPLACEMENT OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	10/1/2013	12/31/2382	1
OPH	69711	REMOVAL OR REPAIR OF ELECTROMAGNETIC BONE CONDUCTION HEARING DEVICE IN TEMPORAL BONE	1/1/2012	12/31/2382	1
OPH	69714	IMPLANTATION, OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	1/1/2012	12/31/2382	1
OPH	69716	IMPLANTATION, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	1/1/2022	12/31/2382	1
OPH	69717	REPLACEMENT OSSEOINTEGRATED IMPLANT, TEMPORAL BONE, WITHOUT MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69719	REVISION OR REPLACEMENT (INCLUDING REMOVAL OF EXISTING DEVICE), OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	1/1/2022	12/31/2382	1
OPH	69720	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; LATERAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
OPH	69725	DECOMPRESSION FACIAL NERVE, INTRATEMPORAL; INCLUDING MEDIAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
OPH	69726	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH PERCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	1/1/2022	12/31/2382	1
OPH	69727	REMOVAL, OSSEOINTEGRATED IMPLANT, SKULL; WITH MAGNETIC TRANSCUTANEOUS ATTACHMENT TO EXTERNAL SPEECH PROCESSOR	1/1/2022	12/31/2382	1
OPH	69740	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; LATERAL TO GENICULATE GANGLION	1/1/2012	12/31/2382	1
OPH	69745	SUTURE FACIAL NERVE, INTRATEMPORAL, WITH OR WITHOUT GRAFT OR DECOMPRESSION; INCLUDING MEDIAL TO GENICULATE GAN	1/1/2012	12/31/2382	1
OPH	69799	UNLISTED PROCEDURE, MIDDLE EAR	4/1/2018	12/31/2382	1
OPH	69801	LABYRINTHOTOMY, WITH OR WITHOUT CRYOSURGERY INCLUDING OTHER NONEXCISIONAL DESTRUCTIVE PROCEDURES OR PERFUSION	10/1/2010	12/31/2382	1
OPH	69805	ENDOLYMPHATIC SAC OPERATION; WITHOUT SHUNT	10/1/2010	12/31/2382	1
OPH	69806	ENDOLYMPHATIC SAC OPERATION; WITH SHUNT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	69905	LABYRINTHECTOMY; TRANSCANAL	10/1/2010	12/31/2382	1
OPH	69910	LABYRINTHECTOMY; WITH MASTOIDECTOMY	10/1/2010	12/31/2382	1
OPH	69915	VESTIBULAR NERVE SECTION, TRANSLABYRINTHINE APPROACH	10/1/2010	12/31/2382	1
OPH	69930	COCHLEAR DEVICE IMPLANTATION, WITH OR WITHOUT MASTOIDECTOMY	1/1/2012	12/31/2382	1
OPH	69949	UNLISTED PROCEDURE, INNER EAR	4/1/2018	12/31/2382	1
OPH	69955	TOTAL FACIAL NERVE DECOMPRESSION AND/OR REPAIR (MAY INCLUDE GRAFT)	1/1/2012	12/31/2382	1
OPH	69960	DECOMPRESSION INTERNAL AUDITORY CANAL	1/1/2012	12/31/2382	1
OPH	69970	REMOVAL OF TUMOR, TEMPORAL BONE	7/1/2014	12/31/2382	1
OPH	69979	UNLISTED PROCEDURE, TEMPORAL BONE, MIDDLE FOSSA APPROACH	4/1/2018	12/31/2382	1
OPH	69990	OPERATING MICROSCOPE	10/1/2010	12/31/2382	1
OPH	70010	MYELOGRAPHY, POSTERIOR FOSSA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	70015	CISTERNOGRAPHY, POSITIVE CONTRAST, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	70030	RADIOLOGIC EXAMINATION, EYE, FOR DETECTION OF FOREIGN BODY	10/1/2010	12/31/2382	2
OPH	70100	RADIOLOGIC EXAMINATION, MANDIBLE; PARTIAL, LESS THAN FOUR VIEWS	1/1/2016	12/31/2382	2
OPH	70110	RADIOLOGIC EXAMINATION, MANDIBLE; COMPLETE, MINIMUM OF FOUR VIEWS	1/1/2016	12/31/2382	2
OPH	70120	RADIOLOGIC EXAMINATION, MASTOIDS; LESS THAN THREE VIEWS PER SIDE	1/1/2016	12/31/2382	1
OPH	70130	RADIOLOGIC EXAMINATION, MASTOIDS; COMPLETE, MINIMUM OF THREE VIEWS PER SIDE	1/1/2016	12/31/2382	1
OPH	70134	RADIOLOGIC EXAMINATION, INTERNAL AUDITORY MEATI, COMPLETE	10/1/2010	12/31/2382	1
OPH	70140	RADIOLOGIC EXAMINATION, FACIAL BONES; LESS THAN THREE VIEWS	1/1/2016	12/31/2382	2
OPH	70150	RADIOLOGIC EXAMINATION, FACIAL BONES; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
OPH	70160	RADIOLOGIC EXAMINATION, NASAL BONES, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
OPH	70170	DACRYOCYSTOGRAPHY, NASOLACRIMAL DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	70190	RADIOLOGIC EXAMINATION; OPTIC FORAMINA	10/1/2010	12/31/2382	1
OPH	70200	RADIOLOGIC EXAMINATION; ORBITS, COMPLETE, MINIMUM OF FOUR VIEWS	1/1/2016	12/31/2382	2
OPH	70210	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, LESS THAN THREE VIEWS	10/1/2010	12/31/2382	1
OPH	70220	RADIOLOGIC EXAMINATION, SINUSES, PARANASAL, COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
OPH	70240	RADIOLOGIC EXAMINATION, SELLA TURCICA	10/1/2010	12/31/2382	1
OPH	70250	RADIOLOGIC EXAMINATION, SKULL; LESS THAN FOUR VIEWS, WITH OR WITHOUT STEREO	1/1/2016	12/31/2382	2
OPH	70260	RADIOLOGIC EXAMINATION, SKULL; COMPLETE, MINIMUM OF FOUR VIEWS, WITH OR WITHOUT STEREO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	70300	RADIOLOGIC EXAMINATION, TEETH; SINGLE VIEW	10/1/2010	12/31/2382	1
OPH	70310	RADIOLOGIC EXAMINATION, TEETH; PARTIAL EXAMINATION, LESS THAN FULL MOUTH	10/1/2010	12/31/2382	1
OPH	70320	RADIOLOGIC EXAMINATION, TEETH; COMPLETE, FULL MOUTH	10/1/2010	12/31/2382	1
OPH	70328	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; UNILATERAL	10/1/2010	12/31/2382	1
OPH	70330	RADIOLOGIC EXAMINATION, TEMPOROMANDIBULAR JOINT, OPEN AND CLOSED MOUTH; BILATERAL	10/1/2010	12/31/2382	1
OPH	70332	TEMPOROMANDIBULAR JOINT ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	70336	MAGNETIC RESONANCE (EG, PROTON) IMAGING, TEMPOROMANDIBULAR JOINT	10/1/2010	12/31/2382	1
OPH	70350	CEPHALOGRAM, ORTHODONTIC	10/1/2010	12/31/2382	1
OPH	70355	ORTHOPANTOGRAM	10/1/2010	12/31/2382	1
OPH	70360	RADIOLOGIC EXAMINATION; NECK, SOFT TISSUE	1/1/2016	12/31/2382	2
OPH	70370	RADIOLOGIC EXAMINATION; PHARYNX OR LARYNX, INCLUDING FLUOROSCOPY AND/OR MAGNIFICATION TECHNIQUE	10/1/2010	12/31/2382	1
OPH	70371	COMPLEX DYNAMIC PHARYNGEAL AND SPEECH EVALUATION BY CINE OR VIDEO RECORDING	10/1/2010	12/31/2382	1
OPH	70380	RADIOLOGIC EXAMINATION, SALIVARY GLAND FOR CALCULUS	10/1/2010	12/31/2382	2
OPH	70390	SIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	70450	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	3
OPH	70460	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70470	COMPUTERIZED AXIAL TOMOGRAPHY, HEAD OR BRAIN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	2
OPH	70480	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	10/1/2010	12/31/2382	1
OPH	70481	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITH CONTRAST	10/1/2010	12/31/2382	1
OPH	70482	COMPUTERIZED AXIAL TOMOGRAPHY, ORBIT, SELLA, OR POSTERIOR FOSSA OR OUTER, MIDDLE, OR INNER EAR; WITHOUT CONTRA	10/1/2010	12/31/2382	1
OPH	70486	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	70487	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	70488	COMPUTERIZED AXIAL TOMOGRAPHY, MAXILLOFACIAL AREA; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70490	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	70491	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70492	COMPUTERIZED AXIAL TOMOGRAPHY, SOFT TISSUE NECK; WITHOUT CONTRAST MATERIAL FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	1
OPH	70496	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, HEAD, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	1/1/2016	12/31/2382	2
OPH	70498	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FUR	1/1/2016	12/31/2382	2
OPH	70540	MAGNETIC RESONANCE (EG, PROTON) IMAGING; ORBIT, FACE, AND NECK	10/1/2010	12/31/2382	1
OPH	70542	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ORBIT, FACE, AND NECK WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70543	MAGNETIC RESONANCE INAMGING, ORBIT, FACE AND NECK WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70544	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
OPH	70545	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70546	MAGNETIC RESONANCE ANGIOGRAPHY, HEAD; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	10/1/2010	12/31/2382	1
OPH	70547	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70548	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	70549	MAGNETIC RESONANCE ANGIOGRAPHY, NECK, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND FURTH	10/1/2010	12/31/2382	1
OPH	70551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
OPH	70552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITH CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
OPH	70553	MAGNETIC RESONANCE (EG, PROTON) IMAGING, BRAIN (INCLUDING BRAIN STEM); WITHOUT CONTRAST MATERIAL, FOLLOWED BY	1/1/2016	12/31/2382	2
OPH	70554	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; INCLUDING TEST SELECTION AND ADMINISTRATION OF REPETITIVE	10/1/2010	12/31/2382	1
OPH	70555	MAGNETIC RESONANCE IMAGING, BRAIN FUNCATIONAL MRI; REQUIRING PHYSICIAN OR PSYCHOLOGIST ADMINISTRATION OF ENTIR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	70557	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	70558	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	70559	MAGNETIC RESONANCE IMAGIN, BRAIN, DURING INTRACRANIAL PROCEDURE; WITHOUT CONTRAST MATERIAL FOLLOWED	10/1/2010	12/31/2382	1
OPH	71045	RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW	1/1/2019	12/31/2382	4
OPH	71046	RADIOLOGIC EXAMINATION, CHEST; 2 VIEWS	1/1/2019	12/31/2382	3
OPH	71047	RADIOLOGIC EXAMINATION, CHEST; 3 VIEWS	1/1/2019	12/31/2382	2
OPH	71048	RADIOLOGIC EXAMINATION, CHEST; 4 OR MORE VIEWS	1/1/2018	12/31/2382	1
OPH	71100	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; TWO VIEWS	1/1/2016	12/31/2382	2
OPH	71101	RADIOLOGIC EXAMINATION, RIBS, UNILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	2
OPH	71110	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; THREE VIEWS	10/1/2010	12/31/2382	1
OPH	71111	RADIOLOGIC EXAMINATION, RIBS, BILATERAL; INCLUDING POSTEROANTERIOR CHEST, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
OPH	71120	RADIOLOGIC EXAMINATION; STERNUM, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	1
OPH	71130	RADIOLOGIC EXAMINATION; STERNOCLAVICULAR JOINT OR JOINTS, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
OPH	71250	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
OPH	71260	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITH CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
OPH	71270	COMPUTERIZED AXIAL TOMOGRAPHY, THORAX; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
OPH	71271	COMPUTED TOMOGRAPHY, THORAX, LOW DOSE FOR LUNG CANCER SCREENING, WITHOUT CONTRAST MATERIAL(S)	1/1/2021	12/31/2382	1
OPH	71275	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, CHEST, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S), FOLLO	10/1/2010	12/31/2382	1
OPH	71550	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPHADENOPATHY)	10/1/2010	12/31/2382	1
OPH	71551	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITH CONTRAS	10/1/2010	12/31/2382	1
OPH	71552	MAGNETIC RESONANCE (EG, PROTON) IMAGING, CHEST (EG, FOR EVALUATION OF HILAR AND MEDIASTINAL LYMPH WITHOUT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	71555	MAGNETIC RESONANCE IMAGING, CHEST	10/1/2010	12/31/2382	1
OPH	72020	RADIOLOGIC EXAMINATION, SPINE, SINGLE VIEW, SPECIFY LEVEL	10/1/2010	12/31/2382	4
OPH	72040	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	3
OPH	72050	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
OPH	72052	RADIOLOGIC EXAMINATION, SPINE, CERVICAL; COMPLETE, INCLUDING OBLIQUE AND FLEXION AND/OR EXTENSION STUDIES	10/1/2010	12/31/2382	1
OPH	72070	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	1
OPH	72072	RADIOLOGIC EXAMINATION, SPINE; THORACIC, ANTEROPOSTERIOR AND LATERAL, INCLUDING SWIMMER'S VIEW OF THE CERVICOT	10/1/2010	12/31/2382	1
OPH	72074	RADIOLOGIC EXAMINATION, SPINE; THORACIC, COMPLETE, INCLUDING OBLIQUES, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
OPH	72080	RADIOLOGIC EXAMINATION, SPINE; THORACOLUMBAR, ANTEROPOSTERIOR AND LATERAL	10/1/2010	12/31/2382	1
OPH	72081	X-RAY OF SPINE, 1 VIEW	1/1/2016	12/31/2382	1
OPH	72082	X-RAY OF SPINE, 2 OR 3 VIEWS	1/1/2016	12/31/2382	1
OPH	72083	X-RAY OF SPINE, 4 OR 5 VIEWS	1/1/2016	12/31/2382	1
OPH	72084	X-RAY OF SPINE, MINIMUM OF 6 VIEWS	1/1/2016	12/31/2382	1
OPH	72100	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; ANTEROPOSTERIOR AND LATERAL	1/1/2016	12/31/2382	2
OPH	72110	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, WITH OBLIQUE VIEWS	10/1/2010	12/31/2382	1
OPH	72114	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; COMPLETE, INCLUDING BENDING VIEWS	10/1/2010	12/31/2382	1
OPH	72120	RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL, BENDING VIEWS ONLY, MINIMUM OF FOUR VIEWS	10/1/2010	12/31/2382	1
OPH	72125	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72126	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72127	COMPUTERIZED AXIAL TOMOGRAPHY, CERVICAL SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
OPH	72128	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72129	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72130	COMPUTERIZED AXIAL TOMOGRAPHY, THORACIC SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
OPH	72131	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72132	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITH CONTRAST MATERIAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	72133	COMPUTERIZED AXIAL TOMOGRAPHY, LUMBAR SPINE; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND F	10/1/2010	12/31/2382	1
OPH	72141	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72142	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, CERVICAL; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72146	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72147	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, THORACIC; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72148	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72149	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, LUMBAR; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72156	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
OPH	72157	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
OPH	72158	MAGNETIC RESONANCE (EG, PROTON) IMAGING, SPINAL CANAL AND CONTENTS, WITHOUT CONTRAST MATERIAL, FOLLOWED BY CON	10/1/2010	12/31/2382	1
OPH	72159	MAGNETIC RESONANCE IMAGING, SPINAL CANAL AND CONTENTS, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2013	12/31/2382	1
OPH	72170	RADIOLOGIC EXAMINATION, PELVIS; ANTEROPOSTERIOR ONLY	1/1/2016	12/31/2382	2
OPH	72190	RADIOLOGIC EXAMINATION, PELVIS; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	1
OPH	72191	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, PELVIS, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
OPH	72192	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	72193	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72194	COMPUTERIZED AXIAL TOMOGRAPHY, PELVIS; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
OPH	72195	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72196	MAGNETIC RESONANCE (EG, PROTON) IMAGING, PELVIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	72197	MAGNETIC RESONANCE (EG, PROTON)IMAGING, PELVIS; WITHOUT CONTRAST MATERIAL(S) AND FURTHER SEQUENCES	10/1/2010	12/31/2382	1
OPH	72198	MAGNETIC RESONANCE ANGIOGRAPHY, PELVIS, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	72200	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; LESS THAN THREE VIEWS	1/1/2016	12/31/2382	2
OPH	72202	RADIOLOGIC EXAMINATION, SACROILIAC JOINTS; THREE OR MORE VIEWS	10/1/2010	12/31/2382	1
OPH	72220	RADIOLOGIC EXAMINATION, SACRUM AND COCCYX, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	1
OPH	72240	MYELOGRAPHY, CERVICAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	72255	MYELOGRAPHY, THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	72265	MYELOGRAPHY, LUMBOSACRAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	72270	MYELOGRAPHY, ENTIRE SPINAL CANAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	72285	DISKOGRAPHY, CERVICAL OR THORACIC, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	4
OPH	72295	DISKOGRAPHY, LUMBAR, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	5
OPH	73000	RADIOLOGIC EXAMINATION; CLAVICLE, COMPLETE	10/1/2010	12/31/2382	2
OPH	73010	RADIOLOGIC EXAMINATION; SCAPULA, COMPLETE	10/1/2010	12/31/2382	2
OPH	73020	RADIOLOGIC EXAMINATION, SHOULDER; ONE VIEW	10/1/2010	12/31/2382	2
OPH	73030	RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS	1/1/2016	12/31/2382	4
OPH	73040	RADIOLOGIC EXAMINATION, SHOULDER, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73050	RADIOLOGIC EXAMINATION; ACROMIOCLAVICULAR JOINTS, BILATERAL, WITH OR WITHOUT WEIGHTED DISTRACTION	10/1/2010	12/31/2382	1
OPH	73060	RADIOLOGIC EXAMINATION; HUMERUS, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
OPH	73070	RADIOLOGIC EXAMINATION, ELBOW; ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
OPH	73080	RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS	10/1/2010	12/31/2382	2
OPH	73085	RADIOLOGIC EXAMINATION, ELBOW, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73090	RADIOLOGIC EXAMINATION; FOREARM, ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
OPH	73092	RADIOLOGIC EXAMINATION; UPPER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
OPH	73100	RADIOLOGIC EXAMINATION, WRIST; ANTEROPOSTERIOR AND LATERAL VIEWS	10/1/2010	12/31/2382	2
OPH	73110	RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	73115	RADIOLOGIC EXAMINATION, WRIST, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73120	RADIOLOGIC EXAMINATION, HAND; TWO VIEWS	7/1/2019	12/31/2382	2
OPH	73130	RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
OPH	73140	RADIOLOGIC EXAMINATION, FINGER OR FINGERS, MINIMUM OF TWO VIEWS	1/1/2016	12/31/2382	3
OPH	73200	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	2
OPH	73201	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73202	COMPUTERIZED AXIAL TOMOGRAPHY, UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	2
OPH	73206	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, UPPER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	10/1/2010	12/31/2382	2
OPH	73218	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73219	MAGNETIC RESONANCE (EG, PROTON)IMAGING, UPPER EXTREMITYOTHER THAN JOINT; WITH CONTRAST MATERIEL(S)	10/1/2010	12/31/2382	2
OPH	73220	MAGNETIC RESONANCE (EG, PROTON) IMAGING, UPPER EXTREMITY, OTHER THAN JOINT	10/1/2010	12/31/2382	2
OPH	73221	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY	10/1/2010	12/31/2382	2
OPH	73222	MAGNETIC RESONANCE (EG, PROTON)IMAGING, ANY JOINT OF UPPER EXTREMITY WITH; CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73223	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF UPPER EXTREMITY; WITHOUT CONTRAST MATERIAL(S), FOLLOWED	10/1/2010	12/31/2382	2
OPH	73225	MAGNETIC RSONANCE ANGIOGRAPHY, UPPER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2013	12/31/2382	2
OPH	73501	X-RAY OF HIP WITH PELVIS, 1 VIEW	1/1/2016	12/31/2382	2
OPH	73502	X-RAY OF HIP WITH PELVIS, 2-3 VIEWS	1/1/2016	12/31/2382	2
OPH	73503	X-RAY OF HIP WITH PELVIS, MINIMUM OF 4 VIEWS	1/1/2016	12/31/2382	2
OPH	73521	X-RAY OF BOTH HIPS WITH PELVIS, 2 VIEWS	1/1/2016	12/31/2382	2
OPH	73522	X-RAY OF BOTH HIPS WITH PELVIS, 3-4 VIEWS	1/1/2016	12/31/2382	2
OPH	73523	X-RAY OF BOTH HIPS WITH PELVIS, MINIMUM OF 5 VIEWS	1/1/2016	12/31/2382	2
OPH	73525	RADIOLOGIC EXAMINATION, HIP, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73551	X-RAY OF FEMUR, 1 VIEW	1/1/2016	12/31/2382	2
OPH	73552	X-RAY OF FEMUR, MINIMUM 2 VIEWS	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	73560	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL VIEWS	1/1/2016	12/31/2382	4
OPH	73562	RADIOLOGIC EXAMINATION, KNEE; ANTEROPOSTERIOR AND LATERAL, WITH OBLIQUE(S), MINIMUM OF THREE VIEWS	7/1/2019	12/31/2382	3
OPH	73564	RADIOLOGIC EXAMINATION, KNEE; COMPLETE, INCLUDING OBLIQUE(S), AND TUNNEL, AND/OR PATELLAR AND/OR STANDING VIEW	1/1/2016	12/31/2382	4
OPH	73565	RADIOLOGIC EXAMINATION, KNEE; BOTH KNEES, STANDING, ANTEROPOSTERIOR	10/1/2010	12/31/2382	1
OPH	73580	RADIOLOGIC EXAMINATION, KNEE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73590	RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, ANTEROPOSTERIOR AND LATERAL VIEWS	1/1/2016	12/31/2382	3
OPH	73592	RADIOLOGIC EXAMINATION; LOWER EXTREMITY, INFANT, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
OPH	73600	RADIOLOGIC EXAMINATION, ANKLE; ANTEROPOSTERIOR AND LATERAL VIEWS	7/1/2019	12/31/2382	2
OPH	73610	RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
OPH	73615	RADIOLOGIC EXAMINATION, ANKLE, ARTHROGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	73620	RADIOLOGIC EXAMINATION, FOOT; ANTEROPOSTERIOR AND LATERAL VIEWS	7/1/2019	12/31/2382	2
OPH	73630	RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS	1/1/2016	12/31/2382	3
OPH	73650	RADIOLOGIC EXAMINATION; CALCANEUS, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
OPH	73660	RADIOLOGIC EXAMINATION; TOE OR TOES, MINIMUM OF TWO VIEWS	10/1/2010	12/31/2382	2
OPH	73700	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	2
OPH	73701	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73702	COMPUTERIZED AXIAL TOMOGRAPHY, LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AN	10/1/2010	12/31/2382	2
OPH	73706	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, LOWER EXTREMITY, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL	10/1/2010	12/31/2382	2
OPH	73718	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73719	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY OTHER THAN JOINT; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	73720	MAGNETIC RESONANCE (EG, PROTON) IMAGING, LOWER EXTREMITY, OTHER THAN JOINT	10/1/2010	12/31/2382	2
OPH	73721	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY	1/1/2016	12/31/2382	3
OPH	73722	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	73723	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ANY JOINT OF LOWER EXTREMITY; WITHOUT CONTRAST MATERIAL(S)	1/1/2016	12/31/2382	2
OPH	73725	MAGNETIC RESONANCE ANGIOGRAPHY, LOWER EXTREMITY, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	2
OPH	74018	RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	1/1/2019	12/31/2382	3
OPH	74019	RADIOLOGIC EXAMINATION, ABDOMEN; 2 VIEWS	1/1/2018	12/31/2382	2
OPH	74021	RADIOLOGIC EXAMINATION, ABDOMEN; 3 OR MORE VIEWS	1/1/2018	12/31/2382	2
OPH	74022	RADIOLOGIC EXAMINATION, ABDOMEN; COMPLETE ACUTE ABDOMEN SERIES, INCLUDING SUPINE, ERECT, AND/ OR DECUBITUS VIE	10/1/2010	12/31/2382	2
OPH	74150	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL	10/1/2010	12/31/2382	1
OPH	74160	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	74170	COMPUTERIZED AXIAL TOMOGRAPHY, ABDOMEN; WITHOUT CONTRAST MATERIAL, FOLLOWED BY CONTRAST MATERIAL(S) AND FURTHER	10/1/2010	12/31/2382	1
OPH	74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST MATERIAL(S), INCLUDING NONCONTRAST IMAGES	1/1/2012	12/31/2382	1
OPH	74175	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN, WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTRAST MATERIAL(S) AND	10/1/2010	12/31/2382	1
OPH	74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	1/1/2016	12/31/2382	2
OPH	74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL	1/1/2016	12/31/2382	2
OPH	74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR BOTH BODY REGIONS, FOLLOWED BY	4/1/2011	12/31/2382	1
OPH	74181	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN	10/1/2010	12/31/2382	1
OPH	74182	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITH CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	74183	MAGNETIC RESONANCE (EG, PROTON) IMAGING, ABDOMEN; WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY WITH CONTRAST MATE	10/1/2010	12/31/2382	1
OPH	74185	MAGNETIC RESONANCE ANGIOGRAPHY, ABDOMEN, WITH OR WITHOUT CONTRAST MATERIAL(S)	10/1/2010	12/31/2382	1
OPH	74190	PERITONEOGRAM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74210	RADIOLOGIC EXAMINATION; PHARYNX AND/OR CERVICAL ESOPHAGUS	10/1/2010	12/31/2382	1
OPH	74220	RADIOLOGIC EXAMINATION; ESOPHAGUS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	74221	RADIOLOGIC EXAMINATION, ESOPHAGUS, INCLUDING SCOUT CHEST RADIOGRAPH(S) AND DELAYED IMAGE(S), WHEN PERFORMED; DOUBLE-CONTRAST (EG, HIGH-DENSITY BARIUM AND EFFERVESCENT AGENT) STUDY	4/1/2020	12/31/2382	1
OPH	74230	SWALLOWING FUNCTION, PHARYNX AND/OR ESOPHAGUS, WITH CINERADIOGRAPHY AND/OR VIDEO	10/1/2010	12/31/2382	1
OPH	74235	REMOVAL OF FOREIGN BODY(S), ESOPHAGEAL, WITH USE OF BALLOON CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
OPH	74240	RADIOLOGIC EXAMINATION, GASTROINTESTINAL TRACT, UPPER; WITH OR WITHOUT DELAYED FILMS, WITHOUT KUB	1/1/2016	12/31/2382	2
OPH	74246	RADIOLOGICAL EXAMINATION, GASTROINTESTINAL TRACT, UPPER, AIR CONTRAST, WITH SPECIFIC HIGH DENSITY BARIUM, EFFE	10/1/2010	12/31/2382	1
OPH	74248	RADIOLOGIC SMALL INTESTINE FOLLOW-THROUGH STUDY, INCLUDING MULTIPLE SERIAL IMAGES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE FOR UPPER GI RADIOLOGIC EXAMINATION)	1/1/2020	12/31/2382	1
OPH	74250	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS	10/1/2010	12/31/2382	1
OPH	74251	RADIOLOGIC EXAMINATION, SMALL BOWEL, INCLUDES MULTIPLE SERIAL FILMS; VIA ENTEROCLYSIS TUBE	10/1/2010	12/31/2382	1
OPH	74261	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITHOUT CONTRAST MATERIAL	7/1/2012	12/31/2382	1
OPH	74262	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, DIAGNOSTIC, INCLUDING IMAGE POSTPROCESSING; WITH CONTRAST MATERIAL(S)	7/1/2012	12/31/2382	1
OPH	74263	COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY, SCREENING, INCLUDING IMAGE POSTPROCESSING	10/1/2013	12/31/2382	1
OPH	74270	RADIOLOGIC EXAMINATION, COLON; BARIUM ENEMA	10/1/2010	12/31/2382	1
OPH	74280	RADIOLOGIC EXAMINATION, COLON; AIR CONTRAST WITH SPECIFIC HIGH DENSITY BARIUM, WITH OR WITHOUT GLUCAGON	10/1/2010	12/31/2382	1
OPH	74283	THERAPEUTIC ENEMA, CONTRAST OR AIR, FOR REDUCTION OF INTUSSUSCEPTION OR OTHER INTRALUNIMAL OBSTRUCTION	10/1/2010	12/31/2382	1
OPH	74290	CHOLECYSTOGRAPHY, ORAL CONTRAST;	10/1/2010	12/31/2382	1
OPH	74300	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; DURING SURGERY	10/1/2010	12/31/2382	1
OPH	74301	CHOLANGIOGRAPHY AND/OR PANCREATOGRAPHY; ADDITIONAL SET DURING SURGERY	1/1/2016	12/31/2382	1
OPH	74328	ENDOSCOPIC CATHETERIZATION OF THE BILIARY DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	74329	ENDOSCOPIC CATHETERIZATION OF THE PANCREATIC DUCTAL SYSTEM, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74330	COMBINED ENDOSCOPIC CATHETERIZATION OF THE BILIARY AND PANCREATIC DUCTAL SYSTEMS, RADIOLOGICAL SUPERVISION AND	10/1/2010	12/31/2382	1
OPH	74340	INTRODUCTION OF LONG GASTROINTESTINAL TUBE (EG, MILLER-ABBOTT), WITH MULTIPLE FLUOROSCOPIES AND FILMS	10/1/2010	12/31/2382	1
OPH	74355	PERCUTANEOUS PLACEMENT OF ENTEROCLYSIS TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74360	INTRALUMINAL DILATION OF STRICTURES AND/OR OBSTRUCTIONS (EG, ESOPHAGUS), RADIOLOGICAL SUPERVISION AND INTERPRE	10/1/2010	12/31/2382	1
OPH	74363	PERCUTANEOUS TRANSHEPATIC DILATATION OF BILIARY DUCT STRICTURE WITH OR WITHOUT PLACEMENT OF STENT, RADIOLOGICA	10/1/2010	12/31/2382	2
OPH	74400	UROGRAPHY (PYELOGRAPHY), INTRAVENOUS, WITH OR WITHOUT KUB, WITH OR WITHOUT TOMOGRAPHY;	10/1/2010	12/31/2382	1
OPH	74410	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE;	10/1/2010	12/31/2382	1
OPH	74415	UROGRAPHY, INFUSION, DRIP TECHNIQUE AND/OR BOLUS TECHNIQUE; WITH NEPHROTOMOGRAPHY	10/1/2010	12/31/2382	1
OPH	74420	UROGRAPHY, RETROGRADE, WITH OR WITHOUT KUB	10/1/2010	12/31/2382	2
OPH	74425	UROGRAPHY, ANTEGRADE, (PYELOSTOGRAM, NEPHROSTOGRAM, LOOPOGRAM), RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	74430	CYSTOGRAPHY, MINIMUM OF THREE VIEWS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74440	VASOGRAPHY, VESICULOGRAPHY, OR EPIDIDYMOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	4/1/2012	12/31/2382	1
OPH	74445	CORPORA CAVERNOSOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74450	URETHROCYSTOGRAPHY, RETROGRADE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74455	URETHROCYSTOGRAPHY, VOIDING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74470	RADIOLOGIC EXAMINATION, RENAL CYST STUDY, TRANSLUMBAR, CONTRAST VISUALIZATION, RADIOLOGICAL SUPERVISION AND IN	10/1/2010	12/31/2382	2
OPH	74485	DILATION OF NEPHROSTOMY, URETERS, OR URETHRA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	74710	PELVIMETRY, WITH OR WITHOUT PLACENTAL LOCALIZATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	74712	MAGNETIC RESONANCE IMAGING OF FETUS, SINGLE OR FIRST PREGNANCY	1/1/2016	12/31/2382	1
OPH	74713	MAGNETIC RESONANCE IMAGING OF FETUS, EACH ADDITIONAL PREGNANCY	1/1/2016	12/31/2382	2
OPH	74740	HYSTEROSALPINGOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	74742	TRANSCERVICAL CATHETERIZATION OF FALLOPIAN TUBE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	74775	PERINEOGRAM (EG, VAGINOGRAM, FOR SEX DETERMINATION OR EXTENT OF ANOMALIES)	10/1/2010	12/31/2382	1
OPH	75557	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL;	10/1/2010	12/31/2382	1
OPH	75559	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL; WITH STRESS IMAGING	10/1/2010	12/31/2382	1
OPH	75561	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	10/1/2010	12/31/2382	1
OPH	75563	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION WITHOUT CONTRAST MATERIAL(S), FOLLOWED BY CONTR	10/1/2010	12/31/2382	1
OPH	75565	CARDIAC MAGNETIC RESONANCE IMAGING FOR VELOCITY FLOW MAPPING	7/1/2012	12/31/2382	1
OPH	75571	COMPUTED TOMOGRAPHY, HEART, WITHOUT CONTRAST MATERIAL, WITH QUANTITATIVE EVALUATION OF CORONARY CALCIUM	7/1/2012	12/31/2382	1
OPH	75572	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY	7/1/2012	12/31/2382	1
OPH	75573	COMPUTED TOMOGRAPHY, HEART, WITH CONTRAST MATERIAL, FOR EVALUATION OF CARDIAC STRUCTURE AND MORPHOLOGY IN THE	7/1/2012	12/31/2382	1
OPH	75574	COMPUTED TOMOGRAPHY, ANGIOGRAPHY, HEART, CORONARY ARTERIES AND BYPASS GRAFTS (WHEN PRESENT), WITH CONTRAST MAT	7/1/2012	12/31/2382	1
OPH	75600	AORTOGRAPHY, THORACIC, WITHOUT SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75605	AORTOGRAPHY, THORACIC, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75625	AORTOGRAPHY, ABDOMINAL, BY SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75630	AORTOGRAPHY, ABDOMINAL PLUS BILATERAL ILIOFEMORAL LOWER EXTREMITY, CATHETER, BY SERIALOGRAPHY, RADIOLOGICAL SU	10/1/2010	12/31/2382	1
OPH	75635	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMINAL AORTA AND BILATERAL ILIOFEMORAL LOWER EXTREMITY RUNOFF, RADIOLOGIC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	75705	ANGIOGRAPHY, SPINAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2017	12/31/2382	20
OPH	75710	ANGIOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	75716	ANGIOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75726	ANGIOGRAPHY, VISCERAL, SELECTIVE OR SUPRASELECTIVE, (WITH OR WITHOUT FLUSH AORTOGRAM) RADIOLOGICAL SUPERVISION	10/1/2010	12/31/2382	3
OPH	75731	ANGIOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75733	ANGIOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75736	ANGIOGRAPHY, PELVIC, SELECTIVE OR SUPRASELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	75741	ANGIOGRAPHY, PULMONARY, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75743	ANGIOGRAPHY, PULMONARY, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75746	ANGIOGRAPHY, PULMONARY, BY NONSELECTIVE CATHETER OR VENOUS INJECTION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
OPH	75756	ANGIOGRAPHY, INTERNAL MAMMARY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	75774	ANGIOGRAPHY, SELECTIVE, EACH ADDITIONAL VESSEL STUDIED AFTER BASIC EXAMINATION, RADIOLOGICAL SUPERVISION AND I	1/1/2016	12/31/2382	7
OPH	75801	LYMPHANGIOGRAPHY, EXTREMITY ONLY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75803	LYMPHANGIOGRAPHY, EXTREMITY ONLY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75805	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75807	LYMPHANGIOGRAPHY, PELVIC/ABDOMINAL, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75809	SHUNTOGRAM FOR INVESTIGATION OF PREVIOUSLY PLACED INDWELLING NONVASCULAR SHUNT (EG, LEVEEN SHUNT, VENTRICULOPE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	75810	SPLENOPORTOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75820	VENOGRAPHY, EXTREMITY, UNILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	75822	VENOGRAPHY, EXTREMITY, BILATERAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75825	VENOGRAPHY, CAVAL, INFERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75827	VENOGRAPHY, CAVAL, SUPERIOR, WITH SERIALOGRAPHY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75831	VENOGRAPHY, RENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75833	VENOGRAPHY, RENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75840	VENOGRAPHY, ADRENAL, UNILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75842	VENOGRAPHY, ADRENAL, BILATERAL, SELECTIVE, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75860	VENOGRAPHY, SINUS OR JUGULAR, CATHETER, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	75870	VENOGRAPHY, SUPERIOR SAGITTAL SINUS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75872	VENOGRAPHY, EPIDURAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75880	VENOGRAPHY, ORBITAL, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
OPH	75885	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75887	PERCUTANEOUS TRANSHEPATIC PORTOGRAPHY WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETAT	10/1/2010	12/31/2382	1
OPH	75889	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITH HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	75891	HEPATIC VENOGRAPHY, WEDGED OR FREE, WITHOUT HEMODYNAMIC EVALUATION, RADIOLOGICAL SUPERVISION AND INTERPRETATIO	10/1/2010	12/31/2382	1
OPH	75893	VENOUS SAMPLING THROUGH CATHETER, WITH OR WITHOUT ANGIOGRAPHY (EG, FOR PARATHYROID HORMONE, RENIN), RADIOLOGIC	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	75894	TRANSCATHETER THERAPY, EMBOLIZATION, ANY METHOD, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	2
OPH	75898	ANGIOGRAM THROUGH EXISTING CATHETER FOR FOLLOW-UP STUDY FOR TRANSCATHETER THERAPY, EMBOLIZATION OR INFUSION	1/1/2016	12/31/2382	2
OPH	75901	MECHANICAL REMOVAL OF PERICATHETER OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE VIA SEPERATE VENOUS ACCESS	10/1/2010	12/31/2382	1
OPH	75902	MECHANICAL REMOVAL OF INTRALUMINAL OBSTRUCTIVE MATERIAL FROM CENTRAL VENOUS DEVICE THROUGH DEVICE LUMEN, RADIO	10/1/2010	12/31/2382	2
OPH	75970	TRANSCATHETER BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	1
OPH	75984	CHANGE OF PERCUTANEOUS DRAINAGE CATHETER WITH CONTRAST MONITORING (IE, BILIARY TRACT, URINARY TRACT), RADIOLOG	10/1/2010	12/31/2382	2
OPH	75989	RADIOLOGICAL GUIDANCE FOR PERCUTANEOUS DRAINAGE OF ABSCESS, OR SPECIMEN COLLECTION (IE, FLUOROSCOPY, ULTRASOUN	10/1/2010	12/31/2382	2
OPH	76000	FLUOROSCOPY (SEPARATE PROCEDURE), UP TO ONE HOUR PHYSICIAN TIME, OTHER THAN 71023 OR 71034	10/1/2010	12/31/2382	3
OPH	76010	RADIOLOGIC EXAMINATION FROM NOSE TO RECTUM FOR FOREIGN BODY, SINGLE FILM, CHILD	10/1/2010	12/31/2382	2
OPH	76080	RADIOLOGIC EXAMINATION, ABSCESS, FISTULA OR SINUS TRACT STUDY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	1/1/2016	12/31/2382	3
OPH	76098	RADIOLOGICAL EXAMINATION, BREAST SURGICAL SPECIMEN	1/1/2016	12/31/2382	3
OPH	76100	RADIOLOGIC EXAMINATION, SINGLE PLANE BODY SECTION (EG, TOMOGRAPHY), OTHER THAN WITH UROGRAPHY	10/1/2010	12/31/2382	2
OPH	76120	CINERADIOGRAPHY, EXCEPT WHERE SPECIFICALLY INCLUDED	10/1/2010	12/31/2382	1
OPH	76125	CINERADIOGRAPHY TO COMPLEMENT ROUTINE EXAMINATION	10/1/2010	12/31/2382	1
OPH	76140	CONSULTATION ON X-RAY EXAMINATION MADE ELSEWHERE, WRITTEN REPORT	1/1/2014	12/31/2382	3
OPH	76145	MEDICAL PHYSICS DOSE EVALUATION FOR RADIATION EXPOSURE THAT EXCEEDS INSTITUTIONAL REVIEW THRESHOLD, INCLUDING REPORT	1/1/2021	12/31/2382	1
OPH	76376	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	10/1/2010	12/31/2382	2
OPH	76377	3D REDERING WITH INTERPRETATION AND REPORTING OF COMPUTED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING, ULTRASOUND,	10/1/2010	12/31/2382	2
OPH	76380	COMPUTERIZED TOMOGRAPHY, LIMITED OR LOCALIZED FOLLOW-UP STUDY	1/1/2016	12/31/2382	2
OPH	76390	MAGNETIC RESONANCE SPECTROSCOPY	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	76391	MAGNETIC RESONANCE (EG, VIBRATION) ELASTOGRAPHY	1/1/2019	12/31/2382	1
OPH	76496	UNLISTED FLUOROSCOPIC PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	4/1/2018	12/31/2382	1
OPH	76497	UNLISTED COMPUTED TOMOGRAPHY PROCEDURE (EG, DIAGNOSTIC INTERVENTIONAL)	4/1/2018	12/31/2382	1
OPH	76498	UNLISTED MAGNETIC RESONANCE PROCEDURE (EG, DIAGNOSTIC, INTERVENTIONAL)	4/1/2018	12/31/2382	1
OPH	76499	UNLISTED DIAGNOSTIC RADIOLOGIC PROCEDURE	4/1/2018	12/31/2382	1
OPH	76506	ECHOENCEPHALOGRAPHY, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION (GRAY SCALE) (FOR DETERMINATION OF VENTR	10/1/2010	12/31/2382	1
OPH	76510	OPHTHALMIC ULTRASOUND, DIAGNOSTIC; B-SCAN AND QUANTITATIVE A-SCAN PERFORMED DURING THE SAME PATIENT ENCOUNTER	10/1/2010	12/31/2382	2
OPH	76511	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; A-SCAN ONLY, WITH AMPLITUDE QUANTIFICATION	10/1/2010	12/31/2382	2
OPH	76512	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CONTACT B-SCAN (WITH OR WITHOUT SIMULTANEOUS A-SCAN)	10/1/2010	12/31/2382	2
OPH	76513	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; ANTERIOR SEGMENT ULTRASOUND,	1/1/2021	12/31/2382	1
OPH	76514	OPHTHALMIC ULTRASOUND, ECHOGRAPHY, DIAGNOSTIC; CORNEAL PACHYMETRY, UNILATERAL OR BILATERAL	10/1/2010	12/31/2382	1
OPH	76516	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN;	7/1/2013	12/31/2382	1
OPH	76519	OPHTHALMIC BIOMETRY BY ULTRASOUND ECHOGRAPHY, A-SCAN; WITH INTRAOCULAR LENS POWER CALCULATION	1/1/2017	12/31/2382	1
OPH	76529	OPHTHALMIC ULTRASONIC FOREIGN BODY LOCALIZATION	10/1/2010	12/31/2382	2
OPH	76536	ECHOGRAPHY, SOFT TISSUES OF HEAD AND NECK (EG, THYROID, PARATHYROID, PAROTID), B-SCAN AND/OR REAL TIME WITH IM	10/1/2010	12/31/2382	1
OPH	76604	ECHOGRAPHY, CHEST, B-SCAN (INCLUDES MEDIASTINUM) AND/OR REAL TIME WITH IMAGE DOCUMENTATION	10/1/2010	12/31/2382	1
OPH	76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	7/1/2022	12/31/2382	1
OPH	76641	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; COMPLETE	1/1/2015	6/30/2022	2
OPH	76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	1/1/2015	6/30/2022	2
OPH	76642	ULTRASOUND, BREAST, UNILATERAL, REALTIME WITH IMAGE DOCUMENTATION, INCLUDING AXILLA WHEN PERFORMED; LIMITED	7/1/2022	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	76700	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2010	12/31/2382	1
OPH	76705	ECHOGRAPHY, ABDOMINAL, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (EG, SINGLE ORGAN, QUADRANT,	10/1/2010	12/31/2382	2
OPH	76706	ULTRASOUND, ABDOMINAL AORTA, REAL TIME WITH IMAGE DOCUMENTATION, SCREENING STUDY FOR ABDOMINAL AORTIC ANEURYSM (AAA)	1/1/2017	12/31/2382	1
OPH	76770	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPL	10/1/2010	12/31/2382	1
OPH	76775	ECHOGRAPHY, RETROPERITONEAL (EG, RENAL, AORTA, NODES), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMIT	10/1/2010	12/31/2382	2
OPH	76776	ULTRASOUND, TRANSPLANTED KIDNEY, REAL TIME AND DUPLEX DOPPLER WITH IMAGE DOCUMENTATION	1/1/2016	12/31/2382	2
OPH	76800	ECHOGRAPHY, SPINAL CANAL AND CONTENTS	10/1/2010	12/31/2382	1
OPH	76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, FIR	10/1/2010	12/31/2382	1
OPH	76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	4/1/2016	12/31/2382	2
OPH	76805	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	10/1/2010	12/31/2382	1
OPH	76810	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE (COMPLETE FETAL AND MA	4/1/2016	12/31/2382	2
OPH	76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, SINGLE OR FIRS	10/1/2010	12/31/2382	1
OPH	76812	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND MATERNAL EVALUATION, EACH ADDITIONA	4/1/2016	12/31/2382	2
OPH	76813	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	10/1/2010	12/31/2382	1
OPH	76814	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FIRST TRIMESTER FETAL NUCHAL TRANSLUCENCY	4/1/2016	12/31/2382	2
OPH	76815	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED (FETAL SIZE, HEART	10/1/2010	12/31/2382	1
OPH	76816	ECHOGRAPHY, PREGNANT UTERUS, B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; FOLLOW-UP OR REPEAT	4/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	10/1/2010	12/31/2382	1
OPH	76818	FETAL BIOPHYSICAL PROFILE	4/1/2016	12/31/2382	3
OPH	76819	FETAL BIOPHYSICAL PROFILE; WITHOUT STRESS OR NON-STRESS TESTING	4/1/2016	12/31/2382	3
OPH	76820	DOPPLER VELOCIMETRY, FETAL; UMBILICAL ARTERY	4/1/2016	12/31/2382	3
OPH	76821	DOPPLER VELOCIMETRY, FETAL; MIDDLE CEREBRAL ARTERY	4/1/2016	12/31/2382	3
OPH	76825	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	4/1/2016	12/31/2382	3
OPH	76826	ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, REAL TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE	4/1/2016	12/31/2382	3
OPH	76827	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	4/1/2016	12/31/2382	3
OPH	76828	DOPPLER ECHOCARDIOGRAPHY, FETAL, CARDIOVASCULAR SYSTEM, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPL	4/1/2016	12/31/2382	3
OPH	76830	ECHOGRAPHY, TRANSVAGINAL	10/1/2010	12/31/2382	1
OPH	76831	HYSTEROSONOGRAPHY, WITH OR WITHOUT COLOR FLOW DOPPLER	10/1/2010	12/31/2382	1
OPH	76856	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	10/1/2010	12/31/2382	1
OPH	76857	ECHOGRAPHY, PELVIC (NONOBSTETRIC), B-SCAN AND/OR REAL TIME WITH IMAGE DOCUMENTATION; LIMITED OR FOLLOW-UP (EG,	10/1/2010	12/31/2382	1
OPH	76870	ECHOGRAPHY, SCROTUM AND CONTENTS	10/1/2010	12/31/2382	1
OPH	76872	ECHOGRAPHY, TRANSRECTAL	10/1/2010	12/31/2382	1
OPH	76873	ECHOGRAPHY, TRANSRECTAL; PROSTATE VOLUME STUDY FOR BRACHYTHERAPY TREATMENT PLANNING	10/1/2010	12/31/2382	1
OPH	76881	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	4/1/2011	12/31/2382	2
OPH	76882	ULTRASOUND, EXTREMITY, NONVASCULAR, REAL-TIME WITH IMAGE DOCUMENTATION; LIMITED, ANATOMIC SPECIFIC	4/1/2011	12/31/2382	2
OPH	76885	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; DYNAMIC (EG, REQUIRING MANIPULATION)	10/1/2010	12/31/2382	1
OPH	76886	ECHOGRAPHY OF INFANT HIPS, REAL TIME WITH IMAGING DOCUMENTATION; LIMITED, STATIC (EG, NOT REQUIRING MANIPULATO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	76932	ULTRASONIC GUIDANCE FOR ENDOMYOCARDIAL BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	76936	ULTRASOUND GUIDED COMPRESSION REPAIR OF ARTERIAL PSEUDO-ANEURYSM OR ARTERIOVENOUS FISTULAE (INCLUDES DIAGNOSTI	4/1/2016	12/31/2382	1
OPH	76937	ULTRASOUND GUIDANCE FOR VASCULAR ACCESS REQUIRING ULTRASOUND EVALUATION OF POTENTIAL ACCESS SITES,	10/1/2010	12/31/2382	2
OPH	76940	ULTRASOUND GUIDANCE FOR, AND MONITORING OF VISCERAL TISSUE ABLATION	10/1/2010	12/31/2382	1
OPH	76941	ULTRSONIC GUIDANCE FOR INTRAUTERINE FETAL TRANSFUSION OR CORDOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRET	4/1/2016	12/31/2382	3
OPH	76942	ULTRASONIC GUIDANCE FOR NEEDLE BIOPSY, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
OPH	76945	ULTRASONIC GUIDANCE FOR CHORIONIC VILLUS SAMPLING, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	76946	ULTRASONIC GUIDANCE FOR AMNIOCENTESIS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	76948	ULTRASONIC GUIDANCE FOR ASPIRATION OF OVA, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	76965	ULTRASONIC GUIDANCE FOR INTERSTITIAL RADIOELEMENT APPLICATION	10/1/2010	12/31/2382	2
OPH	76975	GASTROINTESTINAL ENDOSCOPIC ULTRASOUND, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	1
OPH	76977	ULTRASOUND BONE DENSITY MEASUREMENT AND INTERPRETATION, PERIPHERAL SITE(S), ANY METHOD	10/1/2010	12/31/2382	1
OPH	76978	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF FIRST LESION	1/1/2019	12/31/2382	1
OPH	76979	ULTRASOUND USING TARGETED MICROBUBBLE CONTRAST OF ADDITIONAL LESION	1/1/2019	12/31/2382	3
OPH	76981	ELASTOGRAPHY ULTRASOUND OF ORGAN TISSUE	1/1/2019	12/31/2382	1
OPH	76982	ELASTOGRAPHY ULTRASOUND OF FIRST LESION	1/1/2019	12/31/2382	1
OPH	76983	ELASTOGRAPHY ULTRASOUND OF ADDITIONAL LESION	1/1/2020	12/31/2382	2
OPH	76998	ULTRASONIC GUIDANCE, INTRAOPERATIVE	10/1/2010	12/31/2382	1
OPH	76999	UNLISTED ULTRASOUND PROCEDURE	4/1/2018	12/31/2382	1
OPH	77001	FLUOROSCOPIC GUIDANCE FOR CENTRAL VENOUS ACCESS DEVICE PLACEMENT, REPLACEMENT, OR REMOVAL	1/1/2016	12/31/2382	2
OPH	77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE PARASPINOUS DIAGNOSTIC OR THERAPEUT	7/1/2013	12/31/2382	1
OPH	77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEROTACTIC	10/1/2010	12/31/2382	1
OPH	77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
OPH	77013	COMPUTERIZED TOMOGRAPHY GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	10/1/2010	12/31/2382	1
OPH	77014	COMPUTED TOMOGRAPHY GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2010	12/31/2382	2
OPH	77021	MAGNETIC RESONANCE GUIDANCE FOR NEEDLE PLACEMENT RADIOLOGICAL SUPERVISION AND INTERPRETATION	7/1/2013	12/31/2382	1
OPH	77022	MAGNETIC RESONANCE GUIDANCE FOR, AND MONITORING OF PARENCHYMAL TISSUE ABLATION	10/1/2010	12/31/2382	1
OPH	77046	MRI OF ONE BREAST	1/1/2019	12/31/2382	1
OPH	77047	MRI OF BOTH BREASTS	1/1/2019	12/31/2382	1
OPH	77048	MRI OF ONE BREAST WITH AND WITHOUT CONTRAST	1/1/2019	12/31/2382	1
OPH	77049	MRI OF BOTH BREASTS WITH AND WITHOUT CONTRAST	1/1/2019	12/31/2382	1
OPH	77053	MAMMARY DUCTOGRAM OR GALACTOGRAM, SINGLE DUCT, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	77054	MAMMARY DUCTOGRAM OR GALACTOGRAM, MULTIPLE DUCTS, RADIOLOGICAL SUPERVISION AND INTERPRETATION	10/1/2010	12/31/2382	2
OPH	77061	DIGITAL BREAST TOMOSYNTHESIS; UNILATERAL	1/1/2015	12/31/2382	1
OPH	77062	DIGITAL BREAST TOMOSYNTHESIS; BILATERAL	1/1/2015	12/31/2382	1
OPH	77065	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; UNILATERAL	1/1/2017	12/31/2382	1
OPH	77066	DIAGNOSTIC MAMMOGRAPHY, INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PREFORMED; BILATERAL	1/1/2017	12/31/2382	1
OPH	77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW STUDY OF EACH BREAST), INCLUDING COMPUTER-AIDED DETECTION (CAD) WHEN PERFORMED	1/1/2017	12/31/2382	1
OPH	77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN FOR JOINT RADIOLOGY, INCLUDING CONTRALATERAL JOINT IF	10/1/2010	12/31/2382	1
OPH	77072	BONE AGE STUDIES	4/1/2012	12/31/2382	1
OPH	77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	4/1/2012	12/31/2382	1
OPH	77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR SKELETON)	4/1/2012	12/31/2382	1
OPH	77076	RADIOLOGIC EXAMINATION , OSSEOUS SURVEY, INFANT	4/1/2012	12/31/2382	1
OPH	77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	4/1/2012	12/31/2382	1
OPH	77078	COMPUTED TOMOGRAPHY, BONE MINERAL DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON (EG, HIPS, PELVIS, SPINE)	4/1/2012	12/31/2382	1
OPH	77080	DUAL ENERGY X-RAY ABSORPTIOMETRY, DXA, BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON	4/1/2012	12/31/2382	1
OPH	77081	DUAL- ENERGY X-RAY ABSORPTIOMETRY, BONE DENSITY STUDY, 1 OR MORE SITE; APPENDICULAR SKELETON	4/1/2012	12/31/2382	1
OPH	77084	MAGNETIC RESONANCE IMAGING, BONE MARROW BLOOD SUPPLY	4/1/2012	12/31/2382	1
OPH	77085	DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA), BONE DENSITY STUDY, 1 OR MORE SITES; AXIAL SKELETON, INCLUDING VERTEBR	1/1/2015	12/31/2382	1
OPH	77086	VERTEBRAL FRACTURE ASSESSMENT VIA DUAL-ENERGY X-RAY ABSORPTIOMETRY (DXA)	1/1/2015	12/31/2382	1
OPH	77089	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; USING DUAL X-RAY ABSORPTIOMETRY (DXA) OR OTHER IMAGING DATA ON GRAY-SCALE VARIOGRAM,	1/1/2022	12/31/2382	1
OPH	77090	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL PREPARATION AND TRANSMISSION OF DATA FOR ANALYSIS TO BE PERFORMED ELSEWHERE	1/1/2022	12/31/2382	1
OPH	77091	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; TECHNICAL CALCULATION ONLY	1/1/2022	12/31/2382	1
OPH	77092	TRABECULAR BONE SCORE (TBS), STRUCTURAL CONDITION OF THE BONE MICROARCHITECTURE; INTERPRETATION AND REPORT ON FRACTURE-RISK ONLY BY OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2022	12/31/2382	1
OPH	77261	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; SIMPLE	10/1/2010	12/31/2382	1
OPH	77262	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; INTERMEDIATE	10/1/2010	12/31/2382	1
OPH	77263	THERAPEUTIC RADIOLOGY TREATMENT PLANNING; COMPLEX	10/1/2010	12/31/2382	1
OPH	77280	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; SIMPLE	10/1/2010	12/31/2382	2
OPH	77285	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; INTERMEDIATE	10/1/2010	12/31/2382	1
OPH	77290	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; COMPLEX	10/1/2010	12/31/2382	1
OPH	77293	RESPIRATORY MOTION MANAGMENT SIMULATION	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	77295	THERAPEUTIC RADIOLOGY SIMULATION-AIDED FIELD SETTING; BY THREE DIMENSIONAL RECONSTRUCTION OF TUMOR VOLUME	10/1/2010	12/31/2382	1
OPH	77299	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY CLINICAL TREATMENT PLANNING	4/1/2018	12/31/2382	1
OPH	77300	BASIC RADIATION DOSIMETRY CALCULATION, CENTRAL AXIS DEPTH DOSE, TDF, NSD, GAP CALCULATION, OFF AXIS FACTOR, TI	10/1/2016	12/31/2382	10
OPH	77301	INTENSITY MODULATED RADIOTHERAPY PLAN, INCLUDING DOSE- VOLUME HISTOGRAMS FOR TARGET AND CRITICAL STRUCTURE PAR	10/1/2010	12/31/2382	1
OPH	77306	TELEETHERAPY ISODOSE PLAN; SIMPLE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
OPH	77307	TELEETHERAPY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
OPH	77316	BRACHYTHERAPY ISODOSE PLAN; SIMPLE. INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
OPH	77317	BRACHYTHERAPY ISODOSE PLAN; INTERMEDIATE, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
OPH	77318	BRACHYTHERAPY ISODOSE PLAN; COMPLEX, INCLUDES BASIC DOSIMETRY CALCULATION(S)	1/1/2015	12/31/2382	1
OPH	77321	SPECIAL TELEETHERAPY PORT PLAN, PARTICLES, HEMI-BODY, TOTAL BODY	10/1/2010	12/31/2382	1
OPH	77331	SPECIAL DOSIMETRY (EG, TLD, MICRODOSIMETRY) (SPECIFY), ONLY WHEN PRESCRIBED BY THE TREATING PHYSICIAN	1/1/2015	12/31/2382	3
OPH	77332	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; SIMPLE (SIMPLE BLOCK, SIMPLE BOLUS)	10/1/2010	12/31/2382	4
OPH	77333	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; INTERMEDIATE (MULTIPLE BLOCKS, STENTS, BITE BLOCKS, SPECIAL BOLUS)	1/1/2015	12/31/2382	2
OPH	77334	TREATMENT DEVICES, DESIGN AND CONSTRUCTION; COMPLEX (IRREGULAR BLOCKS, SPECIAL SHIELDS, COMPENSATORS, WEDGES,	1/1/2016	12/31/2382	10
OPH	77336	CONTINUING MEDICAL RADIATION PHYSICS CONSULTATION IN SUPPORT OF THERAPEUTIC RADIOLOGIST INCLUDING CONTINUING Q	10/1/2010	12/31/2382	1
OPH	77338	MULTI-LEAF COLLIMATOR (MLC) DEVICE(S) FOR INTENSITY MODULATED RADIATION THERAPY (IMRT), DESIGN AND	7/1/2012	12/31/2382	1
OPH	77370	SPECIAL MEDICAL RADIATION PHYSICS CONSULTATION	10/1/2010	12/31/2382	1
OPH	77371	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	10/1/2010	12/31/2382	1
OPH	77372	RADIATION TREATMENT DELIVERY, STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF TREATMENT OF CEREBRAL LESION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	77373	STEREOTACTIC BODY RADIATION THERAPY, TREATMENT DELIVERY, PER FRACTION TO 1 OR MORE LESIONS, INCLUDING	10/1/2010	12/31/2382	1
OPH	77385	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; SIMPLE	1/1/2015	12/31/2382	1
OPH	77386	INTENSITY MODULATED RADIATION TREATMENT DELIVERY, INCLUDES GUIDANCE AND TRACKING, WHEN PERFORMED; COMPLEX	1/1/2015	12/31/2382	1
OPH	77387	GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT DELIVERY, INCLUDES	1/1/2015	12/31/2382	1
OPH	77399	UNLISTED PROCEDURE, MEDICAL RADIATION PHYSICS, DOSIMETRY AND TREATMENT DEVICES	4/1/2018	12/31/2382	1
OPH	77401	RADIATION TREATMENT DELIVERY, SUPERFICIAL AND/OR ORTHO VOLTAGE	1/1/2015	12/31/2382	1
OPH	77402	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS OR N	10/1/2010	12/31/2382	2
OPH	77407	RADIATION TREATMENT DELIVERY, TWO SEPARATE TREATMENT AREAS, THREE OR MORE PORTS ON A SINGLE TREATMENT AREA, US	10/1/2010	12/31/2382	2
OPH	77412	RADIATION TREATMENT DELIVERY, THREE OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS, WEDGE	10/1/2010	12/31/2382	2
OPH	77417	THERAPEUTIC RADIOLOGY PORT FILM(S)	10/1/2010	12/31/2382	1
OPH	77423	HIGH ENERGY NEUTRON RADIATION TREATMENT DELIVERY; 1 OR MORE ISOCENTER(S) WITH COPLANAR OR NON-COPLANAR GEOMETR	10/1/2010	12/31/2382	1
OPH	77424	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, X-RAY, SINGLE TREATMENT SESSION	1/1/2012	12/31/2382	1
OPH	77425	INTRAOPERATIVE RADIATION TREATMENT DELIVERY, ELECTRONS, SINGLE TREATMENT SESSION	1/1/2012	12/31/2382	1
OPH	77427	RADIATION TREATMENT MANAGEMENT, FIVE TREATMENTS	7/1/2020	12/31/2382	1
OPH	77431	RADIATION THERAPY MANAGEMENT WITH COMPLETE COURSE OF THERAPY CONSISTING OF ONE OR TWO FRACTIONS ONLY	1/1/2012	12/31/2382	1
OPH	77432	STEREOTACTIC RADIATION TREATMENT MANAGEMENT OF CEREBRAL LESION(S)	1/1/2012	12/31/2382	1
OPH	77435	STEROTACTIC BODY RADIATION THERAPY, TREATMENT MANAGEMENT, PER TREATMENT COURSE, TO ONE OR MORE LESIONS,	10/1/2010	12/31/2382	1
OPH	77469	INTRAOPERATIVE RADIATION TREATMENT MANAGEMENT	1/1/2012	12/31/2382	1
OPH	77470	SPECIAL TREATMENT PROCEDURE (EG, TOTAL BODY IRRADIATION, HEMIBODY IRRADIATION, PER ORAL, VAGINAL CONE IRRADIAT	10/1/2010	12/31/2382	1
OPH	77499	UNLISTED PROCEDURE, THERAPEUTIC RADIOLOGY TREATMENT MANAGEMENT	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	77520	PROTON BEAM DELIVERY TO A SINGLE TREATMENT AREA, SINGLEPORT, CUSTOM BLOCK, W/ OR W/OUT COMPENSATION, W/TREATMENT	10/1/2018	12/31/2382	2
OPH	77522	PROTON TREATMENT DELIVERY; SIMPLE, WITH COMPENSATION	10/1/2018	12/31/2382	2
OPH	77523	PROTON BEAM DELIVERY TO ONE OR TWO TREATMENT AREAS, TWO OR MORE PORTS, TWO OR MORE CUSTOM BLOCKS AND TWO OR MORE	10/1/2018	12/31/2382	2
OPH	77525	PROTON TREATMENT DELIVERY; COMPLEX	10/1/2018	12/31/2382	2
OPH	77600	HYPERTHERMIA, EXTERNALLY GENERATED; SUPERFICIAL (IE, HEATING TO A DEPTH OF 4 CM OR LESS)	10/1/2010	12/31/2382	1
OPH	77605	HYPERTHERMIA, EXTERNALLY GENERATED; DEEP (IE, HEATING TO DEPTHS GREATER THAN 4 CM)	10/1/2010	12/31/2382	1
OPH	77610	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); 5 OR FEWER INTERSTITIAL APPLICATORS	10/1/2010	12/31/2382	1
OPH	77615	HYPERTHERMIA GENERATED BY INTERSTITIAL PROBE(S); MORE THAN 5 INTERSTITIAL APPLICATORS	10/1/2010	12/31/2382	1
OPH	77620	HYPERTHERMIA GENERATED BY INTRACAVITARY PROBE(S)	10/1/2010	12/31/2382	1
OPH	77750	INFUSION OR INSTILLATION OF RADIOELEMENT SOLUTION	10/1/2010	12/31/2382	1
OPH	77761	INTRACAVITARY RADIOELEMENT APPLICATION; SIMPLE	10/1/2010	12/31/2382	1
OPH	77762	INTRACAVITARY RADIOELEMENT APPLICATION; INTERMEDIATE	10/1/2010	12/31/2382	1
OPH	77763	INTRACAVITARY RADIOELEMENT APPLICATION; COMPLEX	10/1/2010	12/31/2382	1
OPH	77767	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 1 CHANNEL OR UP TO 2.0 CM	1/1/2016	12/31/2382	2
OPH	77768	HIGH DOSE BRACHYTHERAPY THROUGH SKIN SURFACE, 2 CHANNELS OR MORE THAN 2.0 CM	1/1/2016	12/31/2382	2
OPH	77770	HIGH DOSE BRACHYTHERAPY, 1 CHANNEL	1/1/2016	12/31/2382	2
OPH	77771	HIGH DOSE BRACHYTHERAPY, 2-12 CHANNELS	1/1/2016	12/31/2382	2
OPH	77772	HIGH DOSE BRACHYTHERAPY, MORE THAN 12 CHANNELS	1/1/2016	12/31/2382	2
OPH	77778	INTERSTITIAL RADIOELEMENT APPLICATION; COMPLEX	10/1/2010	12/31/2382	1
OPH	77789	SURFACE APPLICATION OF RADIOELEMENT	10/1/2010	12/31/2382	2
OPH	77790	SUPERVISION, HANDLING, LOADING OF RADIOELEMENT	1/1/2016	12/31/2382	1
OPH	77799	UNLISTED PROCEDURE, CLINICAL BRACHYTHERAPY	4/1/2018	12/31/2382	1
OPH	78012	THYROID UPTAKE, SINGLE OR MULTIPLE, QUANTITATIVE MEASUREMENT(S) (INCLUDING STIMULATION, SUPPRESSION, OR	1/1/2013	12/31/2382	1
OPH	78013	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED)	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78014	THYROID IMAGING (INCLUDING VASCULAR FLOW, WHEN PERFORMED); WITH SINGLE OR MULTIPLE UPTAKE(S)	1/1/2013	12/31/2382	1
OPH	78015	THYROID CARCINOMA METASTASES IMAGING; LIMITED AREA (EG, NECK AND CHEST ONLY)	10/1/2010	12/31/2382	1
OPH	78016	THYROID CARCINOMA METASTASES IMAGING; WITH ADDITIONAL STUDIES (EG, URINARY RECOVERY)	10/1/2010	12/31/2382	1
OPH	78018	THYROID CARCINOMA METASTASES IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
OPH	78020	THYROID CARCINOMA METASTASES UPTAKE	10/1/2010	12/31/2382	1
OPH	78070	PARATHYROID IMAGING	10/1/2010	12/31/2382	1
OPH	78071	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT)	1/1/2013	12/31/2382	1
OPH	78072	PARATHYROID PLANAR IMAGING; WITH TOMOGRAPHIC (SPECT), AND CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	1/1/2013	12/31/2382	1
OPH	78075	ADRENAL IMAGING, CORTEX AND/OR MEDULLA	10/1/2010	12/31/2382	1
OPH	78099	UNLISTED ENDOCRINE PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78102	BONE MARROW IMAGING; LIMITED AREA	10/1/2010	12/31/2382	1
OPH	78103	BONE MARROW IMAGING; MULTIPLE AREAS	10/1/2010	12/31/2382	1
OPH	78104	BONE MARROW IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
OPH	78110	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); SINGLE SAMPLING	10/1/2010	12/31/2382	1
OPH	78111	PLASMA VOLUME, RADIONUCLIDE VOLUME-DILUTION TECHNIQUE (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/1/2010	12/31/2382	1
OPH	78120	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); SINGLE SAMPLING	10/1/2010	12/31/2382	1
OPH	78121	RED CELL VOLUME DETERMINATION (SEPARATE PROCEDURE); MULTIPLE SAMPLINGS	10/1/2010	12/31/2382	1
OPH	78122	WHOLE BLOOD VOLUME DETERMINATION, INCLUDING SEPARATE MEASUREMENT OF PLASMA VOLUME AND RED CELL VOLUME (RADIONUCLIDE)	10/1/2010	12/31/2382	1
OPH	78130	RED CELL SURVIVAL STUDY;	10/1/2010	12/31/2382	1
OPH	78140	LABELED RED CELL SEQUESTRATION, DIFFERENTIAL ORGAN/TISSUE, (EG, SPLENIC AND/OR HEPATIC)	10/1/2010	12/31/2382	1
OPH	78185	SPLEEN IMAGING ONLY, WITH OR WITHOUT VASCULAR FLOW	10/1/2010	12/31/2382	1
OPH	78191	PLATELET SURVIVAL STUDY	10/1/2010	12/31/2382	1
OPH	78195	LYMPHATICS AND LYMPH GLANDS IMAGING	10/1/2010	12/31/2382	1
OPH	78199	UNLISTED HEMATOPOIETIC, RETICULOENDOTHELIAL AND LYMPHATIC PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78201	LIVER IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78202	LIVER IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
OPH	78215	LIVER AND SPLEEN IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1
OPH	78216	LIVER AND SPLEEN IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
OPH	78226	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT	1/1/2012	12/31/2382	1
OPH	78227	HEPATOBIILIARY SYSTEM IMAGING, INCLUDING GALLBLADDER WHEN PRESENT; WITH PHARMACOLOGIC INTERVENTION, INCLUDING	1/1/2012	12/31/2382	1
OPH	78230	SALIVARY GLAND IMAGING;	10/1/2010	12/31/2382	1
OPH	78231	SALIVARY GLAND IMAGING; WITH SERIAL IMAGES	10/1/2010	12/31/2382	1
OPH	78232	SALIVARY GLAND FUNCTION STUDY	10/1/2010	12/31/2382	1
OPH	78258	ESOPHAGEAL MOTILITY	10/1/2010	12/31/2382	1
OPH	78261	GASTRIC MUCOSA IMAGING	10/1/2010	12/31/2382	1
OPH	78262	GASTROESOPHAGEAL REFLUX STUDY	10/1/2010	12/31/2382	1
OPH	78264	GASTRIC EMPTYING STUDY	10/1/2010	12/31/2382	1
OPH	78265	STOMACH EMPTYING AND SMALL BOWEL TRANSIT STUDY	1/1/2016	12/31/2382	1
OPH	78266	STOMACH EMPTYING AND SMALL BOWEL WITH COLON TRANSIT STUDY	1/1/2016	12/31/2382	1
OPH	78267	UREA BREATH TEST, C-14; ACQUISITION FOR ANALYSIS	10/1/2010	12/31/2382	1
OPH	78268	UREA BREATH TEST, C-14; ANALYSIS	10/1/2010	12/31/2382	1
OPH	78278	ACUTE GASTROINTESTINAL BLOOD LOSS IMAGING	10/1/2010	12/31/2382	2
OPH	78282	GASTROINTESTINAL PROTEIN LOSS	10/1/2010	12/31/2382	1
OPH	78290	BOWEL IMAGING (EG, ECTOPIC GASTRIC MUCOSA, MECKEL'S LOCALIZATION, VOLVULUS)	10/1/2010	12/31/2382	1
OPH	78291	PERITONEAL-VEIN SHUNT PATENCY TEST (EG, FOR LEVEEN, DENVER SHUNT)	10/1/2010	12/31/2382	1
OPH	78299	UNLISTED GASTROINTESTINAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78300	BONE AND/OR JOINT IMAGING; LIMITED AREA	10/1/2010	12/31/2382	1
OPH	78305	BONE AND/OR JOINT IMAGING; MULTIPLE AREAS	10/1/2010	12/31/2382	1
OPH	78306	BONE AND/OR JOINT IMAGING; WHOLE BODY	10/1/2010	12/31/2382	1
OPH	78315	BONE AND/OR JOINT IMAGING; THREE PHASE STUDY	10/1/2010	12/31/2382	1
OPH	78350	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; SINGLE PHOTON ABSORPTIOMETRY	10/1/2013	12/31/2382	1
OPH	78351	BONE DENSITY (BONE MINERAL CONTENT) STUDY, ONE OR MORE SITES; DUAL PHOTON ABSORPTIOMETRY, ONE OR MORE SITES	10/1/2013	12/31/2382	1
OPH	78399	UNLISTED MUSCULOSKELETAL PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78414	DETERMINATION OF CENTRAL C-V HEMODYNAMICS (NON-IMAGING) (EG, EJECTION FRACTION WITH PROBE TECHNIQUE) WITH OR W	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78428	CARDIAC SHUNT DETECTION	10/1/2010	12/31/2382	1
OPH	78429	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), SINGLE STUDY; WITH CONCURRENTLY ACQUIRED COMPUTED TOMOGRAPHY	1/1/2020	12/31/2382	1
OPH	78430	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); SINGLE STUDY, AT REST OR STRESS (EXERCISE OR PHARMACOLOGIC), WITH	1/1/2020	12/31/2382	1
OPH	78431	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED); MULTIPLE STUDIES AT REST AND STRESS	1/1/2020	12/31/2382	1
OPH	78432	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S],	1/1/2020	12/31/2382	1
OPH	78433	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), COMBINED PERFUSION WITH METABOLIC EVALUATION STUDY (INCLUDING VENTRICULAR WALL MOTION[S] AND/OR EJECTION FRACTION[S], WHEN PERFORMED), DUAL RADIOTRACER	1/1/2020	12/31/2382	1
OPH	78434	ABSOLUTE QUANTITATION OF MYOCARDIAL BLOOD FLOW (AQMBF), POSITRON EMISSION TOMOGRAPHY (PET), REST AND PHARMACOLOGIC STRESS (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	1/1/2020	12/31/2382	1
OPH	78445	NON-CARDIAC VASCULAR FLOW IMAGING (IE, ANGIOGRAPHY, VENOGRAPHY)	10/1/2010	12/31/2382	1
OPH	78451	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); SINGLE STUDY, AT REST OR STRESS	7/1/2012	12/31/2382	1
OPH	78452	MYOCARDIAL PERFUSION IMAGING, TOMOGRAPHIC (SPECT); MULTIPLE STUDIES, AT REST OR STRESS AND/OR REDISTRUBUTION	7/1/2012	12/31/2382	1
OPH	78453	MYOCARDIAL PERFUSION IMAGING, PLANAR; SINGLE STUDY, AT REST OR STRESS	7/1/2012	12/31/2382	1
OPH	78454	MYOCARDIAL PERFUSION IMAGING, PLANAR; MULITPLE STUDIES, AT REST AND/OR STRESS AND/OR REDISTRIBUTION AND/OR	7/1/2012	12/31/2382	1
OPH	78456	ACUTE VENOUS THROMBOSIS IMAGING, PEPTIDE	10/1/2010	12/31/2382	1
OPH	78457	VENOUS THROMBOSIS IMAGING, VENOGRAM; UNILATERAL	10/1/2010	12/31/2382	1
OPH	78458	VENOUS THROMBOSIS IMAGING (EG, VENOGRAM); BILATERAL	10/1/2010	12/31/2382	1
OPH	78459	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), METABOLIC EVALUATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78466	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; QUALITATIVE OR QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	78468	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; WITH EJECTION FRACTION BY FIRST PASS TECHNIQUE	10/1/2010	12/31/2382	1
OPH	78469	MYOCARDIAL IMAGING, INFARCT AVID, PLANAR; TOMOGRAPHIC SPECT WITH OR WITHOUT QUANTIFICATION	10/1/2010	12/31/2382	1
OPH	78472	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; SINGLE STUDY AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION,	10/1/2010	12/31/2382	1
OPH	78473	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM; MULTIPLE STUDIES, WALL MOTION STUDY PLUS EJECTION FRACTION, RES	10/1/2010	12/31/2382	1
OPH	78481	CARDIAC BLOOD POOL IMAGING,(PLANAR), FIRST PASS TECHNIQUE; SINGLE STUDY, AT REST OR WITH STRESS	10/1/2010	12/31/2382	1
OPH	78483	CARDIAC BLOOD POOL IMAGING, (PLANAR) FIRST PASS TECHNIQUE; MULTIPLE STUDIES, AT REST AND WITH STRESS (EXERCISE	10/1/2010	12/31/2382	1
OPH	78491	MYOCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; SINGLE STUDY AT REST OR STRESS	10/1/2010	12/31/2382	1
OPH	78492	MYCARDIAL IMAGING, POSITRON EMISSION TOMOGRAPHY (PET), PERFUSION; MULTIPLE STUDIES AT REST AND/OR STRESS	10/1/2010	12/31/2382	1
OPH	78494	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SPECT, AT REST, WALL MOTION STUDY PLUS EJECTION FRACTION, WITH	10/1/2010	12/31/2382	1
OPH	78496	CARDIAC BLOOD POOL IMAGING, GATED EQUILIBRIUM, SINGLE STUDY, AT REST, WITH RIGHT VENTRICULAR EJECTION FRACTION	10/1/2010	12/31/2382	1
OPH	78499	UNLISTED CARDIOVASCULAR PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78579	PULMONARY VENTILATION IMAGING (EG, AEROSOL OR GAS)	1/1/2012	12/31/2382	1
OPH	78580	PULMONARY PERFUSION IMAGING; PARTICULATE	10/1/2010	12/31/2382	1
OPH	78582	PULMONARY VENTILATION (EG, AEROSOL OR GAS) AND PERFUSION IMAGING	1/1/2012	12/31/2382	1
OPH	78597	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION, INCLUDING IMAGING WHEN PERFORMED	1/1/2012	12/31/2382	1
OPH	78598	QUANTITATIVE DIFFERENTIAL PULMONARY PERFUSION AND VENTILATION , INCLUDING IMAGING WHEN PERFORMED	1/1/2012	12/31/2382	1
OPH	78599	UNLISTED RESPIRATORY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78600	BRAIN IMAGING, LIMITED PROCEDURE; STATIC	10/1/2010	12/31/2382	1
OPH	78601	BRAIN IMAGING, LIMITED PROCEDURE; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
OPH	78605	BRAIN IMAGING, COMPLETE STUDY; STATIC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78606	BRAIN IMAGING, COMPLETE STUDY; WITH VASCULAR FLOW	1/1/2015	12/31/2382	1
OPH	78608	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); METABOLIC EVALUATION	10/1/2010	12/31/2382	1
OPH	78609	BRAIN IMAGING POSITRON EMISSION TOMOGRAPHY (PET); PERFUSION EVALUATION	10/1/2013	12/31/2382	1
OPH	78610	BRAIN IMAGING, VASCULAR FLOW ONLY	10/1/2010	12/31/2382	1
OPH	78630	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); CISTERNOGRAPHY	1/1/2015	12/31/2382	1
OPH	78635	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); VENTRICULOGRAPHY	10/1/2010	12/31/2382	1
OPH	78645	CEREBROSPINAL FLUID FLOW, IMAGING (NOT INCLUDING INTRODUCTION OF MATERIAL); SHUNT EVALUATION	10/1/2010	12/31/2382	1
OPH	78650	CSF LEAKAGE DETECTION AND LOCALIZATION	10/1/2010	12/31/2382	1
OPH	78660	RADIONUCLIDE DACRYOCYSTOGRAPHY	10/1/2010	12/31/2382	1
OPH	78699	UNLISTED NERVOUS SYSTEM PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78700	KIDNEY IMAGING; STATIC ONLY	10/1/2010	12/31/2382	1
OPH	78701	KIDNEY IMAGING; WITH VASCULAR FLOW	1/1/2015	12/31/2382	1
OPH	78707	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY WITHOUT PHARMACOLOGICAL INTERVENTION	10/1/2010	12/31/2382	1
OPH	78708	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; SINGLE STUDY, WITH PHARMACOLOGICAL INTERVENTION (EG, ANGIOTEN	10/1/2010	12/31/2382	1
OPH	78709	KIDNEY IMAGING WITH VASCULAR FLOW AND FUNCTION; MULTIPLE STUDIES, WITH AND WITHOUT PHARMACOLOGICAL	10/1/2010	12/31/2382	1
OPH	78725	KIDNEY FUNCTION STUDY WITHOUT PHARMACOLOGIC INTERVENTION	10/1/2010	12/31/2382	1
OPH	78730	URINARY BLADDER RESIDUAL STUDY	10/1/2010	12/31/2382	1
OPH	78740	URETERAL REFLUX STUDY (RADIONUCLIDE VOIDING CYSTOGRAM)	10/1/2010	12/31/2382	1
OPH	78761	TESTICULAR IMAGING; WITH VASCULAR FLOW	10/1/2010	12/31/2382	1
OPH	78799	UNLISTED GENITOURINARY PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	78800	RADIONUCLIDE LOCALIZATION OF TUMOR; LIMITED AREA	10/1/2010	12/31/2382	1
OPH	78801	RADIONUCLIDE LOCALIZATION OF TUMOR; MULTIPLE AREAS	10/1/2010	12/31/2382	1
OPH	78802	RADIONUCLIDE LOCALIZATION OF TUMOR; WHOLE BODY	10/1/2010	12/31/2382	1
OPH	78803	TUMOR LOCALIZATION (SPECT)	10/1/2010	12/31/2382	1
OPH	78804	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR OR DISTRUBUTION OF RADIOPHARMACEUTICAL AGENT, WHOLE BODY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	78808	INJECTION PROCEDURE FOR RADIOPHARMACEUTICAL LOCALIZATION BY NON-IMAGING PROBE STUDY, INTRAVENOUS	10/1/2010	12/31/2382	1
OPH	78811	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); LIMITED AREA, (EG, CHEST, HEAD/NECK)	10/1/2010	12/31/2382	1
OPH	78812	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET); SKULL BASE TO MID THIGH	10/1/2010	12/31/2382	1
OPH	78813	TUMOR IMAGING, POSITRON EMISSION TOMOGRAPHY (PET) ; WHOLE BODY	10/1/2010	12/31/2382	1
OPH	78814	TUMOR IMAGING, (PET); WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; LI	10/1/2010	12/31/2382	1
OPH	78815	TUMOR IMAGING, (PET) WITHCONCURENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; SKULL	10/1/2010	12/31/2382	1
OPH	78816	TUMOR IMAGING, (PET) WITH CONCURRENTLY ACQUIRED CT FOR ATTENUATION CORRECTION AND ANATOMICAL LOCALIZATION; WHO	10/1/2010	12/31/2382	1
OPH	78830	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY	1/1/2020	12/31/2382	1
OPH	78831	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT), MINIMUM 2 AREAS	1/1/2020	12/31/2382	1
OPH	78832	RADIOPHARMACEUTICAL LOCALIZATION OF TUMOR, INFLAMMATORY PROCESS OR DISTRIBUTION OF RADIOPHARMACEUTICAL AGENT(S) (INCLUDES VASCULAR FLOW AND BLOOD POOL IMAGING, WHEN PERFORMED); TOMOGRAPHIC (SPECT) WITH CONCURRENTLY ACQUIRED	1/1/2020	12/31/2382	1
OPH	78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7/1/2022	12/31/2382	2
OPH	78835	RADIOPHARMACEUTICAL QUANTIFICATION MEASUREMENT(S) SINGLE AREA (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	4/1/2020	6/30/2022	2
OPH	78999	UNLISTED MISCELLANEOUS PROCEDURE, DIAGNOSTIC NUCLEAR MEDICINE	4/1/2018	12/31/2382	1
OPH	79005	RADIOPHARMACEUTICAL THERAPY, BY ORAL ADMINISTRATION	10/1/2010	12/31/2382	1
OPH	79101	RADIOPHARMACEUTICAL THERAPY, BY INTRAVENOUS ADMINISTRATION	10/1/2010	12/31/2382	1
OPH	79200	INTRACAVITARY RADIOACTIVE COLLOID THERAPY	10/1/2010	12/31/2382	1
OPH	79300	INTERSTITIAL RADIOACTIVE COLLOID THERAPY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	79403	RADIOPHARMACEUTICAL THERAPY, RADIOLABELED MONOCLONAL ANTIBODY BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
OPH	79440	INTRA-ARTICULAR RADIONUCLIDE THERAPY	10/1/2010	12/31/2382	1
OPH	79445	RADIOPHARMACEUTICAL THERAPY, BY INTRA-ARTERIAL PARTICULATE ADMINISTRATION	10/1/2010	12/31/2382	1
OPH	79999	UNLISTED RADIONUCLIDE THERAPEUTIC PROCEDURE	4/1/2018	12/31/2382	1
OPH	80047	BASIC METABOLIC PANEL (CALCIUM, IONIZED)	10/1/2010	12/31/2382	2
OPH	80048	BASIC METABOLIC PANEL	10/1/2010	12/31/2382	2
OPH	80050	GENERAL HEALTH PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: AUTOMATED CHEMISTRIES, 12 OR MORE (80012-80019) HE	10/1/2013	12/31/2382	1
OPH	80051	ELECTROLYTE PANEL	10/1/2010	12/31/2382	4
OPH	80053	EXECUTIVE PROFILE- AS OF 2000 COMPREHENSIVE METABOLIC PANEL	7/1/2013	12/31/2382	1
OPH	80061	LIPID PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: CHOLESTEROL, SERUM, TOTAL (82465) LIPOPROTEIN, DIRECT MEASU	10/1/2010	12/31/2382	1
OPH	80069	RENAL FUNCTION PANEL	10/1/2010	12/31/2382	1
OPH	80074	ACUTE HEPATITIS PANEL	10/1/2010	12/31/2382	1
OPH	80076	HEPATIC FUNCTION PANEL	10/1/2010	12/31/2382	1
OPH	80081	BLOOD TEST PANEL FOR OBSTETRICS (CBC, DIFFERENTIAL WBC COUNT, HEPATITIS B, HIV, RUBELLA, SYPHILIS, ANTIBODY SCREENING, RBC, BLOOD TYPING)	1/1/2016	12/31/2382	1
OPH	80143	MEASUREMENT OF ACETAMINOPHEN	1/1/2021	12/31/2382	2
OPH	80145	ADALIMUMAB	1/1/2020	12/31/2382	1
OPH	80150	AMIKACIN	10/1/2010	12/31/2382	2
OPH	80151	MEASUREMENT OF AMIODARONE	1/1/2021	12/31/2382	1
OPH	80155	CAFFEINE LEVELS	4/1/2015	12/31/2382	1
OPH	80156	CARBAMAZEPINE	10/1/2010	12/31/2382	2
OPH	80157	CARBAMAZEPINE; FREE	10/1/2010	12/31/2382	2
OPH	80158	CYCLOSPORINE	4/1/2018	12/31/2382	2
OPH	80159	CLOZAPINE LEVEL	4/1/2015	12/31/2382	2
OPH	80161	MEASUREMENT OF CARBAMAZEPINE-10,11-EPOXIDE	1/1/2021	12/31/2382	1
OPH	80162	DIGOXIN	10/1/2010	12/31/2382	2
OPH	80163	DIGOXIN; FREE	10/1/2017	12/31/2382	1
OPH	80164	DIPROPYLACETIC ACID (VALPROIC ACID)	10/1/2010	12/31/2382	2
OPH	80165	VALPROIC ACID (DIPROPYLACETIC); FREE	10/1/2017	12/31/2382	1
OPH	80167	MEASUREMENT OF FELBAMATE	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	80168	ETHOSUXIMIDE	10/1/2010	12/31/2382	2
OPH	80169	EVEROLIMUS LEVEL	4/1/2015	12/31/2382	2
OPH	80170	GENTAMICIN	10/1/2010	12/31/2382	2
OPH	80171	GABAPENTIN LEVEL	4/1/2015	12/31/2382	1
OPH	80173	HALOPERIDOL	10/1/2010	12/31/2382	2
OPH	80175	LAMOTRIGINE LEVEL	4/1/2015	12/31/2382	1
OPH	80176	LIDOCAINE	10/1/2010	12/31/2382	1
OPH	80177	LEVETIRACETAM LEVEL	4/1/2015	12/31/2382	1
OPH	80178	LITHIUM	10/1/2010	12/31/2382	2
OPH	80179	MEASUREMENT OF SALICYLATE	1/1/2021	12/31/2382	2
OPH	80180	MYCOPHENOLATE (MYCOPHENOLIC ACID) LEVEL	4/1/2015	12/31/2382	1
OPH	80181	MEASUREMENT OF FLECAINIDE	1/1/2021	12/31/2382	1
OPH	80183	OXCARBAZEPINE LEVEL	4/1/2015	12/31/2382	1
OPH	80184	PHENOBARBITAL	10/1/2010	12/31/2382	2
OPH	80185	PHENYTOIN; TOTAL	10/1/2010	12/31/2382	2
OPH	80186	PHENYTOIN; FREE	10/1/2010	12/31/2382	2
OPH	80187	POSACONAZOLE	1/1/2020	12/31/2382	1
OPH	80188	PRIMIDONE	10/1/2010	12/31/2382	2
OPH	80189	MEASUREMENT OF ITRACONAZOLE	7/1/2021	12/31/2382	1
OPH	80190	PROCAINAMIDE;	10/1/2010	12/31/2382	2
OPH	80192	PROCAINAMIDE; WITH METABOLITES (EG, N-ACETYL PROCAINAMIDE)	10/1/2010	12/31/2382	2
OPH	80193	MEASUREMENT OF LEFLUNOMIDE	1/1/2021	12/31/2382	1
OPH	80194	QUINIDINE	10/1/2010	12/31/2382	2
OPH	80195	SIROLIMUS	10/1/2010	12/31/2382	2
OPH	80197	TACROLIMUS	10/1/2010	12/31/2382	2
OPH	80198	THEOPHYLLINE	10/1/2010	12/31/2382	2
OPH	80199	TIAGABINE LEVEL	4/1/2015	12/31/2382	1
OPH	80200	TOBRAMYCIN	10/1/2010	12/31/2382	2
OPH	80201	TOPIRAMATE	10/1/2010	12/31/2382	2
OPH	80202	VANCOMYCIN	10/1/2010	12/31/2382	2
OPH	80203	ZONISAMIDE LEVEL	4/1/2015	12/31/2382	1
OPH	80204	MEASUREMENT OF METHOTREXATE	1/1/2021	12/31/2382	1
OPH	80210	MEASUREMENT OF RUFINAMIDE	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	80220	HYDROXYCHLOROQUINE	1/1/2022	12/31/2382	1
OPH	80230	INFLIXIMAB	1/1/2020	12/31/2382	1
OPH	80235	LACOSAMIDE	1/1/2020	12/31/2382	1
OPH	80280	VEDOLIZUMAB	1/1/2020	12/31/2382	1
OPH	80285	VORICONAZOLE	7/1/2020	12/31/2382	1
OPH	80299	QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED	10/1/2010	12/31/2382	3
OPH	80305	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY	1/1/2017	12/31/2382	1
OPH	80306	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; READ BY INSTRUMENT ASSISTED DIRECT OPTICAL OBSERVATION ONLY	1/1/2017	12/31/2382	1
OPH	80307	DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES; BY INSTRUMENT CHEMISTRY ANALYZERS, CHROMATOGRAPHY, AND MASS SPECTROMETRY	1/1/2017	12/31/2382	1
OPH	80320	ALCOHOLS	1/1/2018	12/31/2382	2
OPH	80321	ALCOHOLS BIOMARKERS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80322	ALCOHOLS BIOMARKERS; 3 OR MORE	4/1/2015	12/31/2382	1
OPH	80323	ALKALOIDS, NOT OTHERWISE SPECIFIED	4/1/2015	12/31/2382	1
OPH	80324	AMPHETAMINES; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80325	AMPHETAMINES; 3 OR 4	4/1/2015	12/31/2382	1
OPH	80326	AMPHETAMINES; 5 OR MORE	4/1/2015	12/31/2382	1
OPH	80327	ANABOLIC STEROIDS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80328	ANABOLIC STEROIDS; 3 OR MORE	4/1/2015	12/31/2382	1
OPH	80329	ANALGESICS, NON-OPIOID; 1 OR 2	1/1/2018	12/31/2382	2
OPH	80330	ANALGESICS, NON-OPIOID; 3-5	4/1/2015	12/31/2382	1
OPH	80331	ANALGESICS, NON-OPIOID; 6 OR MORE	4/1/2015	12/31/2382	1
OPH	80332	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80333	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 3-5	4/1/2015	12/31/2382	1
OPH	80334	ANTIDEPRESSANTS, SEROTONERGIC CLASS; 6 OR MORE	4/1/2015	12/31/2382	1
OPH	80335	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80336	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 3-5	4/1/2015	12/31/2382	1
OPH	80337	ANTIDEPRESSANTS, TRICYCLIC AND OTHER CYCLICALS; 6 OR MORE	4/1/2015	12/31/2382	1
OPH	80338	ANTIDEPRESSANTS, NOT OTHERWISE SPECIFIED	4/1/2015	12/31/2382	1
OPH	80339	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 1-3	1/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	80340	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
OPH	80341	ANTIEPILEPTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
OPH	80342	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 1-3	4/1/2015	12/31/2382	1
OPH	80343	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
OPH	80344	ANTIPSYCHOTICS, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
OPH	80345	BARBITURATES LEVELS	1/1/2018	12/31/2382	2
OPH	80346	BENZODIAZEPINES LEVELS; 1-12	4/1/2015	12/31/2382	1
OPH	80347	BENZODIAZEPINES LEVELS; 13 OR MORE	4/1/2015	12/31/2382	1
OPH	80348	BUPRENORPHINE LEVEL	4/1/2015	12/31/2382	1
OPH	80349	CANNABINOIDS NATURAL	4/1/2015	12/31/2382	1
OPH	80350	CANNABINOIDS LEVELS, SYNTHETIC; 1-3	4/1/2015	12/31/2382	1
OPH	80351	CANNABINOIDS LEVELS; SYNTHETIC; 4-6	4/1/2015	12/31/2382	1
OPH	80352	CANNABINOIDS LEVELS; SYNTHETIC; 7 OR MORE	4/1/2015	12/31/2382	1
OPH	80353	COCAINE LEVEL	4/1/2015	12/31/2382	1
OPH	80354	FENTANYL LEVEL	4/1/2015	12/31/2382	1
OPH	80355	GABAPENTIN LEVEL NON-BLOOD	4/1/2015	12/31/2382	1
OPH	80356	HEROIN METABOLITE LEVEL	4/1/2015	12/31/2382	1
OPH	80357	KETAMINE AND NORKETAMINE LEVELS	4/1/2015	12/31/2382	1
OPH	80358	METHADONE LEVEL	4/1/2015	12/31/2382	1
OPH	80359	METHYLENEDIOXYAMPHETAMINES LEVELS	4/1/2015	12/31/2382	1
OPH	80360	METHYLPHENIDATE LEVEL	4/1/2015	12/31/2382	1
OPH	80361	OPIATES LEVELS, 1 OR MORE	1/1/2018	12/31/2382	2
OPH	80362	OPIOIDS LEVELS AND OPIATE ANALOGS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80363	OPIOIDS LEVELS AND OPIATE ANALOGS; 3 OR 4	4/1/2015	12/31/2382	1
OPH	80364	OPIOIDS LEVELS AND OPIATE ANALOGS; 5 OR MORE	4/1/2015	12/31/2382	1
OPH	80365	OXYCODONE LEVELS	1/1/2018	12/31/2382	2
OPH	80366	PREGABALIN LEVEL	4/1/2015	12/31/2382	1
OPH	80367	PROXYPHENE LEVEL	4/1/2015	12/31/2382	1
OPH	80368	SEDATIVE HYPNOTICS (NON-BENZODIAZEPINES) LEVELS	4/1/2015	12/31/2382	1
OPH	80369	SKELETAL MUSCLE RELAXANTS LEVELS; 1 OR 2	4/1/2015	12/31/2382	1
OPH	80370	SKELETAL MUSCLE RELAXANTS LEVELS; 3 OR MORE	4/1/2015	12/31/2382	1
OPH	80371	SYNTHETIC STIMULANTS LEVELS	4/1/2015	12/31/2382	1
OPH	80372	TAPENTADOL LEVEL	4/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	80373	TRAMADOL LEVEL	4/1/2015	12/31/2382	1
OPH	80374	STEROISOMER (ENANTIOMER) DRUG ANALYSIS	4/1/2015	12/31/2382	1
OPH	80375	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 1-3	4/1/2015	12/31/2382	1
OPH	80376	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 4-6	4/1/2015	12/31/2382	1
OPH	80377	DRUG(S) OR SUBSTANCE(S), DEFINITIVE, QUALITATIVE OR QUANTITATIVE, NOT OTHERWISE SPECIFIED; 7 OR MORE	4/1/2015	12/31/2382	1
OPH	80400	ACTH STIMULATION PANEL; FOR ADRENAL INSUFFICIENCY	10/1/2010	12/31/2382	1
OPH	80402	ACTH STIMULATION PANEL; FOR 21 HYDROXYLASE DEFICIENCY	10/1/2010	12/31/2382	1
OPH	80406	ACTH STIMULATION PANEL; FOR 3 BETA-HYDROXYDEHYDROGENASE DEFICIENCY	10/1/2010	12/31/2382	1
OPH	80408	ALDOSTERONE SUPPRESSION EVALUATION PANEL (EG, SALINE INFUSION)	10/1/2010	12/31/2382	1
OPH	80410	CLACITONIN STIMULATION PANEL (EG, CALCIUM, PENTAGASTRIN)	10/1/2010	12/31/2382	1
OPH	80412	CORTICOTROPIC RELEASING HORMONE (CRH) STIMULATION PANEL	10/1/2010	12/31/2382	1
OPH	80414	CHORIONIC GONADOTROPIN STIMULATION PANEL; TESTOSTERON RESPONSE	10/1/2010	12/31/2382	1
OPH	80415	CHORIONIC GONADOTROPIN STIMULATION PANEL; ESTRADIOL RESPONSE	10/1/2010	12/31/2382	1
OPH	80416	RENAL VEIN RENIN STIMULATION PANEL (EG, CAPROPRIL)	10/1/2010	12/31/2382	1
OPH	80417	PERIPHERAL VEIN RENIN STIMULATION PANEL (EG, CAPTOPRIL)	10/1/2010	12/31/2382	1
OPH	80418	COMBINED RAPID ANTERIOR PETUITARY EVALUATION PANEL	10/1/2010	12/31/2382	1
OPH	80420	DEXAMETHASONE SUPPRESSION PANEL, 48 HOUR	10/1/2010	12/31/2382	1
OPH	80422	GLUCAGON TOLERANCE PANEL; FOR INSULINOMA	10/1/2010	12/31/2382	1
OPH	80424	GLUCAGON TOLERANCE PANEL; FOR PHEOCHROMOCYTOMA	10/1/2010	12/31/2382	1
OPH	80426	GONADOTROPIN RELEASING HORMONE STIMULATION PANEL	10/1/2010	12/31/2382	1
OPH	80428	GROWTH HORMONE STIMULATION PANEL (EG, ARGININE INFUSION, I-DOPA ADMINISTRATION)	10/1/2010	12/31/2382	1
OPH	80430	GROWTH HORMONE SUPPRESSION PANEL (GLUCOSE ADMINISTRATION)	10/1/2010	12/31/2382	1
OPH	80432	INSULIN-INDUCED C-PEPTIDE SUPPRESSION PANEL	10/1/2010	12/31/2382	1
OPH	80434	INSULIN TOLERANCE PANEL' FOR ACTH INSUFFICIENCY	10/1/2010	12/31/2382	1
OPH	80435	INSULIN TOLERANCE PANEL; FOR GROWTH HORMONE DEFICIENCY	10/1/2010	12/31/2382	1
OPH	80436	METYRAPONE PANEL	10/1/2010	12/31/2382	1
OPH	80438	THUROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; ONE HOUR	10/1/2010	12/31/2382	1
OPH	80439	THYROTROPIN RELEASING HORMONE (TRH) STIMULATION PANEL; TWO HOUR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	80503	PATHOLOGY CLINICAL CONSULTATION; FOR A CLINICAL PROBLEM, WITH LIMITED REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS AND STRAIGHTFORWARD MEDICAL DECISION MAKING	1/1/2022	12/31/2382	1
OPH	80504	PATHOLOGY CLINICAL CONSULTATION; FOR A MODERATELY COMPLEX CLINICAL PROBLEM, WITH REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS AND MODERATE LEVEL OF MEDICAL DECISION MAKING	1/1/2022	12/31/2382	1
OPH	80505	PATHOLOGY CLINICAL CONSULTATION; FOR A HIGHLY COMPLEX CLINICAL PROBLEM, WITH COMPREHENSIVE REVIEW OF PATIENT'S HISTORY AND MEDICAL RECORDS AND HIGH LEVEL OF MEDICAL DECISION MAKING	1/1/2022	12/31/2382	1
OPH	81000	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
OPH	81001	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES,;AUTOMATED, WITH MICROS	10/1/2010	12/31/2382	2
OPH	81002	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
OPH	81003	URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, P	10/1/2010	12/31/2382	2
OPH	81005	URINALYSIS; QUALITATIVE OR SEMIQUANTITATIVE, EXCEPT IMMUNOASSAYS	10/1/2010	12/31/2382	2
OPH	81007	URINALYSIS; BACTERIURIA SCREEN, BY NON-CULTURE TECHNIQUE, COMMERCIAL KIT (SPECIFY TYPE)	10/1/2010	12/31/2382	1
OPH	81015	URINALYSIS; MICROSCOPIC ONLY	7/1/2014	12/31/2382	2
OPH	81020	URINALYSIS; TWO OR THREE GLASS TEST	10/1/2010	12/31/2382	1
OPH	81025	URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS	10/1/2010	12/31/2382	1
OPH	81050	VOLUME MEASUREMENT FOR TIMED COLLECTION, EACH	10/1/2010	12/31/2382	2
OPH	81099	UNLISTED URINALYSIS PROCEDURE	4/1/2018	12/31/2382	1
OPH	81105	HUMAN PLATELET ANTIGEN 1 GENOTYPING (HPA-1), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, CO	1/1/2018	12/31/2382	1
OPH	81106	HUMAN PLATELET ANTIGEN 2 GENOTYPING (HPA-2), GP1BA (GLYCOPROTEIN IB [PLATELET], ALPHA POLYPEPTIDE [GPIBA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, C	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81107	HUMAN PLATELET ANTIGEN 3 GENOTYPING (HPA-3), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX], ANTIGEN CD41 [GPIIB]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA	1/1/2018	12/31/2382	1
OPH	81108	HUMAN PLATELET ANTIGEN 4 GENOTYPING (HPA-4), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA], ANTIGEN CD61 [GPIIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS,	1/1/2018	12/31/2382	1
OPH	81109	HUMAN PLATELET ANTIGEN 5 GENOTYPING (HPA-5), ITGA2 (INTEGRIN, ALPHA 2 [CD49B, ALPHA 2 SUBUNIT OF VLA-2 RECEPTOR] [GPIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE	1/1/2018	12/31/2382	1
OPH	81110	HUMAN PLATELET ANTIGEN 6 GENOTYPING (HPA-6W), ITGB3 (INTEGRIN, BETA 3 [PLATELET GLYCOPROTEIN IIIA, ANTIGEN CD61] [GPIIIA]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANA	1/1/2018	12/31/2382	1
OPH	81111	HUMAN PLATELET ANTIGEN 9 GENOTYPING (HPA-9W), ITGA2B (INTEGRIN, ALPHA 2B [PLATELET GLYCOPROTEIN IIB OF IIB/IIIA COMPLEX, ANTIGEN CD41] [GPIIB]) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], P	1/1/2018	12/31/2382	1
OPH	81112	HUMAN PLATELET ANTIGEN 15 GENOTYPING (HPA-15), CD109 (CD109 MOLECULE) (EG, NEONATAL ALLOIMMUNE THROMBOCYTOPENIA [NAIT], POST-TRANSFUSION PURPURA), GENE ANALYSIS, COMMON VARIANT, HPA-15A/B (S682Y)	1/1/2018	12/31/2382	1
OPH	81120	IDH1 (ISOCITRATE DEHYDROGENASE 1 [NADP+], SOLUBLE) (EG, GLIOMA), COMMON VARIANTS (EG, R132H, R132C)	1/1/2018	12/31/2382	1
OPH	81121	IDH2 (ISOCITRATE DEHYDROGENASE 2 [NADP+], MITOCHONDRIAL) (EG, GLIOMA), COMMON VARIANTS (EG, R140W, R172M)	1/1/2018	12/31/2382	1
OPH	81161	DMD (DYSTROPHIN) DELETION ANALYSIS, AND DUPLICATION ANALYSIS, IF PERFORMED	7/1/2013	12/31/2382	1
OPH	81162	GENE ANALYSIS (BREAST CANCER 1 AND 2)FULL SEQUENCE AND DUPLICATION OR DELETION VARIANTS	1/1/2016	12/31/2382	1
OPH	81163	GENE ANALYSIS (BREAST CANCER 1 AND 2) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81164	GENE ANALYSIS (BREAST CANCER 1 AND 2) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
OPH	81165	GENE ANALYSIS (BREAST CANCER 1) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81166	GENE ANALYSIS (BREAST CANCER 1) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
OPH	81167	GENE ANALYSIS (BREAST CANCER 2) FOR DUPLICATION OR DELETION VARIANTS	1/1/2019	12/31/2382	1
OPH	81168	GENE ANALYSIS (CCND1/IGH (T(11;14))) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1
OPH	81170	GENE ANALYSIS (ABL PROTO-ONCOGENE 1, NON-RECEPTOR TYROSINE KINASE)	1/1/2016	12/31/2382	1
OPH	81171	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81172	GENE ANALYSIS (FRAGILE X MENTAL RETARDATION 2) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
OPH	81173	GENE ANALYSIS (ANDROGEN RECEPTOR) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81174	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR KNOWN FAMILIAL VARIANT	1/1/2019	12/31/2382	1
OPH	81175	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
OPH	81176	ASXL1 (ADDITIONAL SEX COMBS LIKE 1, TRANSCRIPTIONAL REGULATOR) (EG, MYELODYSPLASTIC SYNDROME, MYELOPROLIFERATIVE NEOPLASMS, CHRONIC MYELOMONOCYTIC LEUKEMIA), GENE ANALYSIS; TARGETED SEQUENCE ANALYSIS (EG, EXON 12)	1/1/2018	12/31/2382	1
OPH	81177	GENE ANALYSIS (ATROPIN 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81178	GENE ANALYSIS (ATAXIN 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81179	GENE ANALYSIS (ATAXIN 2) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81180	GENE ANALYSIS (ATAXIN 3) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81181	GENE ANALYSIS (ATAXIN 7) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81182	GENE ANALYSIS (ATAXIN 8 OPPOSITE STRAND [NON-PROTEIN CODING]) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81183	GENE ANALYSIS (ATAXIN 10) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81184	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81185	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81186	GENE ANALYSIS (CALCIUM VOLTAGE-GATED CHANNEL SUBUNIT ALPHA1 A) FOR KNOWN FAMILIAL VARIANT	1/1/2019	12/31/2382	1
OPH	81187	GENE ANALYSIS (CCH-TYPE ZINC FINGER NUCLEIC ACID BINDING PROTEIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81188	GENE ANALYSIS (CYSTATIN B) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81189	GENE ANALYSIS (CYSTATIN B) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81190	GENE ANALYSIS (CYSTATIN B) FOR KNOWN FAMILIAL VARIANTS	1/1/2019	12/31/2382	1
OPH	81191	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1

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OPH	81192	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 2) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1
OPH	81193	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 3) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1
OPH	81194	GENE ANALYSIS (NEUROTROPHIC RECEPTOR TYROSINE KINASE 1, 2, AND 3) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1
OPH	81200	ASPA (ASPARTOACYLASE) (EG, CANAVAN DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, E285A, Y231X)	1/1/2013	12/31/2382	1
OPH	81201	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), FULL GENE SEQUENCE	1/1/2013	12/31/2382	1
OPH	81202	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81203	GENE ANALYSIS (ADENOMATOUS POLYPOSIS COLI), DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
OPH	81204	GENE ANALYSIS (ANDROGEN RECEPTOR) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
OPH	81205	BCKDHB (BRANCHED-CHAIN KETO ACID DEHYDROGENASE E1, BETA POLYPEPTIDE)(EG, MAPLE SYRUP URINE DISEASE) GENE ANALY	1/1/2013	12/31/2382	1
OPH	81206	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MAJOR BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1
OPH	81207	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; MINOR BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1
OPH	81208	BCR/ABL1 (T(9;22)) (EG, CHRONIC MYELOGENOUS LEUKEMIA) TRANSLOCATION ANALYSIS; OTHER BREAKPOINT, QUALITATIVE OR	1/1/2013	12/31/2382	1
OPH	81209	BLM (BLOOM SYNDROME, RECQ HELICASE-LIKE)(EG, BLOOM SYNDROME)GENE ANALYSIS, 2281 DEL6INS7 VARIANT	1/1/2013	12/31/2382	1
OPH	81210	BRAF(V-RAF MURINE SARCOMA VIRAL ONCOGENE HOMOLOG B1) (EG, COLON CANCER), GENE ANALYSIS, V600E VARIANT	1/1/2013	12/31/2382	1
OPH	81212	BRCA1, BRCA2 (BREAST CANCER 1 AND 2) GENE ANALYSIS; 185DEL6AG,5385INSC,6174DELT VARIANTS	1/1/2013	12/31/2382	1
OPH	81215	BRCA1 (BREAST CANCER 1) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	4/1/2015	12/31/2382	1
OPH	81216	BRCA 2 (BREAST CANCER 2) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81217	BRCA 2 (BREAST CANCER 2) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	4/1/2015	12/31/2382	1
OPH	81218	GENE ANALYSIS (CCAAT/ENHANCER BINDING PROTEIN[C/EPP], ALPHA) FULL GENE SEQUENCE	1/1/2016	12/31/2382	1
OPH	81219	GENE ANALYSIS (CALRETICULIN), COMMON VARIANTS	1/1/2016	12/31/2382	1

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OPH	81220	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; COMMOM VARIANTS (EG, ACMG/ACOG GUIDELINES)	1/1/2013	12/31/2382	1
OPH	81221	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81222	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
OPH	81223	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2013	12/31/2382	1
OPH	81224	CFTR (EG, CYSTIC FIBROSIS) GENE ANALYSIS; INTRON 8 POLY-T ANALYSIS (EG, MALE INFERTILITY)	1/1/2013	12/31/2382	1
OPH	81225	CYP2C19 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2.*3,*4,*8,*17)	1/1/2013	12/31/2382	1
OPH	81226	CYP2D6 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2.*3,*4,*5,*6,*9,*10,*17,*19,*29,*35,*41,	1/1/2013	12/31/2382	1
OPH	81227	CYP2C9 (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG,*2.*3,*5,*6,)	1/1/2013	12/31/2382	1
OPH	81228	CYTOGENOMIC CONSTITUTIONAL MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER VARIANTS	1/1/2013	12/31/2382	1
OPH	81229	CYTOGENOMIC CONSTITUTIONAL MICROARRAY ANALYSIS; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND SINGLE	1/1/2013	12/31/2382	1
OPH	81230	CYP3A4 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 4) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2, *22)	1/1/2018	12/31/2382	1
OPH	81231	CYP3A5 (CYTOCHROME P450 FAMILY 3 SUBFAMILY A MEMBER 5) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3, *4, *5, *6, *7)	1/1/2018	12/31/2382	1
OPH	81232	DPYD (DIHYDROPYRIMIDINE DEHYDROGENASE) (EG, 5-FLUOROURACIL/5-FU AND CAPECITABINE DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, *2A, *4, *5, *6)	1/1/2018	12/31/2382	1
OPH	81233	GENE ANALYSIS (BRUTON'S TYROSINE KINASE) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
OPH	81234	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81235	GENE ANALYSIS (EPIDERMAL GROWTH FACTOR RECEPTOR), COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81236	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81237	GENE ANALYSIS (ENHANCER OF ZESTE 2 POLYCOMB REPRESSIVE COMPLEX 2 SUBUNIT) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
OPH	81238	F9 (COAGULATION FACTOR IX) (EG, HEMOPHILIA B), FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
OPH	81239	GENE ANALYSIS (DM1 PROTEIN KINASE) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
OPH	81240	F2 (EG, HEREDITARY HYPERCOAGULATIBILITY) GENE ANALYSIS, 20210G>A VARIANT	1/1/2013	12/31/2382	1

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OPH	81241	F5 (COAGULATION FACTOR V) GENE ANALYSIS, LEIDEN VARIANT	1/1/2013	12/31/2382	1
OPH	81242	FANCC (EG, FANCONI ANEMIA, TYPE C) GENE ANALYSIS, COMMON VARIANT (EG, IVS4+4A>T)	1/1/2013	12/31/2382	1
OPH	81243	FMR1 (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; EVALUATION TO DETECT ABNORMAL ALLELES	1/1/2013	12/31/2382	1
OPH	81244	FMR1 (EG, FRAGILE X MENTAL RETARDATION) GENE ANALYSIS; CHARACTERIZATION OF ALLELES	1/1/2013	12/31/2382	1
OPH	81245	FLT3 (EG, ACUTE MYELOID LEUKEMIA), GENE ANALYSIS, INTERNAL TANDEM DUPLICATION VARIANTS (IE, EXONS 14,15)	1/1/2013	12/31/2382	1
OPH	81246	FLT3 (FMS-RELATED TYROSINE KINASE 3), GENE ANALYSIS; TYROSINE KINASE DOMAIN (TKD) VARIANTS	4/1/2015	12/31/2382	1
OPH	81247	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; COMMON VARIANT(S) (EG, A, A-)	1/1/2018	12/31/2382	1
OPH	81248	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT(S)	1/1/2018	12/31/2382	1
OPH	81249	G6PD (GLUCOSE-6-PHOSPHATE DEHYDROGENASE) (EG, HEMOLYTIC ANEMIA, JAUNDICE), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
OPH	81250	G6PC(GLUCODE-6-PHOSPHATASE, CATALYTIC SUBUNIT) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81251	GBA (EG, GAUCHER DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG, N370S, 84GG, L444P, IVS2+1G>A)	1/1/2013	12/31/2382	1
OPH	81252	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), FULL GENE	1/1/2013	12/31/2382	1
OPH	81253	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 2, 26KDA, CONNEXIN 26), KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81254	GENE ANALYSIS (GAP JUNCTION PROTEIN, BETA 6, 30KDA, CONNEXIN 30), COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81255	HEXA (EG, TAY-SACHS DISEASE) GENE ANALYSIS, COMMON VARIANTS (EG,1278INSTA/C, 1421+1G>C, G269S)	1/1/2013	12/31/2382	1
OPH	81256	HFE (EG, HEREDITARY HEMOCHROMATOSIS) GENE ANALYSIS, COMMON VARIANTS (EG, C282Y, H63D)	1/1/2013	12/31/2382	1
OPH	81257	HBA1/HBA2, GENE ANALYSIS, FOR COMMON DELETIONS OR VARIANTS (EG, SOUTHEAST ASIAN, THAI, FILIPINO, MEDITERRANEAN)	1/1/2013	12/31/2382	1

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OPH	81258	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2018	12/31/2382	1
OPH	81259	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
OPH	81260	IKBKAP (EG, FAMILIAL DSYAUTONOMIA)GENE ANALYSIS, COMMON VARIANTS (EG, 2507+6T>C, R696P)	1/1/2013	12/31/2382	1
OPH	81261	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S)	1/1/2013	12/31/2382	1
OPH	81262	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION(S);DIRECT	1/1/2013	12/31/2382	1
OPH	81263	IGH@(EG, LEUKEMIAS AND LYMPHOMAS), VARIABLE REGION SOMATIC MUTATION ANALYSIS	1/1/2013	12/31/2382	1
OPH	81264	IGK@ (EG, LEUKEMIAS AND LYMPHOMAS), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL	1/1/2013	12/31/2382	1
OPH	81265	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT MARKERS; PATIENT AND COMPARATIVE SPECIMEN	1/1/2013	12/31/2382	1
OPH	81266	COMPARATIVE ANALYSIS USING SHORT TANDEM REPEAT MARKERS; EACH ADDITIONAL SPECIMEN	10/1/2015	12/31/2382	2
OPH	81267	CHIMERISM ANALYSIS, POST TRANSPLANTATION SPECIMEN, INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYS	1/1/2013	12/31/2382	1
OPH	81268	CHIMERISM ANALYSIS, POST TRANSPLANTATION SPECIMEN, INCLUDES COMPARISON TO PREVIOUSLY PERFORMED BASELINE ANALYS	10/1/2015	12/31/2382	4
OPH	81269	HBA1/HBA2 (ALPHA GLOBIN 1 AND ALPHA GLOBIN 2) (EG, ALPHA THALASSEMIA, HB BART HYDROPS FETALIS SYNDROME, HBH DISEASE), GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2018	12/31/2382	1
OPH	81270	JAK2 (EG, MYELOPROLIFERATIVE DISORDER) GENE ANALYSIS, PVAL617PHE (V617F) VARIANT	1/1/2013	12/31/2382	1
OPH	81271	GENE ANALYSIS (HUNTINGTIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81272	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), TARGETED SEQUENCE	1/1/2016	12/31/2382	1
OPH	81273	GENE ANALYSIS (V-KIT HARDY-ZUCKERMAN 4 FELINE SARCOMA VIRAL ONCOGENE HOMOLOG), D816 VARIANTS	1/1/2016	12/31/2382	1

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OPH	81274	GENE ANALYSIS (HUNTINGTIN) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
OPH	81275	KRAS (EG, CARCINOMA) GENE ANALYSIS, VARIANTS IN CODONS 12 AND 13	1/1/2013	12/31/2382	1
OPH	81276	GENE ANALYSIS (KIRSTEN RAT SARCOMA VIRAL ONCOGENE HOMOLOG), ADDITIONAL VARIANTS	1/1/2016	12/31/2382	1
OPH	81277	CYTOGENOMIC NEOPLASIA (GENOME-WIDE) MICROARRAY ANALYSIS, INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS FOR CHROMOSOMAL ABNORMALITIES	1/1/2020	12/31/2382	1
OPH	81278	GENE ANALYSIS (IGH@/BCL2 (T(14;18)) TRANSLOCATION ANALYSIS	1/1/2021	12/31/2382	1
OPH	81279	GENE ANALYSIS (JANUS KINASE 2) TARGETED SEQUENCE ANALYSIS	1/1/2021	12/31/2382	1
OPH	81283	IFNL3 (INTERFERON, LAMBDA 3) (EG, DRUG RESPONSE), GENE ANALYSIS, RS12979860 VARIANT	1/1/2018	12/31/2382	1
OPH	81284	GENE ANALYSIS (FRATAXIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81285	GENE ANALYSIS (FRATAXIN) FOR CHARACTERIZATION OF ALLELES	1/1/2019	12/31/2382	1
OPH	81286	GENE ANALYSIS (FRATAXIN) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81287	MGMT (O-6 METHYLGUANINE-DNA METHYLTRANSFERASE), METHYLATION ANALYSIS	1/1/2014	12/31/2382	1
OPH	81288	MLH1 (MUTL HOMOLOG 1, COLON CANCER, NONPOLYPOSIS TYPE 2) GENE ANALYSIS; PROMOTER METHYLATION ANALYSIS	1/1/2015	12/31/2382	1
OPH	81289	GENE ANALYSIS (FRATAXIN) FOR KNOWN FAMILIAL VARIANTS	1/1/2019	12/31/2382	1
OPH	81290	MCOLN1 (EG, MUCOLIPIDOSIS, TYPE IV) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81291	MTHFR (EG, HEREDITARY HYPERCOAGULABILITY) GENE ANALYSIS, COMMOM VARIANTS	1/1/2013	12/31/2382	1
OPH	81292	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81293	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81294	MLH1 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
OPH	81295	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81296	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81297	MSH2 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1

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OPH	81298	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81299	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81300	MSH6 (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARI	1/1/2013	12/31/2382	1
OPH	81301	MICROSATELLITE INSTABILITY ANALYSIS OF MARKERS FOR MISMATCH REPAIR DEFICIENCY, INCLUDES COMPARISON OF NEOPLAST	1/1/2013	12/31/2382	1
OPH	81302	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81303	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
OPH	81304	MECP2 (EG, RETT SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
OPH	81305	GENE ANALYSIS (MYELOID DIFFERENTIATION PRIMARY RESPONSE 88) FOR P.LEU265PRO VARIANT	1/1/2019	12/31/2382	1
OPH	81306	GENE ANALYSIS (NUDIX HYDROLASE 15) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
OPH	81307	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; FULL GENE SEQUENCE	4/1/2020	12/31/2382	1
OPH	81308	PALB2 (PARTNER AND LOCALIZER OF BRCA2) (EG, BREAST AND PANCREATIC CANCER) GENE ANALYSIS; KNOWN FAMILIAL VARIANT	4/1/2020	12/31/2382	1
OPH	81309	PIK3CA (PHOSPHATIDYLINOSITOL-4, 5-BIPHOSPHATE 3-KINASE, CATALYTIC SUBUNIT ALPHA) (EG, COLORECTAL AND BREAST CANCER) GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 7, 9, 20)	4/1/2020	12/31/2382	1
OPH	81310	NPM1 (EG, ACUTE MYELOID LEUKEMIA) GENE ANALYSIS, EXON 12 VARIANTS	1/1/2013	12/31/2382	1
OPH	81311	GENE ANALYSIS FOR CANCER (NEUROBLASTOMA)	1/1/2016	12/31/2382	1
OPH	81312	GENE ANALYSIS (POLY[A] BINDING PROTEIN NUCLEAR 1) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81313	PCA3/KLK3 (PROSTATE CANCER ANTIGEN 3, NON-PROTEIN CODING,/KALIKREIN-RELATED PEPTIDASE 3 RATIO	1/1/2015	12/31/2382	1
OPH	81314	GENE ANALYSIS (PLATELET-DERIVED GROWTH FACTOR RECEPTO, ALPH POLYPEPTIDE) TARGETED SEQUENCE	1/1/2016	12/31/2382	1
OPH	81315	PML/RARALPHA, (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; COMMON BREAKPOINTS, QUALITATIVE OR QUANT	1/1/2013	12/31/2382	1
OPH	81316	PML/RARALPHA, (EG, PROMYELOCYTIC LEUKEMIA) TRANSLOCATION ANALYSIS; SINGLE BREAKPOINT, QUALITATIVE OR QUANTITAT	1/1/2013	12/31/2382	1

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OPH	81317	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81318	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; KNOWN FAMILIAL VARIANTS	1/1/2013	12/31/2382	1
OPH	81319	PMS2, (EG, HEREDITARY NON-POLYPOSIS COLORECTAL CANCER, LYNCH SYNDROME) GENE ANALYSIS; DUPLICATION/DELETION VARIANTS	1/1/2013	12/31/2382	1
OPH	81320	GENE ANALYSIS (PHOSPHOLIPASE C GAMMA 2) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
OPH	81321	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81322	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
OPH	81323	GENE ANALYSIS (PHOSPHATASE AND TENSIN HOMOLOG), DUPLICATION VARIANT	1/1/2013	12/31/2382	1
OPH	81324	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), DUPLICATION/DELETION ANALYSIS	1/1/2013	12/31/2382	1
OPH	81325	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), FULL SEQUENCE ANALYSIS	1/1/2013	12/31/2382	1
OPH	81326	GENE ANALYSIS (PERIPREAL MYELIN PROTEIN 22), KNOWN FAMILIAL VARIANT	1/1/2013	12/31/2382	1
OPH	81327	METHYLATION ANALYSIS (SEPTIN9)	1/1/2017	12/31/2382	1
OPH	81328	SLCO1B1 (SOLUTE CARRIER ORGANIC ANION TRANSPORTER FAMILY, MEMBER 1B1) (EG, ADVERSE DRUG REACTION), GENE ANALYSIS, COMMON VARIANT(S) (EG, *5)	1/1/2018	12/31/2382	1
OPH	81329	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR DOSAGE/DELETION	1/1/2019	12/31/2382	1
OPH	81330	SMPD1 (EG, NIEMANN-PICK DISEASE, TYPE A) GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81331	SNRPN/UBE3A (EG, PRADER WILLI SYNDROME AND/OR ANGELMAN SYNDROME), METHYLATION ANALYSIS	1/1/2013	12/31/2382	1
OPH	81332	SERPINA1 (EG, ALPHA-1-ANTITRYPSIN DEFICIENCY), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81333	GENE ANALYSIS (TRANSFORMING GROWTH FACTOR BETA-INDUCED) FOR COMMON VARIANTS	1/1/2019	12/31/2382	1
OPH	81334	RUNX1 (RUNT RELATED TRANSCRIPTION FACTOR 1) (EG, ACUTE MYELOID LEUKEMIA, FAMILIAL PLATELET DISORDER WITH ASSOCIATED MYELOID MALIGNANCY), GENE ANALYSIS, TARGETED SEQUENCE ANALYSIS (EG, EXONS 3-8)	1/1/2018	12/31/2382	1
OPH	81335	TPMT (THIOPURINE S-METHYLTRANSFERASE) (EG, DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANTS (EG, *2, *3)	1/1/2018	12/31/2382	1
OPH	81336	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) OF FULL SEQUENCE	1/1/2019	12/31/2382	1
OPH	81337	GENE ANALYSIS (SURVIVAL OF MOTOR NEURON 1, TELOMERIC) FOR KNOWN FAMILIAL SEQUENCE VARIANTS	1/1/2019	12/31/2382	1
OPH	81338	GENE ANALYSIS (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) FOR DETECTION OF COMMON VARIANTS	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81339	GENE ANALYSIS (MPL PROTO-ONCOGENE, THROMBOPOIETIN RECEPTOR) SEQUENCE ANALYSIS OF EXON 10	1/1/2021	12/31/2382	1
OPH	81340	TRB@ (EG, LEUKEMIA AND LYMPHONA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION (S); USING	1/1/2013	12/31/2382	1
OPH	81341	TRB@ (EG, LEUKEMIA AND LYMPHONA), GENE REARRANGEMENT ANALYSIS TO DETECT ABNORMAL CLONAL POPULATION (S); USING	1/1/2013	12/31/2382	1
OPH	81342	TRG@ (EG, LEUKEMIA AND LYMPHOMA), GENE REARRANGEMENT ANALYSIS, EVALUATION TO DETECT ABNORMAL CLONAL POPULATION	1/1/2013	12/31/2382	1
OPH	81343	GENE ANALYSIS (PROTEIN PHOSPHATASE 2 REGULATORY SUBUNIT BBETA) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81344	GENE ANALYSIS (TATA BOX BINDING PROTEIN) FOR ABNORMAL ALLELES	1/1/2019	12/31/2382	1
OPH	81345	GENE ANALYSIS (TELOMERASE REVERSE TRANSCRIPTASE) TARGETED SEQUENCE ANALYSIS	1/1/2019	12/31/2382	1
OPH	81346	TYMS (THYMIDYLATE SYNTHETASE) (EG, 5-FLUOROURACIL/5-FU DRUG METABOLISM), GENE ANALYSIS, COMMON VARIANT(S) (EG, TANDEM REPEAT VARIANT)	1/1/2018	12/31/2382	1
OPH	81347	GENE ANALYSIS (SPLICING FACTOR [3B] SUBUNIT B1) FOR DETECTION OF COMMON VARIANTS	1/1/2021	12/31/2382	1
OPH	81348	GENE ANALYSIS (SERINE AND ARGININE-RICH SPLICING FACTOR 2) FOR DETECTION OF COMMON VARIANTS	1/1/2021	12/31/2382	1
OPH	81349	CYTOGENOMIC (GENOME-WIDE) ANALYSIS FOR CONSTITUTIONAL CHROMOSOMAL ABNORMALITIES; INTERROGATION OF GENOMIC REGIONS FOR COPY NUMBER AND LOSS-OF-HETEROZYGOSITY VARIANTS, LOW-PASS SEQUENCING ANALYSIS	1/1/2022	12/31/2382	1
OPH	81350	UGT1A1 (EG, IRINOTECAN METABOLISM), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81351	GENE ANALYSIS (TUMOR PROTEIN 53) FULL SEQUENCE ANALYSIS	1/1/2021	12/31/2382	1
OPH	81352	GENE ANALYSIS (TUMOR PROTEIN 53) TARGETED SEQUENCE ANALYSIS	1/1/2021	12/31/2382	1
OPH	81353	GENE ANALYSIS (TUMOR PROTEIN 53) TARGETED SEQUENCE ANALYSIS FOR DETECTION OF KNOWN FAMILIAL VARIANT	1/1/2021	12/31/2382	1
OPH	81355	VKORC1 (WARFIN METABOLISM), GENE ANALYSIS, COMMON VARIANTS	1/1/2013	12/31/2382	1
OPH	81357	GENE ANALYSIS (U2 SMALL NUCLEAR RNA AUXILIARY FACTOR 1) FOR DETECTION OF COMMON VARIANTS	1/1/2021	12/31/2382	1
OPH	81360	GENE ANALYSIS (ZINC FINGER CCCH-TYPE, RNA BINDING MOTIF AND SERINE/ARGININE-RICH 2) FOR DETECTION OF COMMON VARIANTS	1/1/2021	12/31/2382	1
OPH	81361	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); COMMON VARIANT(S) (EG, HBS, HBC, HBE)	1/1/2018	12/31/2382	1

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OPH	81362	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); KNOWN FAMILIAL VARIANT(S)	1/1/2018	12/31/2382	1
OPH	81363	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); DUPLICATION/DELETION VARIANT(S)	1/1/2018	12/31/2382	1
OPH	81364	HBB (HEMOGLOBIN, SUBUNIT BETA) (EG, SICKLE CELL ANEMIA, BETA THALASSEMIA, HEMOGLOBINOPATHY); FULL GENE SEQUENCE	1/1/2018	12/31/2382	1
OPH	81370	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B,-C,-DRB1/3/4/5 AND -DQB1	10/1/2018	12/31/2382	1
OPH	81371	HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A,-B,AND -DRB1/3/4/5/ (EG, VERIFICATIO	10/1/2018	12/31/2382	1
OPH	81372	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; COMPLETE	10/1/2018	12/31/2382	1
OPH	81373	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; ONE LOCUS, EACH	1/1/2013	12/31/2382	2
OPH	81374	HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS) ; ONE ANTIGEN EQUIVALENT, EACH	7/1/2015	12/31/2382	1
OPH	81375	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS)	1/1/2013	12/31/2382	2
OPH	81376	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS), ONE LOCUS, EACH	7/1/2015	12/31/2382	5
OPH	81377	HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS), ONE ANTIGEN EQUIVALENT, EACH	7/1/2015	12/31/2382	2
OPH	81378	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS)	10/1/2018	12/31/2382	1
OPH	81379	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); COMPLETE	10/1/2018	12/31/2382	1
OPH	81380	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE LOCUS, EACH	10/1/2018	12/31/2382	2
OPH	81381	HLA CLASS I AND II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP, EACH	7/1/2015	12/31/2382	3
OPH	81382	HLA CLASS II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE LOCUS, EACH	7/1/2015	12/31/2382	6
OPH	81383	HLA CLASS II TYPING, HIGH RESOLUTION (EG, ALLELES OR ALLELE GROUPS); ONE ALLELE OR ALLELE GROUP, EACH	7/1/2015	12/31/2382	2
OPH	81400	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 1	7/1/2014	12/31/2382	2
OPH	81401	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 2	7/1/2014	12/31/2382	3
OPH	81402	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 3	7/1/2014	12/31/2382	1
OPH	81403	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 4	4/1/2015	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81404	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 5	4/1/2015	12/31/2382	3
OPH	81405	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 6	7/1/2014	12/31/2382	2
OPH	81406	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 7	7/1/2014	12/31/2382	3
OPH	81407	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 8	7/1/2014	12/31/2382	1
OPH	81408	MOLECULAR PATHOLOGY PROCEDURE, LEVEL 9	7/1/2014	12/31/2382	1
OPH	81410	AORTIC DYSFUNCTION OR DILATION; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 9 GENES	1/1/2015	12/31/2382	1
OPH	81411	AORTIC DYSFUNCTION OR DILATION; DUPLICATION/DELETION ANALYSIS PANEL MUST INCLUDE ANALYSES FOR	1/1/2015	12/31/2382	1
OPH	81412	TESTE FOR DETECTING GENES FOR DISORDERS RELATED TO ASHKENAZI JEWS	1/1/2016	12/31/2382	1
OPH	81413	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	1/1/2017	12/31/2382	1
OPH	81414	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASE	1/1/2017	12/31/2382	1
OPH	81415	EXOME; SEQUENCE ANALYSIS	1/1/2015	12/31/2382	1
OPH	81416	EXOME; SEQUENCE ANALYSIS, EACH COMPARATOR EXOME	1/1/2015	12/31/2382	2
OPH	81417	EXOME; RE-EVALUATION OF PREVIOUSLY OBTAINED EXOME SEQUENCE	1/1/2015	12/31/2382	1
OPH	81419	GENE ANALYSIS PANEL FOR EVALUATION OF GENES ASSOCIATED WITH EPILEPSY	1/1/2021	12/31/2382	1
OPH	81420	FETAL CHROMOSOMAL ANEUPLOIDY GENOMIC SEQUENCE ANALYSIS PANEL, CIRULATING CELL-FREE FETAL DNA	1/1/2015	12/31/2382	1
OPH	81422	TEST FOR DETECTING GENES ASSOCIATED WITH FETAL DISEASE	1/1/2017	12/31/2382	1
OPH	81425	GENOME; SEQUENCE ANALYSIS	1/1/2015	12/31/2382	1
OPH	81426	GENOME; SEQUENCE ANALYSIS, EACH COMPARATOR GENOME	1/1/2015	12/31/2382	2
OPH	81427	GENOME; RE-EVALUATION OF PREVIOUSLY OBTAINED GENOME SEQUENCE	1/1/2015	12/31/2382	1
OPH	81430	HEARING LOSS; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 60 GENES	1/1/2015	12/31/2382	1
OPH	81431	HEARING LOSS; DUPLICATION/DELETION ANALYSIS PANEL, MUST INCLUDE COPY NUMBER ANALYSES FOR STRC AND	1/1/2015	12/31/2382	1
OPH	81432	GENE ANALYSIS (BREAST AND RELATED CANCERS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
OPH	81433	GENE ANALYSIS (BREAST AND RELATED CANCERS), DUPLICATION OR DELETION VARIANTS	1/1/2016	12/31/2382	1
OPH	81434	GENE ANALYSIS (RETINAL DISORDERS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
OPH	81435	HEREDITARY COLON CANCER SYNDROMES; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
OPH	81436	HEREDITARY COLON CANCER SYNDROMES; DUPLICATION/DELETION GENE ANALYSIS PANEL, MUST INCLUDE	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81437	GENE ANALYSIS (NEUROENDOCRINE TUMORS), GENOMIC SEQUENCE	1/1/2016	12/31/2382	1
OPH	81438	GENE ANALYSIS (NEUROENDOCRINE TUMORS), DUPLICATION AND DELETION VARIANTS	1/1/2016	12/31/2382	1
OPH	81439	TEST FOR DETECTING GENES ASSOCIATED WITH INHERITED DISEASE OF HEART MUSCLE	1/1/2017	12/31/2382	1
OPH	81440	NUCLEAR ENCODED MITOCHONDRIAL GENES, GENOMIC SEQUENCE PANEL, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
OPH	81442	GENE ANALYSIS (NOONAN SYNDROME), GENOMIC SEQUENCE ANALYSIS	1/1/2016	12/31/2382	1
OPH	81443	GENOMIC SEQUENCE ANALYSIS PANEL FOR SEVERE INHERITED CONDITIONS WITH SEQUENCING OF 15 OR MORE GENES	1/1/2019	12/31/2382	1
OPH	81445	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, SOLID ORGAN NEOPLASM, DNA ANALYSIS, 5-50 GENES	4/1/2015	12/31/2382	1
OPH	81448	HEREDITARY PERIPHERAL NEUROPATHIES (EG, CHARCOT-MARIE-TOOTH, SPASTIC PARAPLEGIA), GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING OF AT LEAST 5 PERIPHERAL NEUROPATHY-RELATED GENES (EG, BSCL2, GJB1,	1/1/2018	12/31/2382	1
OPH	81450	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL, HEMATOLYMPHOID NEOPLASM OR DISORDER, DNA AND RNA	4/1/2015	12/31/2382	1
OPH	81455	TARGETED GENOMIC SEQUENCE ANALYSIS PANEL SOLID ORGAN OR HEMATOLYMPHOID NEOPLASM, DNA AND RNA	4/1/2015	12/31/2382	1
OPH	81460	WHOLE MITOCHONDRIAL GENOME, GENOME SEQUENCE, MUST INCLUDE SEQUENCE ANALYSIS OF ENTIRE	1/1/2015	12/31/2382	1
OPH	81465	WHOLE MITOCHONDRIAL GENOME LARGE DELETION ANALYSIS PANEL, INCLUDING HETEROPLASMY DETECTION	1/1/2015	12/31/2382	1
OPH	81470	X-LINKED INTELLECTUAL DISABILITY; GENOMIC SEQUENCE ANALYSIS PANEL, MUST INCLUDE SEQUENCING	1/1/2015	12/31/2382	1
OPH	81471	X-LINKED INTELLECTUAL DISABILITY; DUPLICATION/DELETION GENE ANALYSIS, MUST INCLUDE ANALYSIS OF AT LEAST	1/1/2015	12/31/2382	1
OPH	81479	UNLISTEDE MOLECULAR PATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	81490	TEST FOR DETECTING GENES ASSOCIATED WITH RHEUMATOID ARTHRITIS USING IMMUNOASSAY TECHNIQUE	1/1/2016	12/31/2382	1
OPH	81493	TEST FOR DETECTING GENES ASSOCIATED WITH HEART VESSELS DISEASES	1/1/2016	12/31/2382	1
OPH	81500	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF TWO PROTEINS (CA-125 AND HE4), UTILIZING SERUM, WITH MENOPAUSAL	1/1/2013	12/31/2382	1
OPH	81503	ONCOLOGY (OVARIAN), BIOCHEMICAL ASSAYS OF FIVE PROTEINS (CA-125, APOLIPOPROTEIN A1, BETA-2 MICROGLOBULIN,	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81504	ONCOLOGY, MICROARRAY GENE EXPRESSION PROFILING OF >2000 GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED	1/1/2014	12/31/2382	1
OPH	81506	ENDOCRINOLOGY (TYPE 2 DIABETES), BIOCHEMICAL ASSAYS OF SEVEN ANALYTES, UTILIZING SERUM OR PLASMA	1/1/2013	12/31/2382	1
OPH	81507	FETAL ANEUPLOIDY (TRISOMY 21, 18 AND 13) DNA SEQUENCE ANALYSIS OF SELTED REGIONS USING MATERNAL PLASMA	1/1/2014	12/31/2382	1
OPH	81508	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF TWO PROTEINS, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
OPH	81509	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE PROTEINS, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
OPH	81510	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF THREE ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
OPH	81511	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FOUR ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
OPH	81512	FETAL CONGENITAL ABNORMALITIES, BIOCHEMICAL ASSAYS OF FIVE ANALYTES, UTILIZING MATERNAL SERUM	1/1/2013	12/31/2382	1
OPH	81513	MEASUREMENT OF RNA OF BACTERIA IN VAGINAL FLUID SPECIMEN	1/1/2021	12/31/2382	1
OPH	81514	MEASUREMENT OF DNA OF BACTERIA IN VAGINAL FLUID SPECIMEN	1/1/2021	12/31/2382	1
OPH	81518	MRNA GENE ANALYSIS OF 11 GENES IN BREAST TUMOR TISSUE	1/1/2019	12/31/2382	1
OPH	81519	ONCOLOGY, MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 21 GENES, UTILIZING FORMALIN	1/1/2015	12/31/2382	1
OPH	81520	ONCOLOGY (BREAST), MRNA GENE EXPRESSION PROFILING BY HYBRID CAPTURE OF 58 GENES (50 CONTENT AND 8 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A RECURRENCE RISK SCORE	1/1/2019	12/31/2382	1
OPH	81521	ONCOLOGY (BREAST), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 465 HOUSEKEEPING GENES, UTILIZING FRESH FROZEN OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED	1/1/2019	12/31/2382	1
OPH	81522	ONCOLOGY (BREAST), MRNA, GENE EXPRESSION PROFILING BY RT-PCR OF 12 GENES (8 CONTENT AND 4 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RECURRENCE RISK SCORE	1/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81523	ONCOLOGY (BREAST), MRNA, NEXT-GENERATION SEQUENCING GENE EXPRESSION PROFILING OF 70 CONTENT GENES AND 31 HOUSEKEEPING GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS INDEX RELATED TO RISK TO DISTANT	1/1/2022	12/31/2382	1
OPH	81525	GENE ANALYSIS (COLON RELATED CANCER)	1/1/2016	12/31/2382	1
OPH	81528	GENE ANALYSIS (COLORECTAL CANCER)	1/1/2016	12/31/2382	1
OPH	81529	MRNA GENE ANALYSIS OF 13 GENES IN SKIN MELANOMA TISSUE SPECIMEN	1/1/2021	12/31/2382	1
OPH	81535	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING	1/1/2016	12/31/2382	1
OPH	81536	CULTURE OF LIVE TUMOR CELLS AND CHEMOTHERAPY DRUG RESPONSE BY STAINING	7/1/2017	12/31/2382	11
OPH	81538	TESTING OF LUNG TUMOR CELLS FOR PREDICTION OF SURVIVAL	1/1/2016	12/31/2382	1
OPH	81539	MEASUREMENT OF PROTEINS ASSOCIATED WITH PROSTATE CANCER	1/1/2017	12/31/2382	1
OPH	81540	GENE ANALYSIS (CANCER)	1/1/2016	12/31/2382	1
OPH	81541	ONCOLOGY (PROSTATE), MRNA GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 46 GENES (31 CONTENT AND 15 HOUSEKEEPING), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A DISEASE-SPECIFIC MORTALITY RISK SCORE	1/1/2018	12/31/2382	1
OPH	81542	ONCOLOGY (PROSTATE), MRNA, MICROARRAY GENE EXPRESSION PROFILING OF 22 CONTENT GENES, UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS METASTASIS RISK SCORE	1/1/2020	12/31/2382	1
OPH	81546	MRNA GENE ANALYSIS OF 10,196 GENES IN FINE NEEDLE ASPIRATION THYROID SPECIMEN, REPORTED AS CATEGORY RESULT (E.G. BENIGN, SUSPICIOUS)	1/1/2021	12/31/2382	2
OPH	81551	ONCOLOGY (PROSTATE), PROMOTER METHYLATION PROFILING BY REAL-TIME PCR OF 3 GENES (GSTP1, APC, RASSF1), UTILIZING FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS A LIKELIHOOD OF PROSTATE	1/1/2018	12/31/2382	1
OPH	81552	ONCOLOGY (UVEAL MELANOMA), MRNA, GENE EXPRESSION PROFILING BY REAL-TIME RT-PCR OF 15 GENES (12 CONTENT AND 3 HOUSEKEEPING), UTILIZING FINE NEEDLE ASPIRATE OR FORMALIN-FIXED PARAFFIN-EMBEDDED TISSUE, ALGORITHM REPORTED AS RISK OF	4/1/2020	12/31/2382	1
OPH	81554	MRNA GENE ANALYSIS OF 190 GENES ASSOCIATED WITH LUNG DISEASE (IDIOPATHIC PULMONARY FIBROSIS) IN TRANSBRONCHIAL BIOPSY SPECIMEN OF LUNG	1/1/2021	12/31/2382	1
OPH	81560	TRANSPLANTATION MEDICINE (ALLOGRAFT REJECTION, PEDIATRIC LIVER AND SMALL BOWEL), MEASUREMENT OF DONOR AND THIRD-PARTY-INDUCED CD154+T-CYTOTOXIC MEMORY CELLS, UTILIZING WHOLE PERIPHERAL BLOOD, ALGORITHM REPORTED AS	1/1/2022	12/31/2382	1
OPH	81595	TEST FOR DETECTING GENES ASSOCIATED WITH HEART DISEASES	1/1/2016	12/31/2382	1
OPH	81596	BIOCHEMICAL ASSAYS FOR EVALUATION OF CHRONIC HEPATITIS C VIRUS INFECTION	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	81599	UNLISTED MULTIANALYTE ASSAY WITH ALGORITHMIC ANALYSIS	4/1/2018	12/31/2382	1
OPH	82009	ACETONE OR OTHER KETONE BODIES, SERUM; QUALITATIVE	10/1/2010	12/31/2382	3
OPH	82010	ACETONE OR OTHER KETONE BODIES, SERUM; QUANTITATIVE	10/1/2015	12/31/2382	3
OPH	82013	ACETYLCHOLINESTERASE	10/1/2010	12/31/2382	1
OPH	82016	ACYLCARNITINES;QUALITATIVE,EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	82017	ACYLCARNITINES;QUANTITATIVE,EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	82024	ADRENOCORTICOTROPIC HORMONE (ACTH)	10/1/2015	12/31/2382	4
OPH	82030	ADENOSINE; 5'-MONOPHOSPHATE, CYCLIC (CYCLIC AMP)	10/1/2010	12/31/2382	1
OPH	82040	ALBUMIN; SERUM	10/1/2010	12/31/2382	1
OPH	82042	ALBUMIN; URINE, QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	82043	ALBUMIN; URINE, MICROALBUMIN, QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82044	ALBUMIN; URINE, MICROALBUMIN, SEMIQUANTITATIVE (EG, REAGENT STRIP ASSAY)	10/1/2010	12/31/2382	1
OPH	82045	ALBUMIN; ISCHEMIA MODIFIED	7/1/2014	12/31/2382	1
OPH	82075	ALCOHOL (ETHANOL); BREATH	10/1/2010	12/31/2382	2
OPH	82077	MEASUREMENT OF ALCOHOL LEVEL IN SPECIMEN OTHER THAN BREATH OR URINE	1/1/2021	12/31/2382	1
OPH	82085	ALDOLASE	10/1/2010	12/31/2382	1
OPH	82088	ALDOSTERONE;	7/1/2014	12/31/2382	2
OPH	82103	ALPHA-1-ANTITRYPSIN; TOTAL	10/1/2010	12/31/2382	1
OPH	82104	ALPHA-1-ANTITRYPSIN; PHENOTYPE	10/1/2010	12/31/2382	1
OPH	82105	ALPHA-FETOPROTEIN; SERUM	10/1/2010	12/31/2382	1
OPH	82106	ALPHA-FETOPROTEIN; AMNIOTIC FLUID	10/1/2015	12/31/2382	2
OPH	82107	AFP-L3 FRACTION ISOFORM AND TOTAL AFP (INCLUDING RATIO)	10/1/2010	12/31/2382	1
OPH	82108	ALUMINUM	10/1/2010	12/31/2382	1
OPH	82120	AMINES,VAGINAL FLUID,QUALITATIVE	10/1/2010	12/31/2382	1
OPH	82127	AMINO ACIDS;SINGLE,QUALITATIVE,EACH SPECIMEN	10/1/2015	12/31/2382	1
OPH	82128	AMINO ACIDS, QUALITATIVE	10/1/2010	12/31/2382	2
OPH	82131	AMINO ACIDS, FRACTIONATION AND QUANTITATION, EACH	10/1/2015	12/31/2382	2
OPH	82135	AMINOLEVULINIC ACID, DELTA (ALA)	10/1/2010	12/31/2382	1
OPH	82136	AMINO ACIDS, 2 TO 5 AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	10/1/2015	12/31/2382	2
OPH	82139	AMINO ACIDS 6 OR MORE AMINO ACIDS, QUANTITATIVE, EACH SPECIMEN	10/1/2015	12/31/2382	2
OPH	82140	AMMONIA	10/1/2010	12/31/2382	2
OPH	82143	AMNIOTIC FLUID SCAN (SPECTROPHOTOMETRIC)	10/1/2010	12/31/2382	2
OPH	82150	AMYLASE	10/1/2010	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	82154	ANDROSTANEDIOL GLUCURONIDE	10/1/2010	12/31/2382	1
OPH	82157	ANDROSTENEDIONE	10/1/2010	12/31/2382	1
OPH	82160	ANDROSTERONE	10/1/2010	12/31/2382	1
OPH	82163	ANGIOTENSIN II	10/1/2010	12/31/2382	1
OPH	82164	ANGIOTENSIN I - CONVERTING ENZYME (ACE)	10/1/2010	12/31/2382	1
OPH	82172	APOLIPOPROTEIN, EACH	7/1/2019	12/31/2382	2
OPH	82175	ARSENIC	10/1/2010	12/31/2382	2
OPH	82180	ASCORBIC ACID (VITAMIN C), BLOOD	10/1/2010	12/31/2382	1
OPH	82190	ATOMIC ABSORPTION SPECTROSCOPY, EACH ANALYTE	10/1/2015	12/31/2382	2
OPH	82232	BETA-2 MICROGLOBULIN	10/1/2010	12/31/2382	2
OPH	82239	BILE ACIDS; TOTAL	10/1/2010	12/31/2382	1
OPH	82240	BILE ACIDS; CHOLYLGLYCINE	10/1/2010	12/31/2382	1
OPH	82247	BILIRUBIN; TOTAL	10/1/2010	12/31/2382	2
OPH	82248	BILIRUBIN; DIRECT	10/1/2010	12/31/2382	2
OPH	82252	BILIRUBIN; FECES, QUALITATIVE	10/1/2010	12/31/2382	1
OPH	82261	BIOTINIDASE, EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	82270	BLOOD, OCCULT; FECES, 1-3 SIMULTANEOUS DETERMINATIONS	10/1/2010	12/31/2382	1
OPH	82271	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE; OTHER SOURCES	10/1/2010	12/31/2382	3
OPH	82272	BLOOD, OCCULT BY PEROXIDASE ACTIVITY, QUALITATIVE, FECES, SINGLE SPECIMEN	10/1/2010	12/31/2382	1
OPH	82274	BLOOD, OCCULT, BY FECAL HEMOGLOBIN DETERMINATION BY IMMUNOASSAY, QUALITATIVE, FECES, 1-3 SIMULTANEOUS	10/1/2010	12/31/2382	1
OPH	82286	BRADYKININ	10/1/2010	12/31/2382	1
OPH	82300	CADMIUM	10/1/2010	12/31/2382	1
OPH	82306	CALCIFEDIOL (25-OH VITAMIN D-3)	10/1/2010	12/31/2382	1
OPH	82308	CALCITONIN	10/1/2015	12/31/2382	1
OPH	82310	CALCIUM; TOTAL	10/1/2010	12/31/2382	4
OPH	82330	CALCIUM; IONIZED	10/1/2010	12/31/2382	4
OPH	82331	CALCIUM; AFTER CALCIUM INFUSION TEST	10/1/2010	12/31/2382	1
OPH	82340	CALCIUM; URINE QUANTITATIVE, TIMED SPECIMEN	10/1/2010	12/31/2382	1
OPH	82355	CALCULUS (STONE); QUALITATIVE ANALYSIS, CHEMICAL	10/1/2015	12/31/2382	2
OPH	82360	CALCULUS (STONE); QUANTITATIVE ANALYSIS, CHEMICAL	10/1/2015	12/31/2382	2
OPH	82365	CALCULUS (STONE); INFRARED SPECTROSCOPY	10/1/2015	12/31/2382	2
OPH	82370	CALCULUS (STONE); X-RAY DIFFRACTION	10/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	82373	CARBOHYDRATE DEFICIENT TRANSFERRIN	10/1/2010	12/31/2382	1
OPH	82374	CARBON DIOXIDE (BICARBONATE)	4/1/2018	12/31/2382	2
OPH	82375	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUANTITATIVE	10/1/2010	12/31/2382	4
OPH	82376	CARBON MONOXIDE, (CARBOXYHEMOGLOBIN); QUALITATIVE	7/1/2012	12/31/2382	2
OPH	82378	CARCINOEMBRYONIC ANTIGEN (CEA)	7/1/2014	12/31/2382	1
OPH	82379	CARNITINE (TOTAL AND FREE), QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	82380	CAROTENE	10/1/2010	12/31/2382	1
OPH	82382	CATECHOLAMINES; TOTAL URINE	10/1/2010	12/31/2382	1
OPH	82383	CATECHOLAMINES; BLOOD	10/1/2010	12/31/2382	1
OPH	82384	CATECHOLAMINES; FRACTIONATED	10/1/2010	12/31/2382	2
OPH	82387	CATHEPSIN-D	10/1/2010	12/31/2382	1
OPH	82390	CERULOPLASMIN	10/1/2010	12/31/2382	1
OPH	82397	CHEMILUMINESCENT ASSAY	10/1/2015	12/31/2382	4
OPH	82415	CHLORAMPHENICOL	10/1/2010	12/31/2382	1
OPH	82435	CHLORIDE; BLOOD	4/1/2018	12/31/2382	2
OPH	82436	CHLORIDE; URINE	10/1/2010	12/31/2382	1
OPH	82438	CHLORIDE; SPINAL FLUID	10/1/2010	12/31/2382	1
OPH	82441	CHLORINATED HYDROCARBONS, SCREEN	10/1/2010	12/31/2382	1
OPH	82465	CHOLESTEROL, SERUM; TOTAL	10/1/2010	12/31/2382	1
OPH	82480	CHOLINESTERASE; SERUM	10/1/2010	12/31/2382	2
OPH	82482	CHOLINESTERASE; RBC	10/1/2010	12/31/2382	1
OPH	82485	CHONDROITIN B SULFATE, QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82495	CHROMIUM	10/1/2010	12/31/2382	1
OPH	82507	CITRATE	10/1/2010	12/31/2382	1
OPH	82523	COLLAGEN CROSS LINKS, ANY METHOD	10/1/2010	12/31/2382	1
OPH	82525	COPPER	10/1/2010	12/31/2382	2
OPH	82528	CORTICOSTERONE	10/1/2010	12/31/2382	1
OPH	82530	CORTISOL; FREE	10/1/2010	12/31/2382	2
OPH	82533	CORTISOL; TOTAL	10/1/2015	12/31/2382	5
OPH	82540	CREATINE	10/1/2010	12/31/2382	1
OPH	82542	COLUMN CHROMATOGRAPHY/MASS SPECTROMETRY; QUANTITATIVE, SINGLE STATIONARY AND MOBILE	7/1/2014	12/31/2382	6
OPH	82550	CREATINE KINASE (CK), (CPK); TOTAL	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	82552	CREATINE KINASE (CK), (CPK); ISOENZYMES	10/1/2010	12/31/2382	3
OPH	82553	CREATINE KINASE (CK), (CPK); MB FRACTION ONLY	10/1/2010	12/31/2382	3
OPH	82554	CREATINE KINASE (CK), (CPK); ISOFORMS	10/1/2010	12/31/2382	2
OPH	82565	CREATININE	4/1/2018	12/31/2382	2
OPH	82570	CREATININE URINE	10/1/2010	12/31/2382	3
OPH	82575	CREATININE CLEARANCE	10/1/2010	12/31/2382	1
OPH	82585	CRYOFIBRINOGEN	10/1/2010	12/31/2382	1
OPH	82595	CRYOGLOBULIN	10/1/2010	12/31/2382	1
OPH	82600	CYANIDE	10/1/2010	12/31/2382	1
OPH	82607	CYANOCOBALAMIN (VITAMIN B-12);	10/1/2010	12/31/2382	1
OPH	82608	CYANOCOBALAMIN (VITAMIN B-12); UNSATURATED BINDING CAPACITY	10/1/2010	12/31/2382	1
OPH	82610	CYSTATIN C	10/1/2010	12/31/2382	1
OPH	82615	CYSTINE AND HOMOCYSTINE, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	82626	DEHYDROEPIANDROSTERONE (DHEA)	10/1/2010	12/31/2382	1
OPH	82627	DEHYDROEPIANDROSTERONE-SULFATE (DHEA-S)	10/1/2010	12/31/2382	1
OPH	82633	DESOXYCORTICOSTERONE, 11-	10/1/2010	12/31/2382	1
OPH	82634	DEOXYCORTISOL, 11-	7/1/2014	12/31/2382	1
OPH	82638	DIBUCAINE NUMBER	10/1/2010	12/31/2382	1
OPH	82642	MEASUREMENT OF DIHYDROTESTOSTERONE	1/1/2019	12/31/2382	1
OPH	82652	DIHYDROXYVITAMIN D, 1,25-	10/1/2010	12/31/2382	1
OPH	82653	ELASTASE, PANCREATIC (EL-1), FECAL; QUANTITATIVE	1/1/2022	12/31/2382	1
OPH	82656	ELASTASE, PANCREATIC (EL-1), FECAL, QUALITATIVE OR SEMI-QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82657	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE, NOT ELSEWHERE SPECIFIED; NONRADIOACTIVE SUBSTRATE	7/1/2019	12/31/2382	2
OPH	82658	ENZYME ACTIVITY IN BLOOD CELLS, CULTURED CELLS, OR TISSUE;RADIOACTIVE SUBSTRATE, EACH SPECIMEN	10/1/2010	12/31/2382	2
OPH	82664	ELECTROPHORETIC TECHNIQUE, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	2
OPH	82668	ERYTHROPOIETIN	10/1/2010	12/31/2382	1
OPH	82670	ESTRADIOL	1/1/2021	12/31/2382	1
OPH	82671	ESTROGENS; FRACTIONATED	10/1/2010	12/31/2382	1
OPH	82672	ESTROGENS; TOTAL	10/1/2010	12/31/2382	1
OPH	82677	ESTRIOL	10/1/2010	12/31/2382	1
OPH	82679	ESTRONE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	82681	DIRECT MEASUREMENT OF FREE ESTRADIOL (HORMONE)	1/1/2021	12/31/2382	1
OPH	82693	ETHYLENE GLYCOL	10/1/2010	12/31/2382	2
OPH	82696	ETIOCHOLANOLONE	10/1/2010	12/31/2382	1
OPH	82705	FAT OR LIPIDS, FECES; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	82710	FAT OR LIPIDS, FECES; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82715	FAT DIFFERENTIAL, FECES, QUANTITATIVE	7/1/2014	12/31/2382	3
OPH	82725	FATTY ACIDS, NONESTERIFIED	10/1/2010	12/31/2382	1
OPH	82726	VERY LONG CHAIN FATTY ACIDS	10/1/2010	12/31/2382	1
OPH	82728	FERRITIN	10/1/2010	12/31/2382	1
OPH	82731	FETAL FIBRONECTIN, CERVICOVAGINAL SECRETIONS, SEMI-QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82735	FLUORIDE	10/1/2010	12/31/2382	1
OPH	82746	FOLIC ACID; SERUM	10/1/2010	12/31/2382	1
OPH	82747	FOLIC ACID; RBC	10/1/2010	12/31/2382	1
OPH	82757	FRUCTOSE, SEMEN	10/1/2010	12/31/2382	1
OPH	82759	GALACTOKINASE, RBC	10/1/2010	12/31/2382	1
OPH	82760	GALACTOSE	10/1/2010	12/31/2382	1
OPH	82775	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82776	GALACTOSE-1-PHOSPHATE URIDYL TRANSFERASE; SCREEN	10/1/2010	12/31/2382	1
OPH	82777	GALECTIN-3	1/1/2013	12/31/2382	1
OPH	82784	GAMMAGLOBULIN; IGA, IGD, IGG, IGM, EACH	10/1/2010	12/31/2382	6
OPH	82785	GAMMAGLOBULIN; IGE	10/1/2010	12/31/2382	1
OPH	82787	GAMMAGLOBULIN; IMMUNOGLOBULIN SUBCLASSES, (IGG1, 2, 3, AND 4)	10/1/2010	12/31/2382	4
OPH	82800	GASES, BLOOD; PH ONLY	7/1/2012	12/31/2382	2
OPH	82805	GASES, BLOOD, ANY COMBINATION OF PH, PCO2, PO2, CO2, HCO2 (INCLUDING CALCULATED O2 SATURATION); WITH O2 SATURU	4/1/2018	12/31/2382	3
OPH	82810	GASES, BLOOD, O2 SATURATION ONLY, BY DIRECT MEASUREMENT, EXCEPT PULSE OXIMETRY	10/1/2015	12/31/2382	4
OPH	82820	HEMOGLOBIN-OXYGEN AFFINITY (PO2 FOR 50% HEMOGLOBIN SATURATION WITH OXYGEN)	10/1/2010	12/31/2382	1
OPH	82930	GASTRIC ACID ANALYSIS, INCLUDES PH IF PERFORMED, EACH SPECIMEN	7/1/2012	12/31/2382	1
OPH	82938	GASTRIN AFTER SECRETIN STIMULATION	10/1/2015	12/31/2382	1
OPH	82941	GASTRIN	10/1/2010	12/31/2382	1
OPH	82943	GLUCAGON	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	82945	GLOCOSE, BODY FLUID, OTHER THAN BLOOD	10/1/2015	12/31/2382	4
OPH	82946	GLUCAGON TOLERANCE TEST	10/1/2010	12/31/2382	1
OPH	82947	GLUCOSE; QUANTITATIVE	10/1/2015	12/31/2382	5
OPH	82950	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	10/1/2010	12/31/2382	3
OPH	82951	GLUCOSE; TOLERANCE TEST (GTT), THREE SPECIMENS (INCLUDES GLUCOSE)	10/1/2010	12/31/2382	1
OPH	82952	GLUCOSE; TOLERANCE TEST, EACH ADDITIONAL BEYOND THREE SPECIMENS	10/1/2010	12/31/2382	3
OPH	82955	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	82960	GLUCOSE-6-PHOSPHATE DEHYDROGENASE (G6PD); SCREEN	10/1/2010	12/31/2382	1
OPH	82963	GLUCOSIDASE, BETA	10/1/2010	12/31/2382	1
OPH	82965	GLUTAMATE DEHYDROGENASE	10/1/2010	12/31/2382	1
OPH	82977	GLUTAMYLTRANSFERASE, GAMMA (GGT)	10/1/2010	12/31/2382	1
OPH	82978	GLUTATHIONE	10/1/2010	12/31/2382	1
OPH	82979	GLUTATHIONE REDUCTASE, RBC	10/1/2010	12/31/2382	1
OPH	82985	GLYCATED PROTEIN	10/1/2010	12/31/2382	1
OPH	83001	GONADOTROPIN; FOLLICLE STIMULATING HORMONE (FSH)	10/1/2015	12/31/2382	1
OPH	83002	GONADOTROPIN; LUTEINIZING HORMONE (LH)	10/1/2015	12/31/2382	1
OPH	83003	GROWTH HORMONE, HUMAN (HGH) (SOMATOTROPIN)	7/1/2014	12/31/2382	5
OPH	83006	GROWTH STIMULATION EXPRESSED GENE 2	1/1/2015	12/31/2382	1
OPH	83009	HELICOBACTER PYLORI, BLOOD TEST ANALYSIS FOR UREASE ACTIVITY, NON-RADIOACTIVE	10/1/2010	12/31/2382	1
OPH	83010	HAPTOGLOBIN; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	83012	HAPTOGLOBIN; PHENOTYPES	10/1/2010	12/31/2382	1
OPH	83013	HELICOBACTER PYLORI, BREATH TEST ANALYSIS	10/1/2010	12/31/2382	1
OPH	83014	HELICOBACTER PYLORI, BREATH TEST ANALYSIS; DRUG ADMINISTRATION AND SAMPLE COLLECTION	10/1/2010	12/31/2382	1
OPH	83015	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); SCREEN	10/1/2010	12/31/2382	1
OPH	83018	HEAVY METAL (ARSENIC, BARIUM, BERYLLIUM, BISMUTH, ANTIMONY, MERCURY); QUANTITATIVE, EACH	10/1/2015	12/31/2382	4
OPH	83020	HEMOGLOBIN; ELECTROPHORESIS (EG, A2, S, C)	10/1/2010	12/31/2382	2
OPH	83021	HEMOGLOBIN FRACTIONATION AND QUANTITATION; CHROMATOGRAPHY (EG, A2, S, C, AND/OR F)	10/1/2010	12/31/2382	2
OPH	83026	HEMOGLOBIN; BY COPPER SULFATE METHOD, NON-AUTOMATED	10/1/2010	12/31/2382	1
OPH	83030	HEMOGLOBIN; F(FETAL), CHEMICAL	10/1/2010	12/31/2382	1
OPH	83033	HEMOGLOBIN; F(FETAL), QUALITATIVE (APT) TEST, FECAL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	83036	HEMOGLOBIN; GLYCATED	10/1/2010	12/31/2382	1
OPH	83037	HEMOGLOBIN; GLYCOSYLATED (A1C) BY DEVICE CLEARED BY FDA FOR HOME USE	10/1/2010	12/31/2382	1
OPH	83045	HEMOGLOBIN; METHEMOGLOBIN, QUALITATIVE	10/1/2010	12/31/2382	1
OPH	83050	HEMOGLOBIN; METHEMOGLOBIN, QUANTITATIVE	10/1/2015	12/31/2382	2
OPH	83051	HEMOGLOBIN; PLASMA	10/1/2010	12/31/2382	1
OPH	83060	HEMOGLOBIN; SULFHEMOGLOBIN, QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	83065	HEMOGLOBIN; THERMOLABILE	10/1/2010	12/31/2382	1
OPH	83068	HEMOGLOBIN; UNSTABLE, SCREEN	10/1/2010	12/31/2382	1
OPH	83069	HEMOGLOBIN; URINE	10/1/2010	12/31/2382	1
OPH	83070	HEMOSIDERIN; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	83080	ASSAY OF HEXOSAMINIDASE	10/1/2010	12/31/2382	2
OPH	83088	HISTAMINE	10/1/2010	12/31/2382	1
OPH	83090	HOMOCYSTINE	10/1/2010	12/31/2382	2
OPH	83150	HOMOVANILLIC ACID (HVA)	10/1/2010	12/31/2382	1
OPH	83491	HYDROXYCORTICOSTEROIDS, 17- (17-OHCS)	10/1/2010	12/31/2382	1
OPH	83497	HYDROXYINDOLACETIC ACID, 5-(HIAA)	10/1/2010	12/31/2382	1
OPH	83498	HYDROXYPROGESTERONE, 17-D	10/1/2010	12/31/2382	2
OPH	83500	HYDROXYPROLINE; FREE	10/1/2010	12/31/2382	1
OPH	83505	HYDROXYPROLINE; TOTAL	10/1/2010	12/31/2382	1
OPH	83516	IMMUNOASSAY FOR ANALYTE OTHER THAN ANTIBODY OR INFECTIOUS AGENT ANTIGEN, QUALITATIVE OR SEMIQUANTITATIVE;	10/1/2015	12/31/2382	5
OPH	83518	IMMUNOASSAY, FOR ANALYTE OTHER THAN ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE	10/1/2015	12/31/2382	1
OPH	83519	IMMUNOASSAY, ANALYTE; BY RADIONUCLIDE TECHNIQUE (EG, RIA)	10/1/2015	12/31/2382	5
OPH	83520	IMMUNOASSAY, ANALYTE; NOT OTHERWISE SPECIFIED	7/1/2020	12/31/2382	9
OPH	83521	IMMUNOGLOBULIN LIGHT CHAINS (IE, KAPPA, LAMBDA), FREE, EACH	4/1/2022	12/31/2382	2
OPH	83525	INSULIN	7/1/2014	12/31/2382	4
OPH	83527	INSULIN; FREE	10/1/2010	12/31/2382	1
OPH	83528	INTRINSIC FACTOR	10/1/2010	12/31/2382	1
OPH	83529	INTERLEUKIN-6 (IL-6)	1/1/2022	12/31/2382	1
OPH	83540	IRON	10/1/2010	12/31/2382	2
OPH	83550	IRON BINDING CAPACITY	10/1/2010	12/31/2382	1
OPH	83570	ISOCITRIC DEHYDROGENASE (IDH)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	83582	KETOGENIC STEROIDS; FRACTIONATION	10/1/2010	12/31/2382	1
OPH	83586	KETOSTEROIDS, 17- (17-KS); TOTAL	10/1/2010	12/31/2382	1
OPH	83593	KETOSTEROIDS, 17- (17-KS); FRACTIONATION	10/1/2010	12/31/2382	1
OPH	83605	LACTATE (LACTIC ACID)	4/1/2018	12/31/2382	2
OPH	83615	LACTATE DEHYDROGENASE (LD), (LDH)	10/1/2010	12/31/2382	3
OPH	83625	LACTATE DEHYDROGENASE (LD), (LDH) ISOENZYMES, SEPARATION AND QUANTITATION	10/1/2010	12/31/2382	1
OPH	83630	LACTOFERRIN, FECAL, QUALITATIVE	10/1/2010	12/31/2382	1
OPH	83631	LACTOFERRIN, FECAL; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	83632	LACTOGEN, HUMAN PLACENTAL (HPL) HUMAN CHORIONIC SOMATOMAMMOTROPIN	10/1/2010	12/31/2382	1
OPH	83633	LACTOSE, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	83655	LEAD	10/1/2010	12/31/2382	2
OPH	83661	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); QUANTITATIVE	10/1/2015	12/31/2382	3
OPH	83662	LECITHIN-SPHINGOMYELIN RATIO (L/S RATIO); FOAM STABILITY TEST	10/1/2010	12/31/2382	4
OPH	83663	FETAL LUNG MATURITY ASSESSMENT; FLUORESCENCE POLARIZATION	10/1/2015	12/31/2382	3
OPH	83664	FETAL LUNG MATURITY ASSESSMENT; LAMELLAR BODY DENSITY	10/1/2015	12/31/2382	3
OPH	83670	LEUCINE AMINOPEPTIDASE (LAP)	10/1/2010	12/31/2382	1
OPH	83690	LIPASE	10/1/2010	12/31/2382	2
OPH	83695	LIPOPROTEIN (A)	10/1/2010	12/31/2382	1
OPH	83698	LIPOPROTEIN-ASSOCIATED PHOSPHOLIPASE A2, (LP-PLA2)	10/1/2010	12/31/2382	1
OPH	83700	LIPOPROTEIN, BLOOD; ELECTROPHORETIC SEPERATION AND QUANTITATION	10/1/2010	12/31/2382	1
OPH	83701	LIPOPROTEIN, BLOOD; HIGH RESOLUTION FRACTIONATION AND QUANTITATION OF LIPOPROTEINS INCLUDING LIPOPROTEINS	10/1/2010	12/31/2382	1
OPH	83704	LIPOPROTEIN, BLOOD; QUANTITATION OF LIPOPROTEIN PARTICLE NUMBERS AND LIPOPROTEIN PARTICLE SUBCLASSES	10/1/2010	12/31/2382	1
OPH	83718	LIPOPROTEIN, DIRECT MEASUREMENT; HIGH DENSITY CHOLESTEROL (HDL CHOLESTEROL)	10/1/2010	12/31/2382	1
OPH	83719	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT VLDL CHOLESTEROL	10/1/2010	12/31/2382	1
OPH	83721	LIPOPROTEIN, DIRECT MEASUREMENT; DIRECT MEASUREMENT LDL CHOLESTEROL	10/1/2010	12/31/2382	1
OPH	83722	MEASUREMENT OF SMALL DENSE LOW DENSITY LIPOPROTEIN CHOLESTEROL	1/1/2019	12/31/2382	1
OPH	83727	LUTEINIZING RELEASING FACTOR (LRH)	10/1/2010	12/31/2382	1
OPH	83735	MAGNESIUM	10/1/2010	12/31/2382	4
OPH	83775	MALATE DEHYDROGENASE	10/1/2010	12/31/2382	1
OPH	83785	MANGANESE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	83789	MASS SPECTROMETRY AND TANDEM MASS SPECTROMETRY,ANALYTE;QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	2
OPH	83825	MERCURY, QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	83835	METANEPHRINES	10/1/2010	12/31/2382	2
OPH	83857	METHEMALBUMIN	10/1/2010	12/31/2382	1
OPH	83861	MICROFLUIDIC ANALYSIS UTILIZING AN INTEGRATED COLLECTION AND ANALYSIS DEVICE, TEAR OSMOLARITY	4/1/2011	12/31/2382	2
OPH	83864	MUCOPOLYSACCHARIDES, ACID; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	83872	MUCIN, SYNOVIAL FLUID (ROPES TEST)	10/1/2010	12/31/2382	2
OPH	83873	MYELIN BASIC PROTEIN, CSF	10/1/2010	12/31/2382	1
OPH	83874	MYOGLOBIN	10/1/2010	12/31/2382	4
OPH	83876	MYELOPEROXIDASE (MPO)	7/1/2014	12/31/2382	1
OPH	83880	NATRIURECTIC PEPTIDE	10/1/2010	12/31/2382	1
OPH	83883	NEPHELOMETRY, EACH ANALYTE NOT ELSEWHERE SPECIFIED	7/1/2019	12/31/2382	4
OPH	83885	NICKEL	10/1/2010	12/31/2382	2
OPH	83915	NUCLEOTIDASE 5'-	10/1/2010	12/31/2382	1
OPH	83916	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS)	10/1/2010	12/31/2382	2
OPH	83918	OLIGOCLONAL IMMUNOGLOBULIN (OLIGOCLONAL BANDS) QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	83919	ORGANIC ACIDS;QUALITATIVE,EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	83921	ORGANIC ACID, SINGLE, QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	83930	OSMOLALITY; BLOOD	10/1/2010	12/31/2382	2
OPH	83935	OSMOLALITY; URINE	10/1/2010	12/31/2382	2
OPH	83937	OSTEOCALCIN (BONE G1A PROTIEIN)	10/1/2010	12/31/2382	1
OPH	83945	OXALATE	10/1/2010	12/31/2382	2
OPH	83950	ONCOPROTEIN, HER-2/NEU	10/1/2010	12/31/2382	1
OPH	83951	ONCOPROTEIN; DES-GAMMA-CARBOXY-PROTHROMBIN (DCP)	10/1/2010	12/31/2382	1
OPH	83970	PARATHORMONE (PARATHYROID HORMONE)	10/1/2010	12/31/2382	4
OPH	83986	PH, BODY FLUID, EXCEPT BLOOD	10/1/2010	12/31/2382	2
OPH	83987	PH; EXHALED BREATH CONDENSATE	7/1/2014	12/31/2382	1
OPH	83992	PHENCYCLIDINE (PCP)	10/1/2010	12/31/2382	2
OPH	83993	CALPROTECTIN, FECAL	10/1/2010	12/31/2382	1
OPH	84030	PHENYLALANINE (PKU), BLOOD	10/1/2010	12/31/2382	1
OPH	84035	PHENYLKETONES, QUALITATIVE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	84060	PHOSPHATASE, ACID; TOTAL	10/1/2010	12/31/2382	1
OPH	84066	PHOSPHATASE, ACID; PROSTATIC	10/1/2010	12/31/2382	1
OPH	84075	PHOSPHATASE, ALKALINE;	10/1/2010	12/31/2382	2
OPH	84078	PHOSPHATASE, ALKALINE; HEAT STABLE (TOTAL NOT INCLUDED)	10/1/2010	12/31/2382	1
OPH	84080	PHOSPHATASE, ALKALINE; ISOENZYMES	10/1/2010	12/31/2382	1
OPH	84081	PHOSPHATIDYLGYCEROL	10/1/2010	12/31/2382	1
OPH	84085	PHOSPHOGLUCONATE, 6-, DEHYDROGENASE, RBC	10/1/2010	12/31/2382	1
OPH	84087	PHOSPHOHEXOSE ISOMERASE	10/1/2010	12/31/2382	1
OPH	84100	PHOSPHORUS INORGANIC (PHOSPHATE)	10/1/2015	12/31/2382	2
OPH	84105	PHOSPHORUS INORGANIC (PHOSPHATE) URINE	10/1/2010	12/31/2382	1
OPH	84106	PORPHOBILINOGEN, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	84110	PORPHOBILINOGEN, URINE; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	84112	PLACENTAL ALPHA MICROGLOBULIN-1 (PAMG-1), CERVICOVAGINAL SECRETION, QUALITATIVE	4/1/2011	12/31/2382	1
OPH	84119	PORPHYRINS, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	84120	PORPHYRINS, URINE; QUANTITATION AND FRACTIONATION	10/1/2010	12/31/2382	1
OPH	84126	PORPHYRINS, FECES; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	84132	POTASSIUM; SERUM	10/1/2015	12/31/2382	3
OPH	84133	POTASSIUM; URINE	10/1/2010	12/31/2382	2
OPH	84134	PREALBUMIN	10/1/2010	12/31/2382	1
OPH	84135	PREGNANEDIOL	10/1/2010	12/31/2382	1
OPH	84138	PREGNANETRIOL	10/1/2010	12/31/2382	1
OPH	84140	PREGNENOLONE	10/1/2010	12/31/2382	1
OPH	84143	17-HYDROXY PREGNENOLONE	10/1/2010	12/31/2382	2
OPH	84144	PROGESTERONE	10/1/2010	12/31/2382	1
OPH	84145	PROCALCITONIN (PCT)	7/1/2014	12/31/2382	1
OPH	84146	PROLACTIN	10/1/2010	12/31/2382	3
OPH	84150	PROSTAGLANDIN, EACH	10/1/2010	12/31/2382	2
OPH	84152	PROSTATE SPECIFIC ANTIGEN (PSA); COMPLEXED (DIRECT MEASUREMENT)	10/1/2010	12/31/2382	1
OPH	84153	PROSTATE SPECIFIC ANTIGEN (PSA)	10/1/2010	12/31/2382	1
OPH	84154	PROSTATE SPECIFIC ANTIGEN (PSA); FREE	10/1/2010	12/31/2382	1
OPH	84155	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY	10/1/2010	12/31/2382	1
OPH	84156	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; URINE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	84157	PROTEIN; TOTAL, EXCEPT REFRACTOMETRY; OTHER SOURCE	10/1/2015	12/31/2382	2
OPH	84160	PROTEIN; REFRACTOMETRIC	10/1/2010	12/31/2382	2
OPH	84163	PREGNANCY-ASSOCIATED PLASMA PROTEIN-A (PAPP-A)	10/1/2010	12/31/2382	1
OPH	84165	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION	10/1/2010	12/31/2382	1
OPH	84166	PROTEIN; ELECTROPHORETIC FRACTIONATION AND QUANTITATION, OTHER FLUIDS WITH CONCENTRATION	10/1/2010	12/31/2382	2
OPH	84181	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID	10/1/2015	12/31/2382	3
OPH	84182	PROTEIN; WESTERN BLOT, WITH INTERPRETATION AND REPORT, BLOOD OR OTHER BODY FLUID, IMMUNOLOGICAL PROBE FOR BAND	10/1/2015	12/31/2382	6
OPH	84202	PROTOPORPHYRIN, RBC; QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	84203	PROTOPORPHYRIN, RBC; SCREEN	10/1/2010	12/31/2382	1
OPH	84206	PROINSULIN	10/1/2010	12/31/2382	1
OPH	84207	PYRIDOXAL PHOSPHATE (VITAMIN B-6)	10/1/2010	12/31/2382	1
OPH	84210	PYRUVATE	7/1/2014	12/31/2382	1
OPH	84220	PYRUVATE KINASE	10/1/2010	12/31/2382	1
OPH	84228	QUININE	10/1/2010	12/31/2382	1
OPH	84233	RECEPTOR ASSAY; ESTROGEN	10/1/2015	12/31/2382	1
OPH	84234	RECEPTOR ASSAY; PROGESTERONE	10/1/2015	12/31/2382	1
OPH	84235	RECEPTOR ASSAY; ENDOCRINE, OTHER THAN ESTROGEN OR PROGESTERONE (SPECIFY HORMONE)	10/1/2010	12/31/2382	1
OPH	84238	RECEPTOR ASSAY; NON-ENDOCRINE (EG, ACETYLCHOLINE) (SPECIFY RECEPTOR)	10/1/2010	12/31/2382	3
OPH	84244	RENIN	10/1/2015	12/31/2382	2
OPH	84252	RIBOFLAVIN (VITAMIN B-2)	10/1/2010	12/31/2382	1
OPH	84255	SELENIUM	10/1/2010	12/31/2382	2
OPH	84260	SEROTONIN	10/1/2010	12/31/2382	1
OPH	84270	SEX HORMONE BINDING GLOBULIN (SHBG)	10/1/2010	12/31/2382	1
OPH	84275	SIALIC ACID	10/1/2010	12/31/2382	1
OPH	84285	SILICA	10/1/2010	12/31/2382	1
OPH	84295	SODIUM; SERUM	4/1/2018	12/31/2382	2
OPH	84300	SODIUM; URINE	10/1/2010	12/31/2382	2
OPH	84302	SODIUM; OTHER SOURCE	4/1/2018	12/31/2382	1
OPH	84305	SOMATOMEDIN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	84307	SOMATOSTATIN	10/1/2010	12/31/2382	1
OPH	84311	SPECTROPHOTOMETRY, ANALYTE NOT ELSEWHERE SPECIFIED	10/1/2010	12/31/2382	2
OPH	84315	SPECIFIC GRAVITY (EXCEPT URINE)	10/1/2015	12/31/2382	1
OPH	84375	SUGARS, CHROMATOGRAPHIC, TLC OR PAPER CHROMATOGRAPHY	10/1/2010	12/31/2382	1
OPH	84376	SUGARS, AND OLIGOSACCHARIDES' SINGLE QUALITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	84377	SUGARS; MULTIPLE QUALITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	84378	SUGARS; SINGLE QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	2
OPH	84379	SUGARS; MULTIPLE QUANTITATIVE, EACH SPECIMEN	10/1/2010	12/31/2382	1
OPH	84392	SULFATE, URINE	10/1/2010	12/31/2382	1
OPH	84402	TESTOSTERONE; FREE	10/1/2010	12/31/2382	1
OPH	84403	TESTOSTERONE; TOTAL	10/1/2010	12/31/2382	2
OPH	84410	TESTOSTERONE; BIOAVAILABLE, DIRECT MEASUREMENT (EG, DIFFERENTIAL PRECIPITATION)	1/1/2017	12/31/2382	1
OPH	84425	THIAMINE (VITAMIN B-1)	10/1/2010	12/31/2382	1
OPH	84430	THIOCYANATE	10/1/2010	12/31/2382	1
OPH	84431	THROMBOXANE METABOLITE(S), INCLUDING THROMBOXANE IF PERFORMED, URINE	4/1/2012	12/31/2382	1
OPH	84432	THYROGLOBULIN	10/1/2010	12/31/2382	1
OPH	84436	THYROXINE; TOTAL	10/1/2010	12/31/2382	1
OPH	84437	THYROXINE; REQUIRING ELUTION (EG, NEONATAL)	10/1/2010	12/31/2382	1
OPH	84439	THYROXINE; FREE	10/1/2010	12/31/2382	1
OPH	84442	THYROXINE BINDING GLOBULIN (TBG)	10/1/2010	12/31/2382	1
OPH	84443	THYROID STIMULATING HORMONE (TSH)	7/1/2014	12/31/2382	4
OPH	84445	THYROID STIMULATING IMMUNOGLOBULINS (TSI)	10/1/2010	12/31/2382	1
OPH	84446	TOCOPHEROL ALPHA (VITAMIN E)	10/1/2010	12/31/2382	1
OPH	84449	TRANSCORTIN (CORTISOL BINDING GLOBULIN)	10/1/2010	12/31/2382	1
OPH	84450	TRANSFERASE; ASPARTATE AMINO (AST) (SGOT)	10/1/2010	12/31/2382	1
OPH	84460	TRANSFERASE; ALANINE AMINO (ALT) (SGPT)	10/1/2010	12/31/2382	1
OPH	84466	TRANSFERRIN	10/1/2010	12/31/2382	1
OPH	84478	TRIGLYCERIDES	10/1/2010	12/31/2382	1
OPH	84479	THYROID HORMONE (T3 OR T4) UPTAKE OR THYROID HORMONE BINDING RATIO (THBR)	10/1/2010	12/31/2382	1
OPH	84480	TRIDOTHYRONINE (T-3); TOTAL (TT-3)	10/1/2010	12/31/2382	1
OPH	84481	TRIDOTHYRONINE (T-3); FREE	10/1/2010	12/31/2382	1
OPH	84482	TRIDOTHYRONINE (T-3); REVERSE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	84484	TROPONIN, QUANTITATIVE	7/1/2014	12/31/2382	4
OPH	84485	TRYPsin; DUODENAL FLUID	10/1/2010	12/31/2382	1
OPH	84488	TRYPsin; FECES, QUALITATIVE	10/1/2010	12/31/2382	1
OPH	84490	TRYPsin; FECES, QUANTITATIVE, 24-HOUR COLLECTION	10/1/2010	12/31/2382	1
OPH	84510	TYROSINE	10/1/2010	12/31/2382	1
OPH	84512	TROPONIN, QUALITATIVE	10/1/2010	12/31/2382	3
OPH	84520	UREA NITROGEN; QUANTITATIVE	4/1/2018	12/31/2382	2
OPH	84525	UREA NITROGEN; SEMIQUANTITATIVE (EG, REAGENT STRIP TEST)	10/1/2010	12/31/2382	1
OPH	84540	UREA NITROGEN, URINE	10/1/2010	12/31/2382	2
OPH	84545	UREA NITROGEN, CLEARANCE	10/1/2010	12/31/2382	1
OPH	84550	URIC ACID; BLOOD, CHEMICAL	10/1/2010	12/31/2382	1
OPH	84560	URIC ACID, URINE	10/1/2010	12/31/2382	2
OPH	84577	UROBILINOGEN, FECES, QUANTITATIVE	10/1/2010	12/31/2382	1
OPH	84578	UROBILINOGEN, URINE; QUALITATIVE	10/1/2010	12/31/2382	1
OPH	84580	UROBILINOGEN, URINE; QUANTITATIVE, TIMED SPECIMEN	10/1/2010	12/31/2382	1
OPH	84583	UROBILINOGEN, URINE; SEMIQUANTITATIVE	10/1/2010	12/31/2382	1
OPH	84585	VANILLYLMADELIC ACID (VMA), URINE	10/1/2010	12/31/2382	1
OPH	84586	BASOACTIVE INTESTINAL PEPTIDE (VIP)	10/1/2010	12/31/2382	1
OPH	84588	VASOPRESSIN (ANTIDIURETIC HORMONE, ADH)	7/1/2014	12/31/2382	1
OPH	84590	VITAMIN A	10/1/2010	12/31/2382	1
OPH	84591	VITAMIN, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	1
OPH	84597	VITAMIN K	10/1/2010	12/31/2382	1
OPH	84600	VOLATILES (EG, ACETIC ANHYDRIDE, CARBON TETRACHLORIDE, DICHLOROETHANE, DICHLOROMETHANE, DIETHYLETHER, ISOPROPY	10/1/2010	12/31/2382	2
OPH	84620	XYLOSE ABSORPTION TEST, BLOOD AND/OR URINE	10/1/2010	12/31/2382	1
OPH	84630	ZINC	10/1/2010	12/31/2382	2
OPH	84681	C-PEPTIDE	7/1/2014	12/31/2382	1
OPH	84702	GONADOTROPIN, CHORIONIC (HCG);	10/1/2010	12/31/2382	2
OPH	84703	GONADOTROPIN, CHORIONIC (HCG); QUALITATIVE	10/1/2010	12/31/2382	1
OPH	84704	GONADOTROPIN, CHORIONIC (HCG); FREE BETA CHAIN	10/1/2010	12/31/2382	1
OPH	84830	OVULATION TESTS, BY VISUAL COLOR COMPARISON METHODS FOR HUMAN LUTEINIZING HORMONE	10/1/2010	12/31/2382	1
OPH	84999	UNLISTED CHEMISTRY PROCEDURE	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	85002	BLEEDING TIME	7/1/2014	12/31/2382	1
OPH	85004	BLOOD COUNT; AUTOMATED DIFFERENTIAL WBC COUNT	10/1/2010	12/31/2382	2
OPH	85007	BLOOD COUNT; MANUAL DIFFERENTIAL WBC COUNT (INCLUDES RBC MORPHOLOGY AND PLATELET ESTIMATION)	10/1/2010	12/31/2382	1
OPH	85008	BLOOD COUNT; MANUAL BLOOD SMEAR EXAMINATION WITHOUT DIFFERENTIAL PARAMETERS	7/1/2014	12/31/2382	1
OPH	85009	BLOOD COUNT; DIFFERENTIAL WBC COUNT, BUFFY COAT	10/1/2010	12/31/2382	1
OPH	85013	BLOOD COUNT; SPUN MICROHEMATOCRIT	10/1/2015	12/31/2382	1
OPH	85014	BLOOD COUNT; OTHER THAN SPUN HEMATOCRIT	10/1/2010	12/31/2382	4
OPH	85018	BLOOD COUNT; HEMOGLOBIN	10/1/2010	12/31/2382	4
OPH	85025	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED, AND AUTOMATED COMPLETE DIFFERENTIAL WBC COUNT (CBC)	10/1/2015	12/31/2382	4
OPH	85027	BLOOD COUNT; HEMOGRAM AND PLATELET COUNT, AUTOMATED	10/1/2015	12/31/2382	4
OPH	85032	BLOOD COUNT; MANUAL CELL COUNT (ERYTHROCYTE, LEUKOCYTE, OR PLATELET) EACH	10/1/2015	12/31/2382	2
OPH	85041	BLOOD COUNT; RED BLOOD CELL (RBC) ONLY	10/1/2015	12/31/2382	1
OPH	85044	BLOOD COUNT; RETICULOCYTE COUNT, MANUAL	10/1/2010	12/31/2382	1
OPH	85045	BLOOD COUNT; RETICULOCYTE COUNT, FLOW CYTOMETRY	10/1/2010	12/31/2382	1
OPH	85046	BLOOD COUNT; RETICULOCYTES, HEMOGLOBIN CONCENTRATION	10/1/2010	12/31/2382	1
OPH	85048	BLOOD COUNT; WHITE BLOOD CELL (WBC)	10/1/2010	12/31/2382	2
OPH	85049	BLOOD COUNT; PLATELET, AUTOMATED	10/1/2010	12/31/2382	2
OPH	85055	RETICULATED PLATELET ASSAY	10/1/2010	12/31/2382	1
OPH	85060	BLOOD SMEAR, PERIPHERAL, INTERPRETATION BY PHYSICIAN WITH WRITTEN REPORT	10/1/2010	12/31/2382	1
OPH	85097	BONE MARROW; SMEAR INTERPRETATION ONLY, WITH OR WITHOUT DIFFERENTIAL CELL COUNT	10/1/2010	12/31/2382	2
OPH	85130	CHROMOGENIC SUBSTRATE ASSAY	7/1/2014	12/31/2382	1
OPH	85170	CLOT RETRACTION	10/1/2010	12/31/2382	1
OPH	85175	CLOT LYSIS TIME, WHOLE BLOOD DILUTION	10/1/2010	12/31/2382	1
OPH	85210	CLOTTING; FACTOR II, PROTHROMBIN, SPECIFIC	10/1/2010	12/31/2382	2
OPH	85220	CLOTTING; FACTOR V (ACG OR PROACCELERIN), LABILE FACTOR	10/1/2010	12/31/2382	2
OPH	85230	CLOTTING; FACTOR VII (PROCONVERTIN, STABLE FACTOR)	10/1/2010	12/31/2382	2
OPH	85240	CLOTTING; FACTOR VIII (AHG), ONE STAGE	7/1/2014	12/31/2382	2
OPH	85244	CLOTTING; FACTOR VIII RELATED ANTIGEN	7/1/2014	12/31/2382	1
OPH	85245	CLOTTING; FACTOR VIII, VW FACTOR, RISTOCETIN COFACTOR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	85246	CLOTTING; FACTOR VIII, VW FACTOR ANTIGEN	10/1/2010	12/31/2382	2
OPH	85247	CLOTTING; FACTOR VIII, VON WILLEBRAND'S FACTOR, MULTIMETRIC ANALYSIS	10/1/2010	12/31/2382	2
OPH	85250	CLOTTING; FACTOR IX (PTC OR CHRISTMAS)	10/1/2010	12/31/2382	2
OPH	85260	CLOTTING; FACTOR X (STUART-PROWER)	10/1/2010	12/31/2382	2
OPH	85270	CLOTTING; FACTOR XI (PTA)	10/1/2010	12/31/2382	2
OPH	85280	CLOTTING; FACTOR XII (HAGEMAN)	10/1/2010	12/31/2382	2
OPH	85290	CLOTTING; FACTOR XIII (FIBRIN STABILIZING)	10/1/2010	12/31/2382	2
OPH	85291	CLOTTING; FACTOR XIII (FIBRIN STABILIZING), SCREEN SOLUBILITY	7/1/2014	12/31/2382	1
OPH	85292	CLOTTING; PREKALLIKREIN ASSAY (FLETCHER FACTOR ASSAY)	7/1/2014	12/31/2382	1
OPH	85293	CLOTTING; HIGH MOLECULAR WEIGHT KININOGEN ASSAY (FITZGERALD FACTOR ASSAY)	7/1/2014	12/31/2382	1
OPH	85300	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ACTIVITY	10/1/2010	12/31/2382	2
OPH	85301	CLOTTING INHIBITORS OR ANTICOAGULANTS; ANTITHROMBIN III, ANTIGEN ASSAY	7/1/2014	12/31/2382	1
OPH	85302	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ANTIGEN	7/1/2014	12/31/2382	1
OPH	85303	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN C, ACTIVITY	10/1/2010	12/31/2382	2
OPH	85305	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, TOTAL	10/1/2010	12/31/2382	2
OPH	85306	CLOTTING INHIBITORS OR ANTICOAGULANTS; PROTEIN S, FREE	10/1/2010	12/31/2382	2
OPH	85307	ACTIVATED PROTEIN C (APC) RESISTANCE ASSAY	10/1/2010	12/31/2382	2
OPH	85335	FACTOR INHIBITOR TEST	10/1/2010	12/31/2382	2
OPH	85337	THROMBOMODULIN	10/1/2010	12/31/2382	1
OPH	85345	COAGULATION TIME; LEE AND WHITE	7/1/2014	12/31/2382	1
OPH	85347	COAGULATION TIME; ACTIVATED	7/1/2014	12/31/2382	9
OPH	85348	COAGULATION TIME; OTHER METHODS	10/1/2010	12/31/2382	2
OPH	85360	EUGLOBULIN LYSIS	10/1/2010	12/31/2382	1
OPH	85362	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); AGGLUTINATION SLIDE, SEMIQUANTITATIVE	10/1/2010	12/31/2382	2
OPH	85366	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); PARACOAGULATION	7/1/2014	12/31/2382	1
OPH	85370	FIBRIN(OGEN) DEGRADATION (SPLIT) PRODUCTS (FDP)(FSP); QUANTITATIVE	7/1/2014	12/31/2382	1
OPH	85378	FIBRIN DEGRADATION PRODUCTS, D-DIMER; SEMIQUANTITATIVE	10/1/2010	12/31/2382	2
OPH	85379	FIBRIN DEGRADATION PRODUCTS, D-DIMER; QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	85380	FIBRIN DEGRADATION PRODUCTS, D-DIMER; ULTRASENSITIVE, QUALITATIVE OR SEMIQUANTITATIVE	10/1/2010	12/31/2382	2
OPH	85384	FIBRINOGEN; ACTIVITY	10/1/2010	12/31/2382	2
OPH	85385	FIBRINOGEN; ANTIGEN	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	85390	FIBRINOLYSINS OR COAGULOPATHY SCREEN, INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
OPH	85396	COAGULATION/FIBRINOLYSIS ASSAY, WHOLE BLOOD, INCLUDING USE OF ANY PHARMACOLOGIC ADDITIVE(S), AS INDICATED	10/1/2010	12/31/2382	1
OPH	85397	COAGULATION AND FIBRINOLYSIS, FUNCTIONAL ACTIVITY, NOT OTHERWISE SPECIFIED, EACH ANALYTE	7/1/2019	12/31/2382	2
OPH	85400	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMIN	7/1/2014	12/31/2382	1
OPH	85410	FIBRINOLYTIC FACTORS AND INHIBITORS; ALPHA-2 ANTIPLASMIN	7/1/2014	12/31/2382	1
OPH	85415	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN ACTIVATOR	10/1/2010	12/31/2382	2
OPH	85420	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, EXCEPT ANTIGENIC ASSAY	10/1/2010	12/31/2382	2
OPH	85421	FIBRINOLYTIC FACTORS AND INHIBITORS; PLASMINOGEN, ANTIGENIC ASSAY	7/1/2014	12/31/2382	1
OPH	85441	HEINZ BODIES; DIRECT	10/1/2010	12/31/2382	1
OPH	85445	HEINZ BODIES; INDUCED, ACETYL PHENYLHYDRAZINE	10/1/2010	12/31/2382	1
OPH	85460	HEMOGLOBIN, FETAL, DIFFERENTIAL LYSIS (KLEIHAUER)	10/1/2010	12/31/2382	1
OPH	85461	HEMOGLOBIN OR RBC'S, FETAL, FOR FETOMATERNAL HEMORRHAGE; ROSETTE	10/1/2010	12/31/2382	1
OPH	85475	HEMOLYSIN, ACID	10/1/2010	12/31/2382	1
OPH	85520	HEPARIN ASSAY	10/1/2015	12/31/2382	3
OPH	85525	HEPARIN NEUTRALIZATION	10/1/2010	12/31/2382	2
OPH	85530	HEPARIN-PROTAMINE TOLERANCE TEST	10/1/2010	12/31/2382	1
OPH	85536	IRON STAIN, PERIPHERAL BLOOD	10/1/2010	12/31/2382	1
OPH	85540	LEUKOCYTE ALKALINE PHOSPHATASE WITH COUNT	10/1/2010	12/31/2382	1
OPH	85547	MECHANICAL FRAGILITY, RBC	10/1/2010	12/31/2382	1
OPH	85549	MURAMIDASE	10/1/2010	12/31/2382	1
OPH	85555	OSMOTIC FRAGILITY, RBC; UNINCUBATED	10/1/2010	12/31/2382	1
OPH	85557	OSMOTIC FRAGILITY, RBC; INCUBATED	10/1/2010	12/31/2382	1
OPH	85576	PLATELET; EACH AGENT	10/1/2015	12/31/2382	7
OPH	85597	PLATELET NEUTRALIZATION	7/1/2011	12/31/2382	1
OPH	85598	PHOSPHOLIPID NEUTRALIZATION; HEXAGONAL PHOSPHOLIPID	4/1/2011	12/31/2382	1
OPH	85610	PROTHROMBIN TIME;	10/1/2015	12/31/2382	4
OPH	85611	PROTHROMBIN TIME; SUBSTITUTION, PLASMA FRACTIONS, EACH	10/1/2010	12/31/2382	2
OPH	85612	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); UNDILUTED	10/1/2010	12/31/2382	1
OPH	85613	RUSSELL VIPER VENOM TIME (INCLUDES VENOM); DILUTED	10/1/2017	12/31/2382	3
OPH	85635	REPTILASE TEST	10/1/2010	12/31/2382	1
OPH	85651	SEDIMENTATION RATE, ERYTHROCYTE; NON-AUTOMATED	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	85652	SEDIMENTATION RATE, ERYTHROCYTE; AUTOMATED	10/1/2010	12/31/2382	1
OPH	85660	SICKLING OF RBC, REDUCTION, SLIDE METHOD	1/1/2018	12/31/2382	2
OPH	85670	THROMBIN TIME; PLASMA	10/1/2010	12/31/2382	2
OPH	85675	THROMBIN TIME; TITER	10/1/2010	12/31/2382	1
OPH	85705	THROMBOPLASTIN INHIBITION; TISSUE	10/1/2010	12/31/2382	1
OPH	85730	THROMBOPLASTIN TIME, PARTIAL (PTT); PLASMA OR WHOLE BLOOD	10/1/2015	12/31/2382	4
OPH	85732	THROMBOPLASTIN TIME, PARTIAL (PTT); SUBSTITUTION, PLASMA	10/1/2010	12/31/2382	4
OPH	85810	VISCOSITY; BLOOD	10/1/2010	12/31/2382	2
OPH	85999	UNLISTED HEMATOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	86000	AGGLUTININS, FEBRILE (EG, BRUCELLA, FRANCISELLA, MURINE TYPHUS, Q FEVER, ROCKY MOUNTAIN SPOTTED FEVER, SCRUB T	10/1/2015	12/31/2382	6
OPH	86001	ALLERGEN SPECIFIC IGG QUANTITATIVE OR SEMIQUANTITAVE, EACH ALLERGEN	10/1/2016	12/31/2382	20
OPH	86005	ALLERGEN SPECIFICIGE; QUALITATIVE, MULTIALLERGEN SCREEN (DIPSTICK, PADDLE OR DISK)	10/1/2015	12/31/2382	6
OPH	86008	ALLERGEN SPECIFIC IGE; QUANTITATIVE OR SEMIQUANTITATIVE, RECOMBINANT OR PURIFIED COMPONENT, EACH	1/1/2018	12/31/2382	20
OPH	86015	ACTIN (SMOOTH MUSCLE) ANTIBODY (ASMA), EACH	4/1/2022	12/31/2382	1
OPH	86021	ANTIBODY IDENTIFICATION; LEUKOCYTE ANTIBODIES	7/1/2013	12/31/2382	1
OPH	86022	ANTIBODY IDENTIFICATION; PLATELET ANTIBODIES	7/1/2013	12/31/2382	1
OPH	86023	ANTIBODY IDENTIFICATION; PLATELET ASSOCIATED IMMUNOGLOBULIN ASSAY	7/1/2014	12/31/2382	3
OPH	86036	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA); SCREEN, EACH ANTIBODY	1/1/2022	12/31/2382	3
OPH	86037	ANTINEUTROPHIL CYTOPLASMIC ANTIBODY (ANCA); TITER, EACH ANTIBODY	1/1/2022	12/31/2382	3
OPH	86038	ANTINUCLEAR ANTIBODIES (ANA);	10/1/2010	12/31/2382	1
OPH	86039	ANTINUCLEAR ANTIBODIES (ANA); TITER	10/1/2010	12/31/2382	1
OPH	86051	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY; ENZYME-LINKED IMMUNOSORBENT IMMUNOASSAY (ELISA)	1/1/2022	12/31/2382	1
OPH	86052	AQUAPORIN-4 (NEUROMYELITIS OPTICA [NMO]) ANTIBODY; CELL-BASED IMMUNOFUORESCENCE ASSAY (CBA), EACH	4/1/2022	12/31/2382	1
OPH	86060	ANTISTREPTOLYSIN O; TITER	10/1/2010	12/31/2382	1
OPH	86063	ANTISTREPTOLYSIN O; SCREEN	10/1/2010	12/31/2382	1
OPH	86077	BLOOD BANK PHYSICIAN SERVICES; DIFFICULT CROSS MATCH AND/OR EVALUATION OF IRREGULAR ANTIBODY(S), INTERPRETATIO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86078	BLOOD BANK PHYSICIAN SERVICES; INVESTIGATION OF TRANSFUSION REACTION INCLUDING SUSPICION OF TRANSMISSIBLE DISE	10/1/2010	12/31/2382	1
OPH	86079	BLOOD BANK PHYSICIAN SERVICES; AUTHORIZATION FOR DEVIATION FROM STANDARD BLOOD BANKING PROCEDURES (EG, USE OF	10/1/2010	12/31/2382	1
OPH	86140	C-REACTIVE PROTEIN	10/1/2010	12/31/2382	1
OPH	86141	C-REACTIVE PROTEIN; HIGH SENSITIVITY (HSCRIP)	10/1/2010	12/31/2382	1
OPH	86146	BETA 2 GLYCOPROTEIN I ANTIBODY, EACH	10/1/2010	12/31/2382	3
OPH	86147	CARDIOLIPIN (PHOSPHOLIPID) ANTIBODY	10/1/2010	12/31/2382	4
OPH	86148	ANTI-PHOSPHATIDYLSERINE (PHOSPHOLIPID)_ANTIBODY	10/1/2010	12/31/2382	1
OPH	86152	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN (EG,CIRCULATING TUMOR CELLS	1/1/2013	12/31/2382	1
OPH	86153	CELL ENUMERATION USING IMMUNOLOGIC SELECTION AND IDENTIFICATION IN FLUID SPECIMEN; PHYSICIAN INTERPRETATION	7/1/2013	12/31/2382	1
OPH	86155	CHEMOTAXIS ASSAY, SPECIFY METHOD	10/1/2010	12/31/2382	1
OPH	86156	COLD AGGLUTININ; SCREEN	10/1/2010	12/31/2382	1
OPH	86157	COLD AGGLUTININ; TITER	10/1/2010	12/31/2382	1
OPH	86160	COMPLEMENT; ANTIGEN, EACH COMPONENT	10/1/2010	12/31/2382	4
OPH	86161	COMPLEMENT; FUNCTIONAL ACTIVITY, EACH COMPONENT	10/1/2015	12/31/2382	2
OPH	86162	COMPLEMENT; TOTAL HEMOLYTIC (CH50)	10/1/2010	12/31/2382	1
OPH	86171	COMPLEMENT FIXATION TESTS, EACH ANTIGEN	10/1/2015	12/31/2382	2
OPH	86200	CYCLIC CITRULLINATED PEPTIDE (CCP), ANTIBODY	10/1/2010	12/31/2382	1
OPH	86215	DEOXYRIBONUCLEASE, ANTIBODY	10/1/2010	12/31/2382	1
OPH	86225	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; NATIVE OR DOUBLE STRANDED	10/1/2010	12/31/2382	1
OPH	86226	DEOXYRIBONUCLEIC ACID (DNA) ANTIBODY; SINGLE STRANDED	10/1/2010	12/31/2382	1
OPH	86231	ENDOMYSIAL ANTIBODY (EMA), EACH IMMUNOGLOBULIN (IG) CLASS	1/1/2022	12/31/2382	3
OPH	86235	EXTRACTABLE NUCLEAR ANTIGEN, ANTIBODY TO, ANY METHOD (EG, NRNP, SS-A, SS-B, SM, RNP, SC170, J01), EACH ANTIBOD	10/1/2015	12/31/2382	10
OPH	86255	FLUORESCENT ANTIBODY; SCREEN, EACH ANTIBODY	10/1/2015	12/31/2382	5
OPH	86256	FLUORESCENT ANTIBODY; TITER, EACH ANTIBODY	10/1/2015	12/31/2382	9
OPH	86258	GLIADIN (DEAMIDATED) (DGP) ANTIBODY, EACH IMMUNOGLOBULIN (IG) CLASS	1/1/2022	12/31/2382	3
OPH	86277	GROWTH HORMONE, HUMAN (HGH), ANTIBODY	10/1/2010	12/31/2382	1
OPH	86280	HEMAGGLUTINATION INHIBITION TEST (HAI)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86294	IMMUNOASSAY FOR TUMOR ANTIGEN, QUALITATIVE OR SEMIQUALITATIVE (EG, BLADDER TUMOR ANTIGEN)	10/1/2010	12/31/2382	1
OPH	86300	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 15-3 (27.29)	10/1/2010	12/31/2382	2
OPH	86301	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 19-9	10/1/2010	12/31/2382	1
OPH	86304	IMMUNOASSAY FOR TUMOR ANTIGEN, QUANTITATIVE; CA 125	10/1/2010	12/31/2382	1
OPH	86305	HUMAN EPIDIDYMIS PROTEIN 4 (HE4)	4/1/2012	12/31/2382	1
OPH	86308	HETEROPHILE ANTIBODIES; SCREENING	10/1/2010	12/31/2382	1
OPH	86309	HETEROPHILE ANTIBODIES; TITER	10/1/2010	12/31/2382	1
OPH	86310	HETEROPHILE ANTIBODIES; TITERS AFTER ABSORPTION WITH BEEF CELLS AND GUINEA PIG KIDNEY	10/1/2010	12/31/2382	1
OPH	86316	IMMUNOASSAY FOR TUMOR ANTIGEN (EG, CANCER ANTIGEN 125); EACH	10/1/2015	12/31/2382	2
OPH	86317	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY, QUANTITATIVE, NOT ELSEWHERE SPECIFIED	1/1/2017	12/31/2382	6
OPH	86318	IMMUNOASSAY TO INFECTIOUS AGENT ANTIBODY, QUALITATIVE OR SEMIQUANTITATIVE (EG, REAGENT STRIP)	10/1/2015	12/31/2382	2
OPH	86320	IMMUNOELECTROPHORESIS; SERUM	10/1/2010	12/31/2382	1
OPH	86325	IMMUNOELECTROPHORESIS; OTHER FLUIDS (EG, URINE, CSF) WITH CONCENTRATION	10/1/2010	12/31/2382	2
OPH	86327	IMMUNOELECTROPHORESIS; CROSSED (2-DIMENSIONAL ASSAY)	10/1/2010	12/31/2382	1
OPH	86328	IMMUNOASSAY FOR INFECTIOUS AGENT ANTIBODY(IES), QUALITATIVE OR SEMIQUANTITATIVE, SINGLE STEP METHOD (EG, REAGENT STRIP); SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	7/1/2020	12/31/2382	1
OPH	86329	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	3
OPH	86331	IMMUNODIFFUSION, NOT ELSEWHERE SPECIFIED GEL DIFFUSION, QUALITATIVE (OUCHTERLONY), EACH ANTIGEN OR ANTIBODY	10/1/2015	12/31/2382	12
OPH	86332	IMMUNE COMPLEX ASSAY	10/1/2010	12/31/2382	1
OPH	86334	IMMUNOFIXATION ELECTROPHORESIS	7/1/2017	12/31/2382	2
OPH	86335	IMMUNOFIXATION ELECTROPHORESIS; OTHER FLUIDS WITH CONCENTRATION (EG, URINE, CSF)	10/1/2010	12/31/2382	2
OPH	86336	INHIBIN A	10/1/2010	12/31/2382	1
OPH	86337	INSULIN ANTIBODIES	10/1/2010	12/31/2382	1
OPH	86340	INTRINSIC FACTOR ANTIBODIES	10/1/2010	12/31/2382	1
OPH	86341	ISLET CELL ANTIBODY	1/1/2021	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86343	LEUKOCYTE HISTAMINE RELEASE TEST (LHR)	10/1/2010	12/31/2382	1
OPH	86344	LEUKOCYTE PHAGOCYTOSIS	10/1/2010	12/31/2382	1
OPH	86352	CELLULAR FUNCTION ASSAY INVOLVING STIMULATION (EG, MITOGEN OR ANTIGEN) AND DETECTION OF BIOMARKERS (EG, ATP)	4/1/2012	12/31/2382	1
OPH	86353	LYMPHOCYTE TRANSFORMATION, MITOGEN (PHYTOMITOGEN) OR ANTIGEN INDUCED BLASTOGENESIS	10/1/2015	12/31/2382	7
OPH	86355	B CELLS, TOTAL COUNT	10/1/2010	12/31/2382	1
OPH	86356	MONONUCLEAR CELL ANTIGEN, QUANTITATIVE, NOT OTHERWISE SPECIFIED, EACH ANTIGEN	10/1/2015	12/31/2382	7
OPH	86357	NATURAL KILLER (NK) CELLS, TOTAL COUNT	10/1/2010	12/31/2382	1
OPH	86359	T CELLS; TOTAL COUNT	10/1/2010	12/31/2382	1
OPH	86360	T CELLS; ABSOLUTE CD4 AND CD8 COUNT, INCLUDING RATIO	10/1/2010	12/31/2382	1
OPH	86361	T CELLS; ABSOLUTE CD4 COUNT	10/1/2010	12/31/2382	1
OPH	86362	MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIBODY; CELL-BASED IMMUNOFLUORESCENCE ASSAY (CBA), EACH	4/1/2022	12/31/2382	1
OPH	86363	MYELIN OLIGODENDROCYTE GLYCOPROTEIN (MOG-IGG1) ANTIBODY; FLOW CYTOMETRY (IE, FLUORESCENCE-ACTIVATED CELL SORTING [FACS]), EACH	4/1/2022	12/31/2382	1
OPH	86364	TISSUE TRANSGLUTAMINASE, EACH IMMUNOGLOBULIN (IG) CLASS	1/1/2022	12/31/2382	3
OPH	86367	STEM CELLS (IE, CD34), TOTAL COUNT	10/1/2010	12/31/2382	2
OPH	86376	MICROSOMAL ANTIBODIES (EG, THYROID OR LIVER-KIDNEY), EACH	10/1/2010	12/31/2382	2
OPH	86381	MITOCHONDRIAL ANTIBODY (EG, M2), EACH	1/1/2022	12/31/2382	4
OPH	86382	NEUTRALIZATION TEST, VIRAL	10/1/2010	12/31/2382	3
OPH	86384	NITROBLUE TETRAZOLIUM DYE TEST (NTD)	10/1/2010	12/31/2382	1
OPH	86386	PATERNITY TESTING, ABO+RH FACTORS+MN (PER INDIVIDUAL); EACH ADDITIONAL ANTIGEN SYSTEM	1/1/2012	12/31/2382	1
OPH	86403	PARTICLE AGGLUTINATION, ANTIBODY OR ANTIGEN, EACH	7/1/2019	12/31/2382	3
OPH	86406	PARTICLE AGGLUTINATION; TITER, EACH ANTIBODY	10/1/2010	12/31/2382	2
OPH	86408	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID19]); SCREEN	1/1/2021	12/31/2382	1
OPH	86409	NEUTRALIZING ANTIBODY, SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID19]); TITER	1/1/2021	12/31/2382	1
OPH	86413	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) ANTIBODY, QUANTITATIVE	1/1/2021	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86430	RHEUMATOID FACTOR; QUALITATIVE	10/1/2010	12/31/2382	2
OPH	86431	RHEUMATOID FACTOR; QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	86480	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY MEASUREMENT OF GAMMA INTERFERON ANTIGEN RESPONSE	10/1/2010	12/31/2382	1
OPH	86481	TUBERCULOSIS TEST, CELL MEDIATED IMMUNITY ANTIGEN RESPONSE MEASUREMENT; ENUMERATION OF GAMMA INTERFERON	4/1/2011	12/31/2382	1
OPH	86485	SKIN TEST; CANDIDA	10/1/2010	12/31/2382	1
OPH	86486	SKIN TEST; UNLISTED ANTIGEN, EACH	1/1/2012	12/31/2382	2
OPH	86490	SKIN TEST; COCCIDIOIDOMYCOSIS	10/1/2010	12/31/2382	1
OPH	86510	SKIN TEST; HISTOPLASMOSIS	10/1/2010	12/31/2382	1
OPH	86580	SKIN TEST; TUBERCULOSIS, INTRADERMAL	10/1/2010	12/31/2382	1
OPH	86590	STREPTOKINASE, ANTIBODY	10/1/2010	12/31/2382	1
OPH	86592	SYPHILIS TEST; QUALITATIVE (EG, VDRL, RPR, ART)	10/1/2010	12/31/2382	2
OPH	86593	SYPHILIS TEST; QUANTITATIVE	10/1/2010	12/31/2382	2
OPH	86596	VOLTAGE-GATED CALCIUM CHANNEL ANTIBODY, EACH	1/1/2022	12/31/2382	3
OPH	86602	ANTIBODY; ACTINOMYCES	10/1/2010	12/31/2382	3
OPH	86603	ANTIBODY; ADENOVIRUS	10/1/2010	12/31/2382	2
OPH	86609	ANTIBODY; BACTERIUM, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	14
OPH	86611	ANTIBODY; BARTONELLA	10/1/2015	12/31/2382	4
OPH	86612	ANTIBODY; BLASTOMYCES	10/1/2010	12/31/2382	2
OPH	86615	ANTIBODY; BORDETELLA	10/1/2015	12/31/2382	6
OPH	86617	BORRELIA BURGDORFERI (LYME DISEASE)	10/1/2010	12/31/2382	2
OPH	86618	ANTIBODY; BORELLIA BUFGDORFERI (LYME DISEASE)	10/1/2010	12/31/2382	2
OPH	86619	ANTIBODY; BORRELIA (RELAPSING FEVER)	10/1/2010	12/31/2382	2
OPH	86622	ANTIBODY; BRUCELLA	10/1/2015	12/31/2382	2
OPH	86625	ANTIBODY; CAMPYLOBACTER	10/1/2015	12/31/2382	1
OPH	86628	ANTIBODY; CANDIDA	10/1/2010	12/31/2382	3
OPH	86631	ANTIBODY; CHLAMYDIA	10/1/2015	12/31/2382	6
OPH	86632	ANTIBODY; CHLAMYDIA, IGM	10/1/2010	12/31/2382	3
OPH	86635	ANTIBODY; COCCIDIOIDES	10/1/2015	12/31/2382	4
OPH	86638	ANTIBODY; COXIELLA BRUNETII (Q FEVER)	10/1/2015	12/31/2382	6
OPH	86641	ANTIBODY; CRYPTOCOCCUS	10/1/2010	12/31/2382	2
OPH	86644	ANTIBODY; CYTOMEGALOVIRUS (CMV)	7/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86645	ANTIBODY; CYTOMEGALOVIRUS (CMV), IGM	10/1/2010	12/31/2382	1
OPH	86648	ANTIBODY; DIPHTHERIA	10/1/2010	12/31/2382	2
OPH	86651	ANTIBODY; ENCEPHALITIS, CALIFORNIA (LA CROSSE)	10/1/2010	12/31/2382	2
OPH	86652	ANTIBODY; ENCEPHALITIS, EASTERN EQUINE	10/1/2010	12/31/2382	2
OPH	86653	ANTIBODY; ENCEPHALITIS, ST. LOUIS	10/1/2010	12/31/2382	2
OPH	86654	ANTIBODY; ENCEPHALITIS, WESTERN EQUINE	10/1/2010	12/31/2382	2
OPH	86658	ANTIBODY; ENTEROVIRUS (EG, COXSACKIE, ECHO, POLIO)	10/1/2015	12/31/2382	12
OPH	86663	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, EARLY ANTIGEN (EA)	10/1/2010	12/31/2382	2
OPH	86664	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, NUCLEAR ANTIGEN (EBNA)	10/1/2010	12/31/2382	2
OPH	86665	ANTIBODY; EPSTEIN-BARR (EB) VIRUS, VIRAL CAPSID (VCA)	10/1/2010	12/31/2382	2
OPH	86666	ANTIBODY; EHRLICHIA	10/1/2015	12/31/2382	4
OPH	86668	ANTIBODY; FRANCISELLA TULARENSIS	10/1/2010	12/31/2382	2
OPH	86671	ANTIBODY; FUNGUS, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	3
OPH	86674	ANTIBODY; GIARDIA LAMBLIA	10/1/2010	12/31/2382	3
OPH	86677	ANTIBODY; HELICOBACTER PYLORI	10/1/2010	12/31/2382	3
OPH	86682	ANTIBODY; HELMINTH, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	2
OPH	86684	ANTIBODY; HEMOPHILUS INFLUENZA	10/1/2010	12/31/2382	2
OPH	86687	ANTIBODY; HTLV I	10/1/2015	12/31/2382	1
OPH	86688	ANTIBODY; HTLV-II	10/1/2015	12/31/2382	1
OPH	86689	ANTIBODY; HTLV OR HIV ANTIBODY, CONFIRMATORY TEST (EG, WESTERN BLOT)	10/1/2010	12/31/2382	2
OPH	86692	ANTIBODY; HEPATITIS, DELTA AGENT	10/1/2010	12/31/2382	2
OPH	86694	ANTIBODY; HERPES SIMPLEX, NON-SPECIFIC TYPE TEST	10/1/2010	12/31/2382	2
OPH	86695	ANTIBODY; HERPES SIMPLEX, TYPE 1	10/1/2010	12/31/2382	2
OPH	86696	ANTIBODY; HERPES SIMPLEX, TYPE 2	10/1/2010	12/31/2382	2
OPH	86698	ANTIBODY; HISTOPLASMA	10/1/2010	12/31/2382	3
OPH	86701	ANTIBODY; HIV-1	10/1/2015	12/31/2382	1
OPH	86702	ANTIBODY; HIV-2	10/1/2010	12/31/2382	2
OPH	86703	ANTIBODY; HIV-1 AND HIV-2, SINGLE ASSAY	1/1/2012	12/31/2382	1
OPH	86704	HEPATITIS B CORE ANTIBODY (HBCAB); IGG AND IGM	10/1/2010	12/31/2382	1
OPH	86705	HEPATITIS B CORE IGM ANTIBODY	10/1/2010	12/31/2382	1
OPH	86706	HEPATITIS B SURFACE ANTIBODY (HBSAB)	10/1/2010	12/31/2382	2
OPH	86707	HEPATITIS BE ANTIBODY (HBEAB)	7/1/2014	12/31/2382	1
OPH	86708	HEPATITIS A ANTIBODY (HAAB); IGG AND IGM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86709	HEPATITIS A IGM ANTIBODY	10/1/2010	12/31/2382	1
OPH	86710	ANTIBODY; INFLUENZA VIRUS	10/1/2015	12/31/2382	4
OPH	86711	JC (JOHN CUNNINGHAM) VIRUS	1/1/2013	12/31/2382	2
OPH	86713	ANTIBODY; LEGIONELLA	10/1/2010	12/31/2382	3
OPH	86717	ANTIBODY; LEISHMANIA	10/1/2015	12/31/2382	8
OPH	86720	ANTIBODY; LEPTOSPIRA	10/1/2010	12/31/2382	2
OPH	86723	ANTIBODY; LISTERIA MONOCYTOGENES	10/1/2010	12/31/2382	2
OPH	86727	ANTIBODY; LYMPHOCYTIC CHORIOMENINGITIS	10/1/2010	12/31/2382	2
OPH	86732	ANTIBODY; MUCORMYCOSIS	10/1/2010	12/31/2382	2
OPH	86735	ANTIBODY; MUMPS	10/1/2015	12/31/2382	2
OPH	86738	ANTIBODY; MYCOPLASMA	10/1/2010	12/31/2382	2
OPH	86741	ANTIBODY; NEISSERIA MENINGITIDIS	10/1/2010	12/31/2382	2
OPH	86744	ANTIBODY; NOCARDIA	10/1/2010	12/31/2382	2
OPH	86747	ANTIBODY; PARVOVIRUS	10/1/2010	12/31/2382	2
OPH	86750	ANTIBODY; PLASMODIUM (MALARIA)	10/1/2010	12/31/2382	4
OPH	86753	ANTIBODY; PROTOZOA, NOT ELSEWHERE SPECIFIED	1/1/2012	12/31/2382	3
OPH	86756	ANTIBODY; RESPIRATORY SYNCYTIAL VIRUS	10/1/2010	12/31/2382	2
OPH	86757	ANTIBODY; RICKETTSIA	10/1/2015	12/31/2382	2
OPH	86759	ANTIBODY; ROTAVIRUS	10/1/2010	12/31/2382	2
OPH	86762	ANTIBODY; RUBELLA	10/1/2010	12/31/2382	2
OPH	86765	ANTIBODY; RUBEOLA	10/1/2015	12/31/2382	2
OPH	86768	ANTIBODY; SALMONELLA	10/1/2010	12/31/2382	5
OPH	86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	7/1/2020	6/30/2022	1
OPH	86769	ANTIBODY; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	7/1/2022	12/31/2382	4
OPH	86771	ANTIBODY; SHIGELLA	10/1/2010	12/31/2382	2
OPH	86774	ANTIBODY; TETANUS	10/1/2010	12/31/2382	2
OPH	86777	ANTIBODY; TOXOPLASMA	10/1/2010	12/31/2382	2
OPH	86778	ANTIBODY; TOXOPLASMA, IGM	10/1/2010	12/31/2382	2
OPH	86780	TREPONEMA PALLIDUM	4/1/2012	12/31/2382	2
OPH	86784	ANTIBODY; TRICHINELLA	10/1/2015	12/31/2382	1
OPH	86787	ANTIBODY; VARICELLA-ZOSTER	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86788	ANTIBODY; WEST NILE VIRUS, IGM	10/1/2010	12/31/2382	2
OPH	86789	ANTIBODY; WEST NILE VIRUS	10/1/2010	12/31/2382	2
OPH	86790	ANTIBODY; VIRUS, NOT ELSEWHERE SPECIFIED	10/1/2015	12/31/2382	4
OPH	86793	ANTIBODY; YERSINIA	10/1/2010	12/31/2382	2
OPH	86794	ANTIBODY; ZIKA VIRUS, IGM	1/1/2018	12/31/2382	1
OPH	86800	THYROGLOBULIN ANTIBODY	10/1/2010	12/31/2382	1
OPH	86803	HEPATITIS C ANTIBODY	10/1/2014	12/31/2382	1
OPH	86804	HEPATITIS C ANTIBODY; CONFIRMATORY TEST (EG, IMUNOBLOT)	10/1/2010	12/31/2382	1
OPH	86805	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITH TITRATION	10/1/2015	12/31/2382	12
OPH	86806	LYMPHOCYTOTOXICITY ASSAY, VISUAL CROSSMATCH; WITHOUT TITRATION	4/1/2018	12/31/2382	2
OPH	86807	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); STANDARD METHOD	10/1/2010	12/31/2382	2
OPH	86808	SERUM SCREENING FOR CYTOTOXIC PERCENT REACTIVE ANTIBODY (PRA); QUICK METHOD	10/1/2010	12/31/2382	1
OPH	86812	HLA TYPING; A, B, OR C (EG, A10, B7, B27), SINGLE ANTIGEN	10/1/2010	12/31/2382	1
OPH	86813	HLA TYPING; A, B, OR C, MULTIPLE ANTIGENS	10/1/2010	12/31/2382	1
OPH	86816	HLA TYPING; DR/DQ, SINGLE ANTIGEN	10/1/2010	12/31/2382	1
OPH	86817	HLA TYPING; DR/DQ, MULTIPLE ANTIGENS	7/1/2017	12/31/2382	1
OPH	86821	HLA TYPING; LYMPHOCYTE CULTURE, MIXED (MLC)	7/1/2014	12/31/2382	1
OPH	86825	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); FIRST SERUM SAMPLE OR	4/1/2012	12/31/2382	1
OPH	86826	HUMAN LEUKOCYTE ANTIGEN (HLA) CROSSMATCH, NON-CYTOXIC (EG, USING FLOW CYTOMETRY); EACH ADDITIONAL SERUM	10/1/2015	12/31/2382	8
OPH	86828	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	1/1/2013	12/31/2382	2
OPH	86829	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; QUALITATIVE ASSESSMENT OF THE PRESENCE	1/1/2013	12/31/2382	2
OPH	86830	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	1/1/2013	12/31/2382	2
OPH	86831	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; ANTIBODY IDENTIFICATION BY QUALIATIVE PANEL USING	1/1/2013	12/31/2382	2
OPH	86832	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	1/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86833	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; HIGH DEFINITION QUALIATIVE PANEL FOR IDENTIFICATION	4/1/2013	12/31/2382	1
OPH	86834	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS I	1/1/2013	12/31/2382	1
OPH	86835	ANTIBODY TO HUMAN LEUKOCYTE ANTIGENS, SOLID PHASE ASSAYS; SEMI QUANTITATIVE PANEL, HLA CLASS II	1/1/2013	12/31/2382	1
OPH	86849	UNLISTED IMMUNOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	86850	ANTIBODY SCREEN, RBC, EACH SERUM TECHNIQUE	10/1/2010	12/31/2382	3
OPH	86860	ANTIBODY ELUTION (RBC), EACH ELUTION	10/1/2010	12/31/2382	2
OPH	86870	ANTIBODY IDENTIFICATION, RBC ANTIBODIES, EACH PANEL FOR EACH SERUM TECHNIQUE	10/1/2015	12/31/2382	6
OPH	86880	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); DIRECT, EACH ANTISERUM	7/1/2014	12/31/2382	4
OPH	86885	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, QUALITATIVE, EACH ANTISERUM	10/1/2010	12/31/2382	3
OPH	86886	ANTI HUMAN GLOBULIN TEST (COOMBS TEST); INDIRECT, TITER, EACH ANTISERUM	7/1/2012	12/31/2382	3
OPH	86890	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; PREDEPOSITED	7/1/2012	12/31/2382	2
OPH	86891	AUTOLOGOUS BLOOD OR COMPONENT, COLLECTION PROCESSING AND STORAGE; INTRA OR POSTOPERATIVE SALVAGE	7/1/2012	12/31/2382	2
OPH	86900	BLOOD TYPING; ABO	7/1/2012	12/31/2382	3
OPH	86901	BLOOD TYPING; RH (D)	7/1/2012	12/31/2382	3
OPH	86902	BLOOD TYPING; ANTIGEN TESTING OF DONOR BLOOD USING REAGENT SERUM, EACH ANTIGEN	10/1/2015	12/31/2382	40
OPH	86905	BLOOD TYPING; RBC ANTIGENS, OTHER THAN ABO OR RH (D), EACH	10/1/2015	12/31/2382	28
OPH	86906	BLOOD TYPING; RH PHENOTYPING, COMPLETE	10/1/2010	12/31/2382	1
OPH	86910	BLOOD TYPING; TYPING FOR PATERNITY TESTING, ABO, RH AND MN, PER INDIVIDUAL TYPING FOR PATERNITY TESTING, EACH	10/1/2013	12/31/2382	1
OPH	86920	COMPATIBILITY TEST EACH UNIT; IMMEDIATE SPIN TECHNIQUE	10/1/2015	12/31/2382	19
OPH	86922	COMPATIBILITY TEST EACH UNIT; ANTIGLOBULIN TECHNIQUE	10/1/2015	12/31/2382	10
OPH	86923	COMPATIBILITY TEST EACH UNIT; ELECTRONIC	10/1/2015	12/31/2382	10
OPH	86930	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT;	10/1/2010	12/31/2382	3
OPH	86931	FROZEN BLOOD, PREPARATION FOR FREEZING, EACH UNIT; WITH THAWING	10/1/2015	12/31/2382	4
OPH	86940	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH;	10/1/2010	12/31/2382	3
OPH	86941	HEMOLYSINS AND AGGLUTININS, AUTO, SCREEN, EACH; INCUBATED	10/1/2010	12/31/2382	3
OPH	86945	IRRADIATION OF BLOOD PRODUCT, EACH UNIT	10/1/2015	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	86950	LEUKOCYTE TRANSFUSION	10/1/2010	12/31/2382	1
OPH	86960	VOLUME REDUCTION OF BLOOD OR BLOOD PRODUCT, EACH UNIT	10/1/2010	12/31/2382	3
OPH	86965	POOLING OF PLATELETS OR OTHER BLOOD PRODUCTS	7/1/2014	12/31/2382	4
OPH	86971	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; INCUBAT	10/1/2015	12/31/2382	6
OPH	86972	PRETREATMENT OF RBC'S FOR USE IN RBC ANTIBODY DETECTION, IDENTIFICATION, AND/OR COMPATIBILITY TESTING; BY DENS	10/1/2015	12/31/2382	2
OPH	86975	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH DRUGS, EACH	10/1/2010	12/31/2382	2
OPH	86976	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; BY DILUTION	10/1/2010	12/31/2382	2
OPH	86977	PRETREATMENT OF SERUM FOR USE IN RBC ANTIBODY IDENTIFICATION; INCUBATION WITH INHIBITORS, EACH	10/1/2010	12/31/2382	2
OPH	86999	UNLISTED TRANSFUSION MEDICINE PROCEDURE	4/1/2018	12/31/2382	1
OPH	87003	ANIMAL INOCULATION, SMALL ANIMAL; WITH OBSERVATION AND DISSECTION	10/1/2010	12/31/2382	1
OPH	87015	CONCENTRATION (ANY TYPE), FOR PARASITES, OVA, OR TUBERCLE BACILLUS (TB, AFB)	7/1/2019	12/31/2382	3
OPH	87040	CULTURE, BACTERIAL, DEFINITIVE; BLOOD (INCLUDES ANAEROBIC SCREEN)	7/1/2021	12/31/2382	4
OPH	87045	CULTURE, BACTERIAL, DEFINITIVE; STOOL	10/1/2010	12/31/2382	3
OPH	87046	CULTURE, BACTERIAL; STOOL, ADDITIONAL PATHOGENS, ISOLATION AND PRELIMINARY EXAMINATION, EACH PLATE	10/1/2015	12/31/2382	6
OPH	87071	CULTURE, BACTERIAL; QUANTITATIVE, AEROBIC WITH ISOLATION AND PRELIMINARY EXAMINATION (EG, CAMPYLOBACTER, YERSI	7/1/2019	12/31/2382	2
OPH	87073	CULTURE, BACTERIAL; QUANTITATIVE, ANAEROBIC WITH ISOLATION AND PRESUMPTIVE IDENTIFICATION OF ISOLATES, ANY SOU	7/1/2019	12/31/2382	2
OPH	87075	CULTURE, BACTERIAL, ANY SOURCE; ANAEROBIC (ISOLATION)	10/1/2015	12/31/2382	6
OPH	87076	CULTURE, BACTERIAL, ANY SOURCE; DEFINITIVE IDENTIFICATION, EACH ANAEROBIC ORGANISM, INCLUDING GAS CHROMATOGRAP	7/1/2019	12/31/2382	4
OPH	87077	CULTURE, BACTERIAL; AEROBIC ISOLATE, ADDITIONAL METHODS REQUIRED FOR DEFINITIVE IDENTIFICATION, EACH ISOLATE	7/1/2019	12/31/2382	6
OPH	87081	CULTURE, BACTERIAL, SCREENING ONLY, FOR SINGLE ORGANISMS	7/1/2019	12/31/2382	4
OPH	87084	CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY, BY COMMERCIAL KIT (SPECIFY TYPE); WITH COLONY ESTI	10/1/2015	12/31/2382	1
OPH	87086	CULTURE, BACTERIAL, URINE; QUANTITATIVE, COLONY COUNT	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87088	CULTURE, BACTERIAL, URINE; IDENTIFICATION, IN ADDITION TO QUANTITATIVE OR COMMERCIAL KIT	7/1/2019	12/31/2382	3
OPH	87101	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); SKIN	7/1/2019	12/31/2382	3
OPH	87102	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); OTHER SOURCE (EXCEPT BLOOD)	10/1/2015	12/31/2382	4
OPH	87103	CULTURE, FUNGI, ISOLATION (WITH OR WITHOUT PRESUMPTIVE IDENTIFICATION); BLOOD	10/1/2015	12/31/2382	2
OPH	87106	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION OF EACH FUNGUS (USE IN ADDITION TO CODES 87101, 87102, OR 87103 WHEN	10/1/2015	12/31/2382	4
OPH	87107	CULTURE, FUNGI, DEFINITIVE IDENTIFICATION, EACH ORGANISM; MOLD	10/1/2015	12/31/2382	4
OPH	87109	CULTURE, MYCOPLASMA, ANY SOURCE	10/1/2015	12/31/2382	2
OPH	87110	CULTURE, CHLAMYDIA	10/1/2010	12/31/2382	2
OPH	87118	CULTURE, MYCOBACTERIA, DEFINITIVE IDENTIFICATION OF EACH ORGANISM	10/1/2010	12/31/2382	3
OPH	87140	CULTURE, TYPING; FLUORESCENT METHOD, EACH ANTISERUM	10/1/2015	12/31/2382	3
OPH	87143	CULTURE, TYPING; GAS LIQUID CHROMATOGRAPHY (GLC) METHOD	10/1/2010	12/31/2382	2
OPH	87149	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID PROBE	10/1/2015	12/31/2382	11
OPH	87150	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID (DNA OR RNA) PROBE, AMPLIFIED PROBE TECHNIQUE, PER CULTURE OR	10/1/2015	12/31/2382	12
OPH	87152	CULTURE, TYPING; IDENTIFICATION BY PULSE FIELD GEL TYPING	10/1/2015	12/31/2382	1
OPH	87153	CULTURE, TYPING; IDENTIFICATION BY NUCLEIC ACID SEQUENCING METHOD, EACH ISOLATE(EG, SEQUENCING OF THE 16S RRNA	10/1/2015	12/31/2382	3
OPH	87154	CULTURE, TYPING; IDENTIFICATION OF BLOOD PATHOGEN AND RESISTANCE TYPING, WHEN PERFORMED, BY NUCLEIC ACID (DNA OR RNA) PROBE, MULTIPLEXED AMPLIFIED PROBE TECHNIQUE INCLUDING MULTIPLEX REVERSE TRANSCRIPTION, WHEN PERFORMED,	1/1/2022	12/31/2382	12
OPH	87164	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); INCLUDES SPECIMEN COLLECTION	10/1/2010	12/31/2382	2
OPH	87166	DARK FIELD EXAMINATION, ANY SOURCE (EG, PENILE, VAGINAL, ORAL, SKIN); WITHOUT COLLECTION	10/1/2010	12/31/2382	2
OPH	87168	MACROSCOPIC EXAMINATION; ARTHROPOD	10/1/2010	12/31/2382	2
OPH	87169	MACROSCOPIC EXAMINATION; PARASITE	10/1/2010	12/31/2382	2
OPH	87172	PINWORM EXAM (EG, CELLOPHANE TAPE PREP)	7/1/2014	12/31/2382	1
OPH	87176	ENDOTOXIN, BACTERIAL (PYROGENS); HOMOGENIZATION, TISSUE, FOR CULTURE	7/1/2012	12/31/2382	3
OPH	87177	OVA AND PARASITES, DIRECT SMEARS, CONCENTRATION AND IDENTIFICATION	10/1/2010	12/31/2382	3
OPH	87181	SENSITIVITY STUDIES, ANTIBIOTIC; AGAR DIFFUSION METHOD, PER ANTIBIOTIC	10/1/2015	12/31/2382	12

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87184	SENSITIVITY STUDIES, ANTIBIOTIC; DISK METHOD, PER PLATE (12 OR LESS DISKS)	10/1/2015	12/31/2382	8
OPH	87185	SUSCEPTIBILITY STUDIES, ANTIMICROBIAL AGENT; ENZYME DETECTION (EG, BETA LACTAMASE), PER ENZYME	10/1/2015	12/31/2382	4
OPH	87186	SENSITIVITY STUDIES, ANTIBIOTIC; MICROTITER, MINIMUM INHIBITORY CONCENTRATION (MIC), ANY NUMBER OF ANTIBIOTICS	1/1/2016	12/31/2382	12
OPH	87187	SENSITIVITY STUDIES, ANTIBIOTIC; MINIMUM BACTERICIDAL CONCENTRATION (MBC) (USE IN ADDITION TO 87186 OR 87188)	10/1/2012	12/31/2382	3
OPH	87188	SENSITIVITY STUDIES, ANTIBIOTIC; MACROTUBE DILUTION METHOD, EACH ANTIBIOTIC	10/1/2015	12/31/2382	14
OPH	87190	SENSITIVITY STUDIES, ANTIBIOTIC; TUBERCLE BACILLUS (TB, AFB), EACH DRUG	10/1/2015	12/31/2382	10
OPH	87197	SERUM BACTERICIDAL TITER (SCHLICHTER TEST)	10/1/2010	12/31/2382	1
OPH	87206	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; FLUORESCENT AND/OR ACID FAST STAIN FOR BACTERIA, FUNGI, OR CELL TY	10/1/2015	12/31/2382	6
OPH	87207	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; SPECIAL STAIN FOR INCLUSION BODIES OR INTRACELLULAR PARASITES (EG,	10/1/2010	12/31/2382	3
OPH	87209	SMEAR, PRIMARY SOURCE WITH INTERPERTATION; COMPLEX SPECIAL STAIN FOR OVA AND PARASITE	10/1/2015	12/31/2382	4
OPH	87210	SMEAR, PRIMARY SOURCE, WITH INTERPRETATION; WET MOUNT WITH SIMPLE STAIN, FOR BACTERIA, FUNGI, OVA, AND/OR PARA	10/1/2015	12/31/2382	4
OPH	87220	TISSUE EXAMINATION FOR FUNGI (EG, KOH SLIDE)	10/1/2010	12/31/2382	3
OPH	87230	TOXIN OR ANTITOXIN ASSAY, TISSUE CULTURE (EG, CLOSTRIDIUM DIFFICILE TOXIN)	7/1/2019	12/31/2382	2
OPH	87250	VIRUS IDENTIFICATION; INOCULATION OF EMBRYONATED EGGS, OR SMALL ANIMAL, INCLUDES OBSERVATION AND DISSECTION	10/1/2015	12/31/2382	1
OPH	87252	VIRUS IDENTIFICATION; TISSUE CULTURE INOCULATION AND OBSERVATION	10/1/2015	12/31/2382	4
OPH	87253	VIRUS IDENTIFICATION; TISSUE CULTURE, ADDITIONAL STUDIES (EG, HEMABSORPTION, NEUTRALIZATION) EACH ISOLATE	10/1/2012	12/31/2382	3
OPH	87254	VIRUS ISOLATION; SHELL VIAL, INCLUDES IDENTIFICATION WITH IMMUNOFLUORESCENCE STAIN, EACH VIRUS	10/1/2015	12/31/2382	10
OPH	87255	VIRUS ISOLATION; INCLUDING IDENTIFICATION BY NON-IMMUNOLOGIC METHOD, OTHER THAN BY CYTOPATHIC EFFECT	10/1/2010	12/31/2382	2
OPH	87260	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; ADENOVIRUS	1/1/2013	12/31/2382	1
OPH	87265	INFECTIOUS AGENT ANTIGEN DETERCTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; BORDETELLA PERTUSSIS/PARAPERTUSS	1/1/2013	12/31/2382	1

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OPH	87267	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; ENTEROVIRUS, DIRECT FLOURESCENT ANTIBODY	1/1/2013	12/31/2382	1
OPH	87269	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; GIARDIA	1/1/2013	12/31/2382	1
OPH	87270	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUES; CHLAMYDIA TRACHOMATIS	1/1/2013	12/31/2382	1
OPH	87271	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; CYTOMEGALOVIRUS, DIRECT FLOURESCENT ANTIBOD	1/1/2013	12/31/2382	1
OPH	87272	INFECTIOUS AGENT ANTIGEWN DETECTION BY DIRECT FLUORESCENT ANTIBODY TECHNIQUE; CRYPTOSPORIDUN/GIARDIA	1/1/2013	12/31/2382	1
OPH	87273	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; HERPES	1/1/2013	12/31/2382	1
OPH	87274	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; HERPES SIMPLEX VIRUS	1/1/2013	12/31/2382	1
OPH	87275	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; INFLUENZA B	1/1/2013	12/31/2382	1
OPH	87276	INFECTIOUS AGENT ANTIGEN DETECTION BY DFIRECT FLORESCENT ANTIBODY TECHNIQUE; INFLUENZA A VIRUS	1/1/2013	12/31/2382	1
OPH	87278	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; LEGIONELLA PNEUMOPHILA	1/1/2013	12/31/2382	1
OPH	87279	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; PARAINFLUENZA VIRUS, EACH TYPE	1/1/2013	12/31/2382	1
OPH	87280	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; RESPIRATORY SYNCYTIAL	1/1/2013	12/31/2382	1
OPH	87281	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; PNEUMOCYSTIS CARINII	1/1/2013	12/31/2382	1
OPH	87283	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLOURESCENT TECHNIQUE; RUBEOLA	1/1/2013	12/31/2382	1
OPH	87285	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; TREPONEMA PALLIDUM	1/1/2013	12/31/2382	1
OPH	87290	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE; VARICELLA ZOSTER VIRUS	1/1/2013	12/31/2382	1
OPH	87299	INFECTIOUS AGENT ANTIGEN DETECTION BY DIRECT FLORESCENT ANTIBODY TECHNIQUE, NOT OTHERWISE SPECIFIED	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87300	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOFLUORESCENT TECHNIQUE, POLYVALENT FOR MULTIPLE ORGANISMS, EACH POL	10/1/2015	12/31/2382	2
OPH	87301	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE	1/1/2013	12/31/2382	1
OPH	87305	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-	1/1/2013	12/31/2382	1
OPH	87320	INFECTIOUS AGENT DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CHLAMYDIA TRACHOMATIS	1/1/2013	12/31/2382	1
OPH	87324	INFECTIOUS AGENT ANTIGEN BY ENZYME IMMUNOASSAY TECHNIQUE; CLOSTRIDIUM DIFFICILE TOXIN A	7/1/2015	12/31/2382	2
OPH	87327	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, CRYPTOCOCCUS NEOFORMANS	1/1/2013	12/31/2382	1
OPH	87328	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CRYPTOSPORIDIUM/GIARDIA	7/1/2015	12/31/2382	2
OPH	87329	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, GIARDIA	7/1/2015	12/31/2382	2
OPH	87332	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; CYTOMEGALOVIRUS	1/1/2013	12/31/2382	1
OPH	87335	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ESCHERICHIA COLI 0157	1/1/2013	12/31/2382	1
OPH	87336	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, ENTAMOEBAS HISTOLYTICA DISPAR GROUP	1/1/2013	12/31/2382	1
OPH	87337	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ENTAMOEBAS HISTOLYTICA GROUP	1/1/2013	12/31/2382	1
OPH	87338	HELICOBACTER PYLORI, STOOL	1/1/2013	12/31/2382	1
OPH	87339	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HELICOBACTER PYLORI	1/1/2013	12/31/2382	1
OPH	87340	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN (HBSAG)	1/1/2013	12/31/2382	1
OPH	87341	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B SURFACE ANTIGEN NEUTRALIZATION	1/1/2013	12/31/2382	1
OPH	87350	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HEPATITIS B ANTIGEN (HBEAG)	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87380	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HAPATITIS, DELTA AGENT	1/1/2013	12/31/2382	1
OPH	87385	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HISTOPLASMA CAPSULATUM	7/1/2015	12/31/2382	2
OPH	87389	HIV-1 ANTIGEN(S), WITH HIV-1 AND HIV-2 ANTIBODIES, SINGLE RESULT	1/1/2013	12/31/2382	1
OPH	87390	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-1	1/1/2013	12/31/2382	1
OPH	87391	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; HIV-2	1/1/2013	12/31/2382	1
OPH	87400	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; INFLUENZA, A OR B, EACH	1/1/2013	12/31/2382	1
OPH	87420	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; RESPIRATORY SYNCYTIAL VIRUS	1/1/2013	12/31/2382	1
OPH	87425	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; ROTAVIRUS	1/1/2013	12/31/2382	1
OPH	87426	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA], FLUORESCENCE IMMUNOASSAY [FIA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR	7/1/2020	12/31/2382	3
OPH	87427	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SHIGA-LIKE TOXIN	1/1/2019	12/31/2382	2
OPH	87428	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY TECHNIQUE, (EG, ENZYME IMMUNOASSAY [EIA], ENZYME-LINKED IMMUNOSORBENT ASSAY [ELISA], FLUORESCENCE IMMUNOASSAY [FIA], IMMUNOCHEMILUMINOMETRIC ASSAY [IMCA]) QUALITATIVE OR	7/1/2021	12/31/2382	3
OPH	87430	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; STREPTOCOCCUS, GROUP A	1/1/2013	12/31/2382	1
OPH	87449	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, NOT	10/1/2010	12/31/2382	3
OPH	87450	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; SINGLE STEP METHOD, NOT OTHERWISE	10/1/2010	12/31/2382	2
OPH	87451	INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE; MULTIPLE STEP METHOD, POLYVALENT FOR MULTI	10/1/2010	12/31/2382	2
OPH	87471	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87472	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BARTONELLA HENSELAE AND BARTONELLA QUINTANA, QUANTIF	1/1/2013	12/31/2382	1
OPH	87475	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGENDORFERI, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); BORRELIA BURGENDORFERI, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87480	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87481	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, AMPLIFIED PROBE TECHNIQUE	7/1/2019	12/31/2382	6
OPH	87482	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CANDIDA SPECIES, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87483	TEST FOR DETECTION NUCLEIC ACID OF ORGANISM CAUSING INFECTION OF CENTRAL NERVOUS SYSTEM	1/1/2017	12/31/2382	1
OPH	87485	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87486	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87487	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA PNEUMONIAE, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87490	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87491	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); CHLAMYDIA TRACHOMATIS, AMPLIFIED PROBE TECHNIQUE	10/1/2017	12/31/2382	3
OPH	87492	CHLAMYDIA TRACHOMATIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87493	CLOSTRIDIUM DIFFICILE, TOXIN GENE(S), AMPLIFIED PROBE TECHNIQUE	7/1/2015	12/31/2382	2
OPH	87495	CYTOMEGALOVIRUS DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87496	CYTOMEGALOVIRUS DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87497	CYTOMEGALOVIRUS DETECTION BY DNA, QUANTIFICATION	7/1/2015	12/31/2382	2
OPH	87498	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; ENTEROVIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87500	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); VANCOMYCIN RESISTANCE, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87501	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS. REVERSE TRANSCRIPTION	1/1/2013	12/31/2382	1
OPH	87502	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	1/1/2013	12/31/2382	1
OPH	87503	INFECTIOUS AGENT DETECTION BT NUCLEIC ACID (DNA OR RNA); INFLUENZA VIRUS, FOR MULTIPLE TYPES OR SUB-TYPES,	1/1/2013	12/31/2382	1
OPH	87505	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	4/1/2015	12/31/2382	1
OPH	87506	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	1/1/2015	12/31/2382	1
OPH	87507	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; GASTROINTESTINAL PATHOGEN, INCLUDING MULTIPLEX REVERSE	1/1/2015	12/31/2382	1
OPH	87510	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); GARDNERELLA VAGINALIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87511	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA);GARDNERELLA VAGINALIS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87512	GARDNERELLA VAGINALIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87516	HEPATITIS B DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87517	HEPATITIS B DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87520	HEPATITIS C DETECTION BY RNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87521	HEPATITIS C DETECTION BY RNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87522	HEPATITIS C DETECTION BY RNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87525	HEPATITIS G DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87526	HEPATITIS G DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87527	HEPATITIS G DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87528	HERPES SIMPLEX DETECTIONBY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87529	HERPES SIMPLEX DETECTION BY DNA, AMPLIFIED PROBE	7/1/2015	12/31/2382	2
OPH	87530	HERPES SIMPLEX DETECTION BY DNA, QUANTIFICATION	7/1/2015	12/31/2382	2
OPH	87531	HERPES VIRUS-6 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87532	HERPES VIRUS-6 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87533	HERPES VIRUS-6 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87534	HIV-1 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87535	HIV-1 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87536	HIV-1 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87537	HIV-2 DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87538	HIV-2 DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87539	HIV-2 DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87540	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87541	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87542	LEGIONELLA PNEUMOPHILA DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87550	MYCOBACTERIA DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87551	MYCOBACTERIA DETECTION BY DNA, AMPLIFIED PROBE	7/1/2015	12/31/2382	2
OPH	87552	MYCOBACTERIA DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87555	M. TUBERCULOSIS DETECTION BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87556	M. TUBERCULOSIS DETECTION BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87557	M. TUBERCULOSIS DETECTION BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87560	M. AVIUM-INTRACELLULARE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87561	M. AVIUM-INTRACELLULARE BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87562	M. AVIUM-INTRACELLULARE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87563	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); MYCOPLASMA GENITALIUM, AMPLIFIED PROBE TECHNIQUE	1/1/2020	12/31/2382	3
OPH	87580	M. PNEUMONIAE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87581	M. PNEUMONIAE BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87582	M. PNEUMONIAE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87590	N. GONORRHOEAE BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87591	N. GONORRHOEAE BY DNA, AMPLIFIED PROBE	10/1/2017	12/31/2382	3
OPH	87592	N. GONORRHOEAE BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87623	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HUMAN PAPILLOMAVIRUS, LOW-RISK TYPES	1/1/2015	12/31/2382	1
OPH	87624	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HUMAN PAPILLOMAVIRUS, HIGH-RISK TYPES	1/1/2015	12/31/2382	1
OPH	87625	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; HUMAN PAPILLOMAVIRUS, TYPES 16 AND 18 ONLY, INCLUDES	1/1/2015	12/31/2382	1
OPH	87631	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS, MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87632	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1
OPH	87633	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; RESPIRATORY VIRUS,MULTIPLEX REVERSE TRANSCRIPTION AND AMPLIFIED	1/1/2013	12/31/2382	1
OPH	87634	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); RESPIRATORY SYNCYTIAL VIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2018	12/31/2382	1
OPH	87635	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	7/1/2020	12/31/2382	2
OPH	87636	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) AND INFLUENZA VIRUS TYPES A AND B, MULTIPLEX AMPLIFIED PROBE TECHNIQUE	1/1/2021	12/31/2382	3
OPH	87637	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), INFLUENZA VIRUS TYPES A AND B, AND RESPIRATORY SYNCYTIAL VIRUS, MULTIPLEX AMPLIFIED PROBE TECHNIQUE	1/1/2021	12/31/2382	3
OPH	87640	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; STAPHYLOCOCCUS AUREUS, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87641	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; STAPHYLOCOCCUS AUREUS, METHICILLIN RESISTANT, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87650	STREP A BY DNA, DIRECT PROBE	1/1/2013	12/31/2382	1
OPH	87651	STREP A BY DNA, AMPLIFIED PROBE	1/1/2013	12/31/2382	1
OPH	87652	STREP A BY DNA, QUANTIFICATION	1/1/2013	12/31/2382	1
OPH	87653	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID; STREPTOCOCCUS, GROUP B, AMPLIFIED PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87660	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); TRICHOMONAS VAGINALIS, DIRECT PROBE TECHNIQUE	1/1/2013	12/31/2382	1
OPH	87661	TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	1/1/2014	12/31/2382	1
OPH	87662	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); ZIKA VIRUS, AMPLIFIED PROBE TECHNIQUE	1/1/2018	12/31/2382	2
OPH	87797	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, DIRECT PROBE	10/1/2010	12/31/2382	3
OPH	87798	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, AMPLIFIED PROBE	10/1/2015	12/31/2382	21
OPH	87799	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID, NOS, QUANTIFICATION	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87800	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; DIRECT PROBE(S) TECHNIQUE	10/1/2010	12/31/2382	2
OPH	87801	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA) MULTIPLE ORGANISMS; AMPLIFIED PROBE(S) TECHNIQUE	10/1/2015	12/31/2382	3
OPH	87802	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; STREPTOCOCCUS, GROUP B	10/1/2010	12/31/2382	2
OPH	87803	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; CLOSTRIDIUM DIFFICILE TOXIN	10/1/2010	12/31/2382	3
OPH	87804	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA	10/1/2015	12/31/2382	3
OPH	87806	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; HIV-1 ANTIGEN (S), WITH HIV-1 AND	1/1/2015	12/31/2382	1
OPH	87807	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL	10/1/2010	12/31/2382	2
OPH	87808	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; TRICHOMONAS VAGINALIS	10/1/2010	12/31/2382	1
OPH	87809	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; ADENOVIRUS	10/1/2015	12/31/2382	2
OPH	87810	CHLAMYDIA TRACHOMATIS DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	2
OPH	87811	INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL (IE, VISUAL) OBSERVATION; SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19])	1/1/2021	12/31/2382	3
OPH	87850	N. GONORRHOEAE DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	1
OPH	87880	STREP A DETECTION BY IMMUNOASSAY WITH OPTICAL OBSERVATION	10/1/2010	12/31/2382	2
OPH	87899	INFECTIOUS AGENT DETECTION BY IMMUNOASSAY, NOS, WITH OPTICAL OBSERVATION	10/1/2015	12/31/2382	6
OPH	87900	INFECTIOUS AGENT DRUG SUSCEPTIBILITY PHENOTYPE PREDICTION USING REGULARLY UPDATED GENOTYPIC BIOINFORMATICS	10/1/2010	12/31/2382	1
OPH	87901	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA), HIV 1, REVERSE TRANSCRIPTASE AND PROTEASE	10/1/2010	12/31/2382	1
OPH	87902	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HEPATITIS C VIRUS	10/1/2010	12/31/2382	1
OPH	87903	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) WITH DRUG RESISTANCE TISSUE CULTURE ANALYSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) EACH ADDITIONAL DRUG, UP TO 5 DRUGS	10/1/2015	6/30/2022	14
OPH	87904	INFECTIOUS AGENT PHENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA) EACH ADDITIONAL DRUG, UP TO 5 DRUGS	7/1/2022	12/31/2382	17
OPH	87905	INFECTIOUS AGENT ENZYMATIC ACTIVITY IOTHER THAN VIRUS (EG, SIALIDASE ACTIVITY IN VAGINAL FLUID)	1/1/2012	12/31/2382	2
OPH	87906	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID (DNA OR RNA); HIV-1, OTHER REGION (EG, INTEGRASE, FUSION)	7/1/2011	12/31/2382	2
OPH	87910	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; CYTOMEGALOVIRUS	1/1/2013	12/31/2382	1
OPH	87912	INFECTIOUS AGENT GENOTYPE ANALYSIS BY NUCLEIC ACID; HEPATITIS B VIRUS	1/1/2013	12/31/2382	1
OPH	87999	UNLISTED MICROBIOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	88000	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITHOUT CNS	10/1/2013	12/31/2382	1
OPH	88005	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN	10/1/2013	12/31/2382	1
OPH	88007	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; WITH BRAIN AND SPINAL CORD	10/1/2013	12/31/2382	1
OPH	88012	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; INFANT WITH BRAIN	10/1/2013	12/31/2382	1
OPH	88014	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; STILLBORN OR NEWBORN WITH BRAIN	10/1/2013	12/31/2382	4
OPH	88016	NECROPSY (AUTOPSY), GROSS EXAMINATION ONLY; MACERATED STILLBORN	10/1/2013	12/31/2382	4
OPH	88020	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITHOUT CNS	10/1/2013	12/31/2382	1
OPH	88025	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN	10/1/2013	12/31/2382	1
OPH	88027	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; WITH BRAIN AND SPINAL CORD	10/1/2013	12/31/2382	1
OPH	88028	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; INFANT WITH BRAIN	10/1/2013	12/31/2382	1
OPH	88029	NECROPSY (AUTOPSY), GROSS AND MICROSCOPIC; STILLBORN OR NEWBORN WITH BRAIN	10/1/2013	12/31/2382	4
OPH	88036	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; REGIONAL	10/1/2013	12/31/2382	1
OPH	88037	NECROPSY (AUTOPSY), LIMITED, GROSS AND/OR MICROSCOPIC; SINGLE ORGAN	10/1/2013	12/31/2382	1
OPH	88040	NECROPSY (AUTOPSY); FORENSIC EXAMINATION	10/1/2013	12/31/2382	1
OPH	88045	NECROPSY (AUTOPSY); CORONER'S CALL	10/1/2013	12/31/2382	1
OPH	88099	UNLISTED NECROPSY (AUTOPSY) PROCEDURE	4/1/2018	12/31/2382	1
OPH	88104	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; SMEARS WITH INTERPRETATION	10/1/2015	12/31/2382	5
OPH	88106	CYTOPATHOLOGY, FLUIDS, WASHINGS OR BRUSHINGS, EXCEPT CERVICAL OR VAGINAL; FILTER METHOD ONLY WITH INTERPRETATI	10/1/2015	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88108	CYTOPATHOLOGY, CONCENTRATION TECHNIQUE, SMEARS AN INTERPRETATION (EG, SACCOMANNO TECHNIQUE)	10/1/2015	12/31/2382	6
OPH	88112	CYTOPATHOLOGY, SELECTIVE CELLULAR ENHANCEMENT TECHNIQUE WITH INTERPRETATION, EXCEPT CERVICAL OR VAGINAL	10/1/2015	12/31/2382	6
OPH	88120	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	7/1/2011	12/31/2382	2
OPH	88121	CYTOPATHOLOGY, IN SITU HYBRIDIZATION (EG, FISH), URINARY TRACT SPECIMEN WITH MORPHOMETRIC ANALYSIS	7/1/2011	12/31/2382	2
OPH	88125	CYTOPATHOLOGY, FORENSIC (EG, SPERM)	10/1/2010	12/31/2382	1
OPH	88130	SEX CHROMATIN IDENTIFICATION; BARR BODIES	10/1/2010	12/31/2382	1
OPH	88140	SEX CHROMATIN IDENTIFICATION; PERIPHERAL BLOOD SMEAR, POLYMORPHONUCLEAR "DRUMSTICKS"	10/1/2010	12/31/2382	1
OPH	88141	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM); REQUIRING INTERPRETATION BY PHYSICIAN (LIST SEPARAT	10/1/2010	12/31/2382	1
OPH	88142	CYTOPATH, CERV/VAG THIN LAYER PREPARATION	10/1/2010	12/31/2382	1
OPH	88143	CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID; WITH MANUAL SCREENING AND RESCREENING	10/1/2010	12/31/2382	1
OPH	88147	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL; SCREENING BY AUTOMATED SYSTEM	10/1/2010	12/31/2382	1
OPH	88148	CYTOPATHOLOGY SMEARS CERVICAL OR VAGINAL;SCREENING BY AUTOMATED SYSTEM WITH MANUAL RESCREENING	10/1/2010	12/31/2382	1
OPH	88150	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; SCREENING BY TECHNICIAN UNDER PHYSICIAN SUPERV	10/1/2010	12/31/2382	1
OPH	88152	CYTOPATHOLOGY, CERV/VAG AUTOMATED	10/1/2010	12/31/2382	1
OPH	88153	CYTOPATHOLOGY, SLIDES, CERVICAL VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1
OPH	88155	CYTOPATHOLOGY, SMEARS, CERVICAL OR VAGINAL, UP TO THREE SMEARS; WITH DEFINITIVE HORMONAL EVALUATION (EG, MATUR	10/1/2010	12/31/2382	1
OPH	88160	CYTOPATHOLOGY, ANY OTHER SOURCE; SCREENING AND INTERPRETATION	10/1/2010	12/31/2382	4
OPH	88161	CYTOPATHOLOGY, ANY OTHER SOURCE; PREPARATION, SCREENING AND INTERPRETATION	10/1/2010	12/31/2382	4
OPH	88162	CYTOPATHOLOGY, ANY OTHER SOURCE; EXTENDED STUDY INVOLVING OVER 5 SLIDES AND/OR MULTIPLE STAINS	10/1/2010	12/31/2382	3
OPH	88164	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); MANUAL SCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88165	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND RESCREENING UNDER PHYSICIAN SUPERVISION	10/1/2010	12/31/2382	1
OPH	88166	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL; WITH MANUAL SCREENING AND COMPUTER-ASSISTED RESCREENING UNDER	10/1/2010	12/31/2382	1
OPH	88167	CYTOPATHOLOGY, SLIDES, CERVICAL OR VAGINAL (THE BETHESDA SYSTEM); WITH MANUAL SCREENING AND COMPUTER RESCREEN	10/1/2010	12/31/2382	1
OPH	88172	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; IMMEDIATE CYTOHISTOLOGIC STUDY TO DE	10/1/2015	12/31/2382	7
OPH	88173	EVALUATION OF FINE NEEDLE ASPIRATE WITH OR WITHOUT PREPARATION OF SMEARS; INTERPRETATION AND REPORT	10/1/2015	12/31/2382	7
OPH	88174	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAY	10/1/2010	12/31/2382	1
OPH	88175	CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM) COLLECTED IN PRESERVATIVE FLUID, WITH SCREENING BY AUT	10/1/2010	12/31/2382	1
OPH	88177	CYTOPATHOLOGY, EVALUATION OF FINE NEEDLE ASPIRATE; IMMEDIATE CYTOHISTOLOGIC STUDY TO DETERMINE	10/1/2015	12/31/2382	6
OPH	88182	FLOW CYTOMETRY; CELL CYCLE OR DNA ANALYSIS	10/1/2010	12/31/2382	2
OPH	88184	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; FIRST MARKER	7/1/2015	12/31/2382	2
OPH	88185	FLOW CYTOMETRY, CELL SURFACE, CYTOPLASMIC, OR NUCLEAR MARKER, TECHNICAL COMPONENT ONLY; EACH ADDITIONAL MARKER	7/1/2019	12/31/2382	35
OPH	88187	FLOW CYTOMETRY, INTERPRETATION; 2 TO 8 MARKERS	7/1/2015	12/31/2382	2
OPH	88188	FLOW CYTOMETRY, INTERPRETATION; 9 TO 15 MARKERS	7/1/2015	12/31/2382	2
OPH	88189	FLOW CYTOMETRY, INTERPRETATION; 16 OR MORE MARKERS	7/1/2015	12/31/2382	2
OPH	88199	UNLISTED CYTOPATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	88230	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; LYMPHOCYTE	10/1/2010	12/31/2382	2
OPH	88233	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; SKIN OR OTHER SOLID TISSUE BIOPSY	10/1/2010	12/31/2382	2
OPH	88235	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; AMNIOTIC FLUID OR CHORIONIC VILLUS CELLS	1/1/2016	12/31/2382	2
OPH	88237	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; BONE MARROW (MYELOID) CELLS	1/1/2016	12/31/2382	4
OPH	88239	TISSUE CULTURE FOR CHROMOSOME ANALYSIS; OTHER TISSUE	10/1/2010	12/31/2382	3
OPH	88240	CRYOPRESERVATION, FREEZING AND STORAGE OF CELLS, EACH CELL LINE	1/1/2016	12/31/2382	1
OPH	88241	THAWING AND EXPANSION OF FROZEN CELLS, EACH ALIQUOT	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88245	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 25 CELLS (SCE STUDY), COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDI	10/1/2010	12/31/2382	1
OPH	88248	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, COUNT 20 CELLS, 2 KARYOTYPES, WITH BANDING (EG, A	10/1/2010	12/31/2382	1
OPH	88249	CHROMOSOME ANALYSIS FOR BREAKAGE SYNDROMES; SCORE 100 CELLS, CLASTOGEN STRESS	10/1/2010	12/31/2382	1
OPH	88261	CHROMOSOME ANALYSIS; COUNT 5 CELLS, 1 KARYOTYPE, WITH BANDING	10/1/2010	12/31/2382	2
OPH	88262	CHROMOSOME ANALYSIS; COUNT 15-20 CELLS, 2 KARYOTYPES, WITH BANDING	10/1/2010	12/31/2382	2
OPH	88263	CHROMOSOME ANALYSIS; COUNT 45 CELLS FOR MOSAICISM, 2 KARYOTYPES, WITH BANDING	10/1/2010	12/31/2382	1
OPH	88264	CHROMOSOME ANALYSIS; ANALYZE 20-25 CELLS	10/1/2017	12/31/2382	1
OPH	88267	CHROMOSOME ANALYSIS, AMNIOTIC FLUID OR CHORIONIC VILLUS, COUNT 15 CELLS, 1 KARYOTYPE, WITH BANDING	10/1/2010	12/31/2382	2
OPH	88269	CHROMOSOME ANALYSIS, IN SITU FOR AMNIOTIC FLUID CELLS, COUNT CELLS FROM 6-12 COLONIES, 1 KARYOTYPE, WITH BANDI	10/1/2010	12/31/2382	2
OPH	88271	MOLECULAR CYTOGENETICS; DNA PROBE, EACH (EG, FISH)	1/1/2016	12/31/2382	16
OPH	88272	MOLECULAR CYTOGENETICS; CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 3-5 CELLS (EG, FOR DERIVATIVES AND MARKERS)	1/1/2016	12/31/2382	12
OPH	88273	MOLECULAR CYTOGENETICS;CHROMOSOMAL IN SITU HYBRIDIZATION, ANALYZE 10-30 CELLS	10/1/2010	12/31/2382	3
OPH	88274	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 25-99 CELLS	1/1/2016	12/31/2382	5
OPH	88275	MOLECULAR CYTOGENETICS; INTERPHASE IN SITU HYBRIDIZATION, ANALYZE 100-300 CELLS	1/1/2016	12/31/2382	12
OPH	88280	CHROMOSOME ANALYSIS; ADDITIONAL KARYOTYPES, EACH STUDY	10/1/2017	12/31/2382	1
OPH	88283	CHROMOSOME ANALYSIS; ADDITIONAL SPECIALIZED BANDING TECHNIQUE (EG, NOR, C-BANDING)	1/1/2016	12/31/2382	5
OPH	88285	CHROMOSOME ANALYSIS; ADDITIONAL CELLS COUNTED, EACH STUDY	1/1/2016	12/31/2382	10
OPH	88289	CHROMOSOME ANALYSIS; ADDITIONAL HIGH RESOLUTION STUDY	10/1/2010	12/31/2382	1
OPH	88291	CYTOGENETICS AND MOLECULAR CYTOGENETICS, INTERPRETATION AND REPORT	7/1/2018	12/31/2382	1
OPH	88299	UNLISTED CYTOGENETIC STUDY	4/1/2018	12/31/2382	1
OPH	88300	LEVEL I - SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY	1/1/2016	12/31/2382	2
OPH	88302	LEVEL II - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION APPENDIX, INCIDENTAL FALLOPIAN TUBE, STERILIZ	1/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88304	LEVEL III - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION, INDUCED ABSCESS ANEURYSM - ARTERIA	1/1/2016	12/31/2382	5
OPH	88305	LEVEL IV - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ABORTION - SPONTANEOUS/MISSED ARTERY, BIOPSY	1/1/2016	12/31/2382	16
OPH	88307	LEVEL V - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION ADRENAL, RESECTION BONE - BIOPSY/CURETTINGS BO	1/1/2016	12/31/2382	8
OPH	88309	LEVEL VI - SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION BONE RESECTION BREAST, MASTECTOMY - WITH REGI	10/1/2010	12/31/2382	3
OPH	88311	DECALCIFICATION PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION)	10/1/2010	12/31/2382	4
OPH	88312	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP I FOR MICROORGA	1/1/2016	12/31/2382	9
OPH	88313	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); GROUP II, ALL OTHER,	1/1/2016	12/31/2382	8
OPH	88314	SPECIAL STAINS (LIST SEPARATELY IN ADDITION TO CODE FOR SURGICAL PATHOLOGY EXAMINATION); HISTOCHEMICAL STAININ	1/1/2016	12/31/2382	6
OPH	88319	DETERMINATIVE HISTOCHEMISTRY OR CYTOCHEMISTRY TO IDENTIFY ENZYME CONSTITUENTS, EACH	1/1/2016	12/31/2382	11
OPH	88321	CONSULTATION AND REPORT ON REFERRED SLIDES PREPARED ELSEWHERE	7/1/2013	12/31/2382	1
OPH	88323	CONSULTATION AND REPORT ON REFERRED MATERIAL REQUIRING PREPARATION OF SLIDES	7/1/2013	12/31/2382	1
OPH	88325	CONSULTATION, COMPREHENSIVE, WITH REVIEW OF RECORDS AND SPECIMENS, WITH REPORT ON REFERRED MATERIAL	7/1/2013	12/31/2382	1
OPH	88329	PATHOLOGY CONSULTATION DURING SURGERY;	1/1/2016	12/31/2382	2
OPH	88331	PATHOLOGY CONSULTATION DURING SURGERY; WITH FROZEN SECTION(S), SINGLE SPECIMEN	10/1/2010	12/31/2382	11
OPH	88332	PATHOLOGY CONSULTATION DURING SURGERY; EACH ADDITIONAL TISSUE BLOCK WITH FROZEN SECTION(S)	1/1/2016	12/31/2382	13
OPH	88333	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION (EG, TOUCH PREP, SQUASH PREP), INITIAL SITE	10/1/2010	12/31/2382	4
OPH	88334	PATHOLOGY CONSULTATION DURING SURGERY; CYTOLOGIC EXAMINATION, EACH ADDITIONAL SITE	1/1/2016	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88341	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STAIN	7/1/2018	12/31/2382	13
OPH	88342	IMMUNOCYTOCHEMISTRY (INCLUDING TISSUE IMMUNOPEROXIDASE), EACH ANTIBODY	10/1/2020	12/31/2382	4
OPH	88344	IMMUNOHISTOCHEMISTRY OR IMMUNOCYTOCHEMISTRY, PER SPECIMEN; EACH MULTIPLEX ANTIBODY STAIN PROCEDURE	7/1/2018	12/31/2382	6
OPH	88346	IMMUNOFLUORESCENT STUDY, EACH ANTIBODY; DIRECT METHOD	1/1/2017	12/31/2382	2
OPH	88348	ELECTRON MICROSCOPY; DIAGNOSTIC	10/1/2010	12/31/2382	1
OPH	88350	IMMONOFLUORENCE, PER SPECIMEN; EACH ADDITIONAL SINGLE ANTIBODY STATIN PROCEDURE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7/1/2021	12/31/2382	9
OPH	88355	MORPHOMETRIC ANALYSIS; SKELETAL MUSCLE	10/1/2010	12/31/2382	1
OPH	88356	MORPHOMETRIC ANALYSIS; NERVE	7/1/2018	12/31/2382	3
OPH	88358	MORPHOMETRIC ANALYSIS; TUMOR	10/1/2010	12/31/2382	2
OPH	88360	MORPHOMETRIC ANALYSIS, TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE. EACH ANTIBODY; MANUAL	10/1/2016	12/31/2382	6
OPH	88361	MORPHOMETRIC ANALYSIS; TUMOR IMMUNOHISTOCHEMISTRY, QUANTITATIVE OR SEMIQUANTITATIVE	10/1/2016	12/31/2382	6
OPH	88362	NERVE TEASING PREPARATIONS	10/1/2010	12/31/2382	1
OPH	88363	EXAMINATION AND SELECTION OF RETRIEVED ARCHIVAL (IE, PREVIOUSLY DIAGNOSED) TISSUE(S) FOR MOLECULAR	7/1/2015	12/31/2382	2
OPH	88364	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH ADDITIONAL SINGLE PROBE STAIN PROCEDURE	1/1/2015	12/31/2382	3
OPH	88365	TISSUE IN SITU HYBRIDIZATION, INTERPRETATION AND REPORT	1/1/2016	12/31/2382	4
OPH	88366	IN SITU HYBRIDIZATION, PER SPECIMEN; EACH MULTIPLEX PROBE STAIN PROCEDURE	1/1/2016	12/31/2382	2
OPH	88367	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION (QUANTITATIVE OR SEMI-QUANTITATIVE) EACH PROBE; USING COMPUTER	1/1/2017	12/31/2382	3
OPH	88368	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, (QUANTITATIVE OR SEMI-QUANTITATIVE), EACH PROBE; MANUAL	1/1/2017	12/31/2382	3
OPH	88369	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, MANUAL, PER SPECIMEN, EACH ADDITIONAL SINGLE PROBE	1/1/2017	12/31/2382	3
OPH	88371	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT;	10/1/2010	12/31/2382	1
OPH	88372	PROTEIN ANALYSIS OF TISSUE BY WESTERN BLOT, WITH INTERPRETATION AND REPORT; IMMUNOLOGICAL PROBE FOR BAND IDENT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	88373	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN, EACH ADDITIONA	1/1/2015	12/31/2382	1
OPH	88374	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, USING COMPUTER-ASSISTED TECHNOLOGY, PER SPECIMEN, EACH MULTIPLEX	1/1/2016	12/31/2382	5
OPH	88375	OPTICAL ENDOMICROSCOPIC IMAGE(S), INTERPRETATION AND REPORT, REAL TIME OR REFERRED, EACH ENDOSCOPIC	1/1/2013	12/31/2382	1
OPH	88377	MORPHOMETRIC ANALYSIS, IN SITU HYBRIDIZATION, MANUAL, PER SPECIMEN, EACH MULTIPLEX PROBE STAIN PROCEDURE	1/1/2016	12/31/2382	5
OPH	88380	MICRODISSECTION; LASER CAPTURE	10/1/2010	12/31/2382	1
OPH	88381	MICRODISSECTION (IE,SAMPLE PREPARATION OF MICROSCOPICALLY IDENTIFIED TARGET); MANUAL	10/1/2010	12/31/2382	1
OPH	88387	MACROSPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; EACH	1/1/2016	12/31/2382	2
OPH	88388	MACROSPIC EXAMINATION, DISSECTION, AND PREPARATION OF TISSUE FOR NON-MICROSCOPIC ANALYTICAL STUDIES; IN CON	1/1/2016	12/31/2382	1
OPH	88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	88720	BILIRUBIN, TOTAL, TRANSCUTANEOUS	10/1/2010	12/31/2382	1
OPH	88738	HEMOGLOBIN (HGB), QUANTITATIVE, TRANSCUTANEOUS	1/1/2016	12/31/2382	1
OPH	88740	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; CARBOXYHEMOGLOBIN	10/1/2010	12/31/2382	1
OPH	88741	HEMOGLOBIN, QUANTITATIVE, TRANSCUTANEOUS, PER DAY; METHEMOGLOBIN	10/1/2010	12/31/2382	1
OPH	88749	UNLISTED IN VIVO (EG, TRANSCUTANEOUS) LABORATORY SERVICE	4/1/2018	12/31/2382	1
OPH	89049	CAFFEINE HALOTHANE CONTRACTURE TEST (CHCT) FOR MALIGNANT HYPERTHERMIA SUSCEPTIBILITY, INCLUDING INTERPRETATION	10/1/2010	12/31/2382	1
OPH	89050	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD;	10/1/2010	12/31/2382	2
OPH	89051	CELL COUNT, MISCELLANEOUS BODY FLUIDS (EG, CSF, JOINT FLUID), EXCEPT BLOOD; WITH DIFFERENTIAL COUNT	10/1/2010	12/31/2382	2
OPH	89055	LEUKOCYTE COUNT, FECAL	10/1/2010	12/31/2382	2
OPH	89060	CRYSTAL IDENTIFICATION BY LIGHT MICROSCOPY WITH OR WITHOUT POLARIZING LENS ANALYSIS, ANY BODY FLUID (EXCEPT UR	10/1/2010	12/31/2382	2
OPH	89125	FAT STAIN, FECES, URINE, OR SPUTUM	10/1/2010	12/31/2382	2
OPH	89160	MEAT FIBERS, FECES	10/1/2010	12/31/2382	1
OPH	89190	NASAL SMEAR FOR EOSINOPHILS	10/1/2010	12/31/2382	1
OPH	89220	SPUTUM, OBTAINING SPECIMAN, AEROSOL INDUCED TECHNIQUE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	89230	SWEAT COLLECTION BY IONTOPHORESIS	10/1/2010	12/31/2382	1
OPH	89240	UNLISTED MISCELLANEOUS PATHOLOGY TEST	4/1/2018	12/31/2382	1
OPH	89250	CULTURE OF OOCYTE(S)/EMBRYO(S), LESS THAN 4 DAYS;	10/1/2010	12/31/2382	1
OPH	89251	CULTURE AND FERTILIZATION OF OOCYTE(S); WITH CO-CULTURE OF EMBRYOS	10/1/2010	12/31/2382	1
OPH	89253	ASSISTED EMBRYO HATCHING, MICROTECHNIQUES (ANY METHOD)	10/1/2010	12/31/2382	1
OPH	89254	OOCYTE IDENTIFICATION FROM FOLLICULAR FLUID	10/1/2010	12/31/2382	1
OPH	89255	PREPARATION OF EMBRYO FOR TRANSFER (ANY METHOD)	10/1/2010	12/31/2382	1
OPH	89257	SPERM IDENTIFICATION FROM ASPIRATION (OTHER THAN SEMINAL FLUID)	10/1/2010	12/31/2382	1
OPH	89258	CRYOPRESERVATION; EMBRYO	10/1/2010	12/31/2382	1
OPH	89259	CRYOPRESERVATION; SPERM	10/1/2010	12/31/2382	1
OPH	89260	SPERM ISOLATION; SIMPLE PREP (EG, SPERM WASH AND SWIM-UP) FOR INSEMINATION OR DIAGNOSIS WITH SEMEN ANALYSIS	10/1/2010	12/31/2382	1
OPH	89261	SPERM ISOLATION; COMPLEX PREP (EG, PER COL GRADIENT, ALBUMIN GRADIENT) FOR INSEMINATION OR DIAGNOSIS WITH	10/1/2010	12/31/2382	1
OPH	89264	SPERM IDENTIFICATION FROM TESTIS TISSUE, FRESH OR CRYOPRESERVED	10/1/2010	12/31/2382	1
OPH	89268	INSEMINATION OF OOCYTES	10/1/2010	12/31/2382	1
OPH	89272	EXTENDED CULTURE OF OOCYTE EMBRYO, 4-7 DAYS	10/1/2010	12/31/2382	1
OPH	89280	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; LESS THAN OR EQUAL TO 10 OOCYTES	10/1/2010	12/31/2382	1
OPH	89281	ASSISTED OOCYTE FERTILIZATION, MICROTECHNIQUE; GREATER THAN TO 10 OOCYTES	10/1/2010	12/31/2382	1
OPH	89290	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE; LESS THAN OR EQUAL TO 5 EMBRYOS	10/1/2010	12/31/2382	1
OPH	89291	BIOPSY, OOCYTE POLAR BODY OR EMBRYO BLASTOMERE, MICROTECHNIQUE; GREATER THAN 5 EMBRYOS	10/1/2010	12/31/2382	1
OPH	89300	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM INCLUDING HUHNER TEST (POST COITAL)	10/1/2010	12/31/2382	1
OPH	89310	SEMEN ANALYSIS; MOTILITY AND COUNT	10/1/2010	12/31/2382	1
OPH	89320	SEMEN ANALYSIS; COMPLETE (VOLUME, COUNT, MOTILITY AND DIFFERENTIAL)	10/1/2010	12/31/2382	1
OPH	89321	SEMEN ANALYSIS, PRESENCE AND/OR MOTILITY OF SPERM	10/1/2010	12/31/2382	1
OPH	89322	SEMEN ANALYSIS; VOLUME COUNT, MOTILITY AND DIFFERENT USING STRICT MORPHOLOGIC CRITERIA (EG, KRUGER)	10/1/2010	12/31/2382	1
OPH	89325	SPERM ANTIBODIES	10/1/2010	12/31/2382	1
OPH	89329	SPERM EVALUATION; HAMSTER PENETRATION TEST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	89330	SPERM EVALUATION; CERVICAL MUCUS PENETRATION TEST, WITH OR WITHOUT SPINNBARKEIT TEST	10/1/2010	12/31/2382	1
OPH	89331	SPERM EVALUATION, FOR RETROGRADE EJACULATION, URINE (SPERM CONCENTRATION, MOTILITY AND MORPHOLOGY, AS IND	10/1/2010	12/31/2382	1
OPH	89335	CRYOPRESERVATION, REPRODUCTIVE TISSUE, TESTICULAR	10/1/2010	12/31/2382	1
OPH	89337	CYROPRESERVATION, MATURE OOCYTE(S)	1/1/2015	12/31/2382	1
OPH	89342	STORAGE, PER YEAR; EMBRYOS	10/1/2010	12/31/2382	1
OPH	89343	STORAGE, PER YEAR; SPERM, SEMEN	10/1/2010	12/31/2382	1
OPH	89344	STORAGE, PER YEAR; REPRODUCTIVE TISSUE, TESTICULAR, OVARIAN	10/1/2010	12/31/2382	1
OPH	89346	STORAGE, PER YEAR; OOCYTE	10/1/2010	12/31/2382	1
OPH	89352	THAWING OF CRYOPRESERVED; EMBRYOS	10/1/2010	12/31/2382	1
OPH	89353	THAWING OF CRYOPRESERVED; SPERM, SEMEN, EACH ALIQUOT	10/1/2010	12/31/2382	1
OPH	89354	THAWING OF CRYOPRESERVED; REPRODUCTIVE TISSUE, TESTICULAR/ OVARIAN	10/1/2010	12/31/2382	1
OPH	89356	THAWING OF CRYOPRESERVED; OOCYTES EACH ALIQUOT	10/1/2010	12/31/2382	2
OPH	89398	UNLISTED REPRODUCTIVE MEDICINE LABORATORY PROCEDURE	4/1/2018	12/31/2382	1
OPH	90281	IMMUNE GLOBULIN (IG), HUMAN, FOR INTRAMUSCULAR USE	1/1/2014	12/31/2382	1
OPH	90296	DIPHTHERIA ANTITOXIN, EQUINE, ANY ROUTE	10/1/2012	12/31/2382	1
OPH	90371	HEPATITIS B IMMUNE GLOBULIN (HBLG), HUMAN, FOR INTRAMUSCULAR USE	7/1/2016	12/31/2382	10
OPH	90375	RABIES IMMUNE GLOBULIN (RIG), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	10/1/2010	12/31/2382	20
OPH	90376	RABIES IMMUNE GLOBULIN, HEAT-TREATED (RIG-HT), HUMAN, FOR INTRAMUSCULAR AND OR SUBCUTANEOUS USE	10/1/2010	12/31/2382	20
OPH	90377	RABIES IMMUNE GLOBULIN, HEAT- AND SOLVENT/DETERGENT-TREATED (RIG-HT S/D), HUMAN, FOR INTRAMUSCULAR AND/OR SUBCUTANEOUS USE	7/1/2021	12/31/2382	20
OPH	90378	RESPIRATORY SYNCYTIAL VIRUS IMMUNE GLOBULIN (RSV-IGIM), FOR INTRAMUSCULAR USE	7/1/2017	12/31/2382	4
OPH	90384	RHO(D) IMMUNE GLOBULIN (RHIG), HUMAN FULL DOSE FOR INTRAMUSCULAR USE	1/1/2014	12/31/2382	3
OPH	90385	RHO(D) IMMUNE GLOBULIN (RHLG), HUMAN, MINI-DOSE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90389	TETANUS IMMUNE GLOBULIN (TLG), HUMAN, FOR INTRAMUSCULAR USE	1/1/2014	12/31/2382	1
OPH	90393	VACCINIA IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90396	VARICELLA - ZOSTER IMMUNE GLOBULIN, HUMAN, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90399	UNLISTED IMMUNE GLOBULIN	4/1/2018	12/31/2382	1
OPH	90460	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	4/1/2017	12/31/2382	9

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90461	IMMUNIZATION ADMINISTRATION THROUGH 18 YEARS OF AGE VIA ANY ROUTE OF ADMINISTRATION, WITH COUNSELING BY PHYS	1/1/2017	12/31/2382	8
OPH	90471	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	10/1/2010	12/31/2382	1
OPH	90472	IMMUNIZATION ADMINISTRATION (INCLUDES PERCUTANEOUS, INTRADERMAL, SUBCUTANEOUS,	4/1/2018	12/31/2382	8
OPH	90473	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TOXOID)	10/1/2010	12/31/2382	1
OPH	90474	IMMUNIZATION ADMINISTRATION BY INTRANASAL OR ORAL ROUTE ; EACH ADDITIONAL VACCINE (SINGLE OR COMBINATION	10/1/2010	12/31/2382	1
OPH	90476	ADENOVIRUS VACCINE, TYPE 4, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
OPH	90477	ADENOVIRUS VACCINE, TYPE 7, LIVE, FOR ORAL USE	10/1/2012	12/31/2382	1
OPH	90581	ANTHRAX VACCINE, FOR SUBCUTANEOUS USE	10/1/2012	12/31/2382	1
OPH	90585	BACILLUS CALMETTE-GUERIN VACCINE FOR TUBERCULOSIS, LIVE, FOR PERCUTANEOUS USE	10/1/2010	12/31/2382	1
OPH	90586	BACILLUS CALMETTE-GUERIN VACCINE FOR BLADDER CANCER, LIVE, FOR INTRAVESICAL USE	10/1/2010	12/31/2382	1
OPH	90620	INITIAL CONSULTATION; COMPREHENSIVE	1/1/2016	12/31/2382	1
OPH	90625	VACCINE FOR CHOLERA FOR ORAL ADMINISTRATION	1/1/2016	12/31/2382	1
OPH	90630	INFLUENZA VIRUS VACCINE, QUADRIVALENT (IIV4), SPLIE VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	1/1/2015	12/31/2382	1
OPH	90632	HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90633	HEPATITIS A VACCINE, PEDIATRIC/ADOLEXCENT DOSAGE-2 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90634	HAPATITIS A VACCINE, PEDIATRIC/ADOLESCENT DOSAGE - 3 DOSE SCHEDULE	10/1/2010	12/31/2382	1
OPH	90636	HEPATITIS A AND HEPATITIS B VACCINE (HEP A-HEP B), ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90644	MENINGOCOCCAL CONJUGATE VACCINE, SEROGROUPS C&Y AND HEMOPHILUS INFLUENZA B VACCINE,TETANUS TOXOID CONJUGATE	10/1/2012	12/31/2382	1
OPH	90647	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-OMP CONJUGATE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90648	HEMOPHILUS INFLUENZA B VACCINE (HIB), PRP-T CONJUGATE (4 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90649	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 6, 11, 16, 18 (QUADRIVALENT), 3 DOSE SCHEDULE, FOR INTRAMUSCULAR US	10/1/2012	12/31/2382	1
OPH	90650	HUMAN PAPILLOMA VIRUS (HPV) VACCINE, TYPES 16, 18, BIVALENT, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90651	HUMAN PAPILLOMAVIRUS VACCINE TYPES 6,11,16,18,31,33,45,52,58, NONVALENT (HPV), 3 DOSE SCHEDULE, FOR	1/1/2015	12/31/2382	1
OPH	90653	VACCINE FOR INFLUENZA VIRUS FOR INJECTION INTO MUSCLE	1/1/2013	12/31/2382	1
OPH	90654	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRADERMAL USE	1/1/2018	12/31/2382	1
OPH	90655	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR CHILDREN 6-35 MONTHS OF AGE FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90656	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 3 YEARS AND ABOVE, FOR INTRAM	10/1/2010	12/31/2382	1
OPH	90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 6-35 MONTHS DOSAGE, FOR INTRAMUSCULAR OR JET INJECTION USE	10/1/2010	12/31/2382	1
OPH	90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YEARS AND ABOVE DOSAGE, FOR INTRAMUSCULAR OR JET INJECTION USE	10/1/2010	12/31/2382	1
OPH	90660	INFLUENZA VIRUS VACCINE,LIVE, FOR INTRANASAL USE	10/1/2010	12/31/2382	1
OPH	90661	INFLUENZA VIRUS VACCINE, DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSC	10/1/2012	12/31/2382	1
OPH	90662	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, PRESERVATIVE FREE, ENHANCED IMMUNOGENICITY VIA INCREASED	1/1/2015	12/31/2382	1
OPH	90664	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATION, LIVE, FOR INTRANASAL USE	10/1/2012	12/31/2382	1
OPH	90666	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS, PRESERVATIVE FREE, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90667	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS,ADJUVANTED, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90668	INFLUENZA VIRUS VACCINE, PANDEMIC FORMULATIOM, SPLIT VIRUS, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90670	PNEUMOCOCCAL CONJUGATE VACCINE, 13 VALENT, FOR INTRAMUSCULAR USE	1/1/2015	12/31/2382	1
OPH	90672	INFLUENZA VIRUS VACCINE, QUADRIVALENT, LIVE, FOR INTRANASAL USE	1/1/2013	12/31/2382	1
OPH	90673	FLU VACCINE RIV3 NO PRESERVATIVE 0.5 ML	1/1/2014	12/31/2382	1
OPH	90675	RABIES VACCINE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90676	RABIES VACCINE, FOR INTRADERMAL USE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90680	ROTAVIRUS VACCINE, TETRAVALENT, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
OPH	90681	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE, LIVE, FOR ORAL USE	10/1/2010	12/31/2382	1
OPH	90682	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), DERIVED FROM RECOMBINANT DNA, HEMAGGLUTININ (HA) PROTEIN ONLY, PRESERVATIVE AND ANTIBIOTIC FREE, FOR INTRAMUSCULAR USE	1/1/2017	12/31/2382	1
OPH	90685	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO CHILDREN 6-35 MO	7/1/2013	12/31/2382	1
OPH	90686	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, PRESERVATIVE FREE, WHEN ADMINISTERED TO INDIVIDUALS 3 YEAR	7/1/2013	12/31/2382	1
OPH	90687	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO CHILDREN 6-35 MONTHS OF AGE,	7/1/2013	12/31/2382	1
OPH	90688	INFLUENZA VIRUS VACCINE, QUADRIVALENT, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER	7/1/2013	12/31/2382	1
OPH	90689	INACTIVATED QUADRIVALENT INFLUENZA VACCINE FOR INJECTION INTO MUSCLE, 0.25 ML DOSAGE	1/1/2019	12/31/2382	1
OPH	90690	TYPHOID VACCINE, LIVE, ORAL	10/1/2010	12/31/2382	1
OPH	90691	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICP'S), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90694	INFLUENZA VIRUS VACCINE, QUADRIVALENT (AIIV4), INACTIVATED, ADJUVANTED, PRESERVATIVE FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE	4/1/2020	12/31/2382	1
OPH	90696	DIPHThERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS VACCINE, INACTIVATED, WHEN ADMINISTERED	10/1/2010	12/31/2382	1
OPH	90698	DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, HAEMOPHILUS INFLUENZA TYPE B, AND POLIOVIRUS	10/1/2010	12/31/2382	1
OPH	90700	IMMUNIZATION, ACTIVE; DIPHThERIA, TETANUS TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE	10/1/2010	12/31/2382	1
OPH	90702	IMMUNIZATION, ACTIVE; DIPHThERIA AND TETANUS TOXOIDS (DT)	10/1/2010	12/31/2382	1
OPH	90707	IMMUNIZATION, ACTIVE; MEASLES, MUMPS AND RUBELLA VIRUS VACCINE, LIVE	10/1/2010	12/31/2382	1
OPH	90710	IMMUNEZATION, ACTIVE; MEASLES, MUMPS, RUBELLA, AND VARICELLA VACCINE	10/1/2010	12/31/2382	1
OPH	90713	IMMUNIZATION, ACTIVE; POLIOMYELITIS VACCINE	10/1/2010	12/31/2382	1
OPH	90714	TETANUS AND DIPHThERIA TOXOIDS (TD) ADSORBED, PRESERVATIVE FREE, FOR USE IN INDIVIDUALS 7 YEARS OR OLDER	10/1/2010	12/31/2382	1
OPH	90715	TETANUS DIPHThERIA TOXOIDS, AND ACELLULAR PERTUSSIS VACCINE, FOR USE IN INDIVIDUALS SEVEN YEARS OR OLDER, FOR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90716	IMMUNIZATION, ACTIVE; VARICELLA VACCINE	10/1/2012	12/31/2382	1
OPH	90717	IMMUNIZATION, ACTIVE; YELLOW FEVER VACCINE	10/1/2010	12/31/2382	1
OPH	90723	DIPHTHERIA, TETANUS TOXIDS, ACELLULAR PERTUSSIS VACCINE ,HEPATITIS B, AND POLIOVIRUS VACCINE, INACTIVATED, FOR	10/1/2013	12/31/2382	1
OPH	90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT	10/1/2010	12/31/2382	1
OPH	90733	IMMUNIZATION, ACTIVE; MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP(S))	10/1/2010	12/31/2382	1
OPH	90734	MENINGOCOCCAL POLYSACCHARIDE VACCINE, SEROGROUPS A, C, Y AND W 135, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90736	ZOSTER (SHINGLES) VACCINE, LIVE, FOR SUBCUTANEOUS INJECTION	10/1/2012	12/31/2382	1
OPH	90738	JAPANESE ENCEPHALITIS VIRUS VACCINE, INACTIVATED, FOR INTRAMUSCULAR USE	10/1/2012	12/31/2382	1
OPH	90739	HEPATITIS B VACCINE, ADULT DOSAGE (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	4/1/2013	12/31/2382	1
OPH	90740	HEPATITIS B VACCINE, DIALYSIS OR IMMUNOSUPPRESSED PATIENT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2014	12/31/2382	1
OPH	90743	HEPATITIS B VACCINE, ADOLESCENT (2 DOSE SCHEDULE), FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90744	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; NEWBORN TO 11 YEARS	10/1/2010	12/31/2382	1
OPH	90746	HEPATITIS B VACCINE; ADULT DOSAGE, FOR INTRAMUSCULAR USE	10/1/2010	12/31/2382	1
OPH	90747	IMMUNIZATION, ACTIVE, HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE	10/1/2014	12/31/2382	1
OPH	90748	IMMUNIZATION, ACTIVE, HEPATITIS B AND HAMOPHILUS INFLUENZA B (HIB) VACCINE	10/1/2013	12/31/2382	1
OPH	90749	UNLISTED IMMUNIZATION PROCEDURE	4/1/2018	12/31/2382	1
OPH	90750	ZOSTER (SHINGLES) VACCINE (HZV), RECOMBINANT, SUB-UNIT, ADJUVANTED, FOR INTRAMUSCULAR INJECTION	1/1/2017	12/31/2382	1
OPH	90756	INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBUNIT, ANTIBIOTIC FREE, 0.5ML DOSAGE, FOR INTRAMUSCULAR USE	1/1/2018	12/31/2382	1
OPH	90759	HEPATITIS B VACCINE (HEPB), 3-ANTIGEN (S, PRE-S1, PRE-S2), 10 MCG DOSAGE, 3 DOSE SCHEDULE, FOR INTRAMUSCULAR USE	1/1/2022	12/31/2382	1
OPH	90785	INTERACTIVE COMPLEXITY	10/1/2020	12/31/2382	3
OPH	90791	PSYCHIATRIC DIAGNOSTIC EVALUATION WITHOUT MEDICAL SERVICES	10/1/2020	12/31/2382	1
OPH	90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	10/1/2020	12/31/2382	2
OPH	90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	10/1/2020	12/31/2382	3
OPH	90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	10/1/2020	12/31/2382	3
OPH	90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	10/1/2020	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	10/1/2020	12/31/2382	3
OPH	90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBERS	10/1/2020	12/31/2382	3
OPH	90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH AN EVALUATION AND MANAGEMENT	10/1/2020	12/31/2382	3
OPH	90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	7/1/2020	12/31/2382	1
OPH	90840	PSYCHOTHERAPY FOR CRISIS; EACH ADDITIONAL 30 MINUTES	10/1/2020	12/31/2382	4
OPH	90845	PSYCHOANALYSIS	10/1/2020	12/31/2382	1
OPH	90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	10/1/2020	12/31/2382	2
OPH	90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	10/1/2020	12/31/2382	2
OPH	90849	MULTIPLE-FAMILY GROUP PSYCHOTHERAPY	10/1/2014	12/31/2382	2
OPH	90853	GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)	10/1/2020	12/31/2382	4
OPH	90863	PHARMACOLOGIC MANAGEMENT, INCLUDING PRESCRIPTION AND REVIEW OF MEDICATION	1/1/2013	12/31/2382	1
OPH	90865	NARCOSYNTHESIS FOR PSYCHIATRIC DIAGNOSTIC AND THERAPEUTIC PURPOSES (EG, SODIUM AMO BARBITAL (AMYTAL))	7/1/2013	12/31/2382	1
OPH	90867	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; INITIAL, INCLUDING CORTICAL MAPPING, MOTOR THRESHOLD DETERMINATION, DELIVERY AND MANAGEMENT	7/1/2013	12/31/2382	1
OPH	90868	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; DELIVERY AND MANAGEMENT, PER SESSION	7/1/2013	12/31/2382	1
OPH	90869	THERAPEUTIC REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION TREATMENT; SUBSEQUENT MOTOR THRESHOLD RE-DETERMINATION	1/1/2012	12/31/2382	1
OPH	90870	ELECTROCONVULSIVE THERAPY (INCLUDES NECESSARY MONITORING); SINGLE SEIZURE	10/1/2014	12/31/2382	2
OPH	90875	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY (FACE TO FACE WITH	10/1/2020	12/31/2382	1
OPH	90876	INDIVIDUAL PSYCHOPHYSIOLOGICAL THERAPY INCORPORATING BIOFEEDBACK TRAINING BY ANY MODALITY; APPROX. 45-50 MIN	1/1/2014	12/31/2382	1
OPH	90880	HYPNOTHERAPY	7/1/2013	12/31/2382	1
OPH	90882	ENVIRONMENTAL INTERVENTION FOR MEDICAL MANAGEMENT PURPOSES ON A PSYCHIATRIC PATIENT'S BEHALF WITH AGENCIES, EM	10/1/2013	12/31/2382	1
OPH	90885	PSYCHIATRIC EVALUATION OF HOSPITAL RECORDS, OTHER PSYCHIATRIC REPORTS, PSYCHOMETRIC AND/OR PROJECTIVE	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90887	INTERPRETATION OR EXPLANATION OF RESULTS OF PSYCHIATRIC, OTHER MEDICAL EXAMINATIONS AND PROCEDURES, OR OTHER A	10/1/2014	12/31/2382	1
OPH	90889	PREPARATION OF REPORT OF PATIENT'S PSYCHIATRIC STATUS, HISTORY, TREATMENT, OR PROGRESS (OTHER THAN FOR LEGAL O	7/1/2012	12/31/2382	1
OPH	90899	UNLISTED PSYCHIATRIC SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	90901	BIOFEEDBACK TRAINING BY ANY MODALITY	10/1/2010	12/31/2382	1
OPH	90912	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY, WHEN PERFORMED; INITIAL 15 MINUTES OF ONE-ON-ONE PHYSICIAN OR OTHER	1/1/2020	12/31/2382	1
OPH	90913	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY, WHEN PERFORMED; EACH ADDITIONAL 15 MINUTES	1/1/2020	12/31/2382	3
OPH	90935	HEMODIALYSIS PROCEDURE WITH SINGLE PHYSICIAN EVALUATION	10/1/2010	12/31/2382	1
OPH	90937	HEMODIALYSIS PROCEDURE REQUIRING REPEATED EVALUATION(S) WITH OR WITHOUT SUBSTANTIAL REVISION OF DIALYSIS PRESC	10/1/2010	12/31/2382	1
OPH	90940	HEMODIALYSIS ACCESS FLOW STUDY TO DETERMINE BLOOD FLOW IN GRAFTS AND ARTERIOVENIOUS FISTULAE BY AN INDICATOR	10/1/2016	12/31/2382	1
OPH	90945	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION), WITH SINGLE PHYSICIAN EVALUATION	10/1/2010	12/31/2382	1
OPH	90947	DIALYSIS PROCEDURE OTHER THAN HEMODIALYSIS (EG, PERITONEAL, HEMOFILTRATION) REQUIRING REPEATED EVALUATIONS, WI	10/1/2010	12/31/2382	1
OPH	90951	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	7/1/2020	12/31/2382	1
OPH	90952	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	10/1/2020	12/31/2382	1
OPH	90953	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER THAN 2 YEARS OF AGE TO INCLUDE	10/1/2020	12/31/2382	1
OPH	90954	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2020	12/31/2382	1
OPH	90955	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2020	12/31/2382	1
OPH	90956	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 2- 11 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90957	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2020	12/31/2382	1
OPH	90958	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2020	12/31/2382	1
OPH	90959	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 12- 19 YEARS OF AGE TO INCLUDE MONITORING FOR	10/1/2020	12/31/2382	1
OPH	90960	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 4 OR MORE	10/1/2020	12/31/2382	1
OPH	90961	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 2-3 FACE-TO-FAC	10/1/2020	12/31/2382	1
OPH	90962	END-STAGE RENAL DISEASE RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS OF AGE AND OLDER; WITH 1 FACE-TO-FACE	10/1/2020	12/31/2382	1
OPH	90963	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS YOUNGER THAN 2 YEARS	10/1/2020	12/31/2382	1
OPH	90964	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 2-11 YEARS OF AGE	10/1/2020	12/31/2382	1
OPH	90965	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 12-19 YEARS OF AGE TO	10/1/2020	12/31/2382	1
OPH	90966	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS PER FULL MONTH, FOR PATIENTS 20 YEARS OF AGE AND OL	10/1/2020	12/31/2382	1
OPH	90967	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2020	12/31/2382	1
OPH	90968	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2020	12/31/2382	1
OPH	90969	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2020	12/31/2382	1
OPH	90970	END-STAGE RENAL DISEASE RELATED SERVICES FOR HOME DIALYSIS LESS THAN A FULL MONTH OF SERVICE, PER DAY, FOR PAT	10/1/2020	12/31/2382	1
OPH	90989	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COMPLETED COURSE	1/1/2012	12/31/2382	1
OPH	90993	DIALYSIS TRAINING, PATIENT, INCLUDING HELPER WHERE APPLICABLE, ANY MODE, COURSE NOT COMPLETED, PER TRAINING SE	1/1/2012	12/31/2382	1
OPH	90997	HEMOPERFUSION (EG, WITH ACTIVATED CHARCOAL OR RESIN)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	4/1/2018	12/31/2382	31
OPH	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	4/1/2018	12/31/2382	31
OPH	90999	UNLISTED DIALYSIS PROCEDURE, INPATIENT OR OUTPATIENT	4/1/2018	12/31/2382	1
OPH	91010	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;	10/1/2010	12/31/2382	1
OPH	91013	ESOPHAGEAL MOTILITY (MANOMETRIC STUDY OF THE ESOPHAGUS AND/OR GASTROESOPHAGEAL JUNCTION) STUDY;	1/1/2011	12/31/2382	1
OPH	91020	GASTRIC MOTILITY (MANOMETRIC) STUDIES	10/1/2010	12/31/2382	1
OPH	91022	DUODENAL MOTILITY (MANOMETRIC) STUDY	10/1/2010	12/31/2382	1
OPH	91030	ESOPHAGUS, ACID PERFUSION (BERNSTEIN) TEST FOR ESOPHAGITIS	10/1/2010	12/31/2382	1
OPH	91034	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH NASAL CATHETER PH ELECTRODE(S) PLACEMENT, RECORDING, ANALYSIS	10/1/2010	12/31/2382	1
OPH	91035	ESOPHAGUS, GASTROESOPHAGEAL REFLUX TEST; WITH MUCOSAL ATTACHED TELEMETRY PH ELECTRODE PLACEMENT, RECORDING,	10/1/2010	12/31/2382	1
OPH	91037	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE	10/1/2010	12/31/2382	1
OPH	91038	ESOPHAGEAL FUNCTION TEST, GASTROESOPHAGEAL REFLUX TEST WITH NASAL CATHETER INTRALUMINAL IMPEDANCE	10/1/2010	12/31/2382	1
OPH	91040	ESOPHAGEAL BALLOON DISTENSION PROVOCATION STUDY	10/1/2010	12/31/2382	1
OPH	91065	BREATH HYDROGEN TEST (EG, FOR DETECTION OF LACTASE DEFICIENCY)	1/1/2014	12/31/2382	2
OPH	91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION	10/1/2010	12/31/2382	1
OPH	91111	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL, ESOPHAGUS WITH PHYSICIAN INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
OPH	91112	GASTROINTESTINAL TRANSIT AND PRESSURE MEASUREMENT, STOMACH THROUGH COLON, WIRELESS CAPSULE, WITH INTERPRE	1/1/2013	12/31/2382	1
OPH	91113	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), COLON, WITH INTERPRETATION AND REPORT	1/1/2022	12/31/2382	1
OPH	91117	COLON MOTILITY (MANOMETRIC) STUDY, MINIMUM 6 HOURS CONTINUOUS RECORDING (INCLUDING PROVOCATION TESTS, EG, MEAL	4/1/2011	12/31/2382	1
OPH	91120	RECTAL SENSATION, TONE, AND COMPLIANCE TEST (IE, RESPONSE TO GRADED BALLOON DISTENTION)	10/1/2010	12/31/2382	1
OPH	91122	ANORECTAL MANOMETRY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	91132	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS	10/1/2010	12/31/2382	1
OPH	91133	ELECTROGASTROGRAPHY, DIAGNOSTIC, TRANSCUTANEOUS; WITH PROVOCATIVE TESTING	10/1/2010	12/31/2382	1
OPH	91200	LIVER ELASTOGRAPHY, MECHANICALLY INDUCED SHEAR WAVE (EG, VIBRATION), WITHOUT IMAGING, WITH INTERPRETATION AND	1/1/2015	12/31/2382	1
OPH	91299	UNLISTED DIAGNOSTIC GASTROENTEROLOGY PROCEDURE	4/1/2018	12/31/2382	1
OPH	91300	SARSCOV2 VAC 30MCG/0.3ML IM	10/1/2020	12/31/2382	1
OPH	91301	SARSCOV2 VAC 100MCG/0.5ML IM	10/1/2020	12/31/2382	1
OPH	91303	SARSCOV2 VAC AD26 .5ML IM	7/1/2021	12/31/2382	1
OPH	91305	SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]) VACCINE, MRNA-LNP, SPIKE PROTEIN, PRESERVATIVE FREE, 30 MCG/0.3 ML DOSAGE, TRIS-SUCROSE FORMULATION, FOR INTRAMUSCULAR USE	1/1/2022	12/31/2382	1
OPH	91306	SARSCOV2 VAC 50MCG/0.25ML IM MODERNA	1/1/2022	12/31/2382	1
OPH	91307	SARSCOV2 VAC 10 MCG TRS-SUCR-PFIZER	1/1/2022	12/31/2382	1
OPH	92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG	10/1/2010	12/31/2382	1
OPH	92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION OF DIAGNOSTIC AND TREATMENT PROG	10/1/2010	12/31/2382	1
OPH	92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A	10/1/2010	12/31/2382	1
OPH	92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION OR CONTINUATION OF DIAGNOSTIC A	10/1/2010	12/31/2382	1
OPH	92015	DETERMINATION OF REFRACTIVE STATE	10/1/2012	12/31/2382	1
OPH	92018	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F	7/1/2013	12/31/2382	1
OPH	92019	OPHTHALMOLOGICAL EXAMINATION AND EVALUATION, UNDER GENERAL ANESTHESIA, WITH OR WITHOUT MANIPULATION OF GLOBE F	7/1/2013	12/31/2382	1
OPH	92020	GONIOSCOPY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	92025	COMPUTERIZED CORNEAL TOPOGRAPHY, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
OPH	92060	SENSORIMOTOR EXAMINATION WITH MULTIPLE MEASUREMENTS OF OCULAR DEVIATION WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
OPH	92065	ORTHOPTIC AND/OR PLEOPTIC TRAINING, WITH CONTINUING MEDICAL DIRECTION AND EVALUATION	7/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	4/1/2012	6/30/2022	2
OPH	92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	7/1/2022	12/31/2382	1
OPH	92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	1/1/2012	12/31/2382	1
OPH	92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION	10/1/2010	12/31/2382	1
OPH	92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; INTERMEDIATE EXAMINATION	10/1/2010	12/31/2382	1
OPH	92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH MEDICAL DIAGNOSTIC EVALUATION; EXTENDED EXAMINATION (E	10/1/2010	12/31/2382	1
OPH	92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR PRESSURE OVER AN EXTENDED TIME	7/1/2013	12/31/2382	1
OPH	92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, ANTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
OPH	92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
OPH	92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING, POSTERIOR SEGMENT, WITH INTERPRETATION AND REPORT,	4/1/2011	12/31/2382	1
OPH	92136	OPHTHALMIC BIOMETRY BY PARTIAL COHERENCE INTERFEROMETRY WITH INTRAOCULAR LENS POWER CALCULATION	1/1/2012	12/31/2382	1
OPH	92145	CORNEAL HYSTERESIS DETERMINATION, BY AIR IMPULSE STIMULATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION	1/1/2015	12/31/2382	1
OPH	92201	OPHTHALMOSCOPY, EXTENDED; WITH RETINAL DRAWING AND SCLERAL DEPRESSION OF PERIPHERAL RETINAL DISEASE (EG, FOR RETINAL TEAR, RETINAL DETACHMENT, RETINAL TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	1/1/2020	12/31/2382	1
OPH	92202	OPHTHALMOSCOPY, EXTENDED; WITH DRAWING OF OPTIC NERVE OR MACULA (EG, FOR GLAUCOMA, MACULAR PATHOLOGY, TUMOR) WITH INTERPRETATION AND REPORT, UNILATERAL OR BILATERAL	1/1/2020	12/31/2382	1
OPH	92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG, RETINOPATHY IN A PATIENT WITH DIABETES) WITH ANALYSIS	4/1/2011	12/31/2382	1
OPH	92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG, DIABETIC RETINOPATHY	4/1/2011	12/31/2382	1
OPH	92229	IMAGING OF RETINA FOR DETECTION OR MONITORING OF DISEASE; POINT-OF-CARE AUTOMATED ANALYSIS AND REPORT, UNILATERAL OR BILATERAL	1/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92230	FLUORESCEIN ANGIOSCOPY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	2
OPH	92235	FLUORESCEIN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
OPH	92240	INDOCYANINE-GREEN ANGIOGRAPHY (INCLUDES MULTIFRAME IMAGING) WITH INTERPRETATION AND REPORT	1/1/2017	12/31/2382	1
OPH	92242	IMAGING OF BLOOD VESSELS IN BACK OF EYE USING FLUORESCEIN AND INDOCYANINE-GREEN DYE	1/1/2017	12/31/2382	1
OPH	92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
OPH	92260	OPHTHALMOSCOPY, WITH MEDICAL DIAGNOSTIC EVALUATION; WITH OPHTHALMODYNAMOMETRY	7/1/2013	12/31/2382	1
OPH	92265	NEEDLE OCULOECTROMYOGRAPHY, ONE OR MORE EXTRAOCULAR MUSCLES, ONE OR BOTH EYES, WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	1
OPH	92270	ELECTRO-OCULOGRAPHY WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
OPH	92273	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; FULL FIELD (IE, FFERG, FLASH ERG, GANZFELD ERG)	1/1/2019	12/31/2382	1
OPH	92274	ELECTRORETINOGRAPHY (ERG), WITH INTERPRETATION AND REPORT; MULTIFOCAL (MFERG)	1/1/2019	12/31/2382	1
OPH	92283	COLOR VISION EXAMINATION, EXTENDED, EG, ANOMALOSCOPE OR EQUIVALENT	7/1/2013	12/31/2382	1
OPH	92284	DARK ADAPTATION EXAMINATION, WITH INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
OPH	92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF MEDICAL PROGRESS (EG, CLOSE	7/1/2013	12/31/2382	1
OPH	92286	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH INTERPRETATION AND REPORT; WITH SPECULAR ENDOTHELIAL MICROSCOPY	7/1/2013	12/31/2382	1
OPH	92287	SPECIAL ANTERIOR SEGMENT PHOTOGRAPHY WITH MEDICAL DIAGNOSTIC EVALUATION; WITH FLUORESCEIN ANGIOGRAPHY	7/1/2013	12/31/2382	1
OPH	92310	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2012	12/31/2382	1
OPH	92311	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2010	12/31/2382	1
OPH	92312	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	10/1/2010	12/31/2382	1
OPH	92313	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF AND FITTING OF CONTACT LENS, WITH MEDICAL SUPERVISION	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92314	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2012	12/31/2382	1
OPH	92315	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2010	12/31/2382	1
OPH	92316	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	10/1/2010	12/31/2382	1
OPH	92317	PRESCRIPTION OF OPTICAL AND PHYSICAL CHARACTERISTICS OF CONTACT LENS, WITH MEDICAL SUPERVISION OF ADAPTATION A	1/1/2014	12/31/2382	1
OPH	92325	MODIFICATION OF CONTACT LENS (SEPARATE PROCEDURE), WITH MEDICAL SUPERVISION OF ADAPTATION	1/1/2014	12/31/2382	1
OPH	92326	REPLACEMENT OF CONTACT LENS	7/1/2013	12/31/2382	2
OPH	92340	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MONOFOCAL	10/1/2012	12/31/2382	1
OPH	92341	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; BIFOCAL	10/1/2012	12/31/2382	1
OPH	92342	FITTING OF SPECTACLES, EXCEPT FOR APHAKIA; MULTIFOCAL, OTHER THAN BIFOCAL	10/1/2012	12/31/2382	1
OPH	92352	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MONOFOCAL	7/1/2012	12/31/2382	1
OPH	92353	FITTING OF SPECTACLE PROSTHESIS FOR APHAKIA; MULTIFOCAL	7/1/2012	12/31/2382	1
OPH	92354	FITTING OF SPECTACLE MOUNTED LOW VISION AID; SINGLE ELEMENT SYSTEM	7/1/2012	12/31/2382	1
OPH	92355	FITTING OF SPECTACLE MOUNTED LOW VISION AID; TELESCOPIC OR OTHER COMPOUND LENS SYSTEM	7/1/2012	12/31/2382	1
OPH	92358	PROSTHESIS SERVICE FOR APHAKIA, TEMPORARY (DISPOSABLE OR LOAN, INCLUDING MATERIALS)	7/1/2012	12/31/2382	1
OPH	92370	REPAIR AND REFITTING SPECTACLES; EXCEPT FOR APHAKIA	10/1/2013	12/31/2382	1
OPH	92371	REPAIR AND REFITTING SPECTACLES; SPECTACLE PROSTHESIS FOR APHAKIA	7/1/2012	12/31/2382	1
OPH	92499	UNLISTED OPHTHALMOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	92502	OTOLARYNGOLOGIC EXAMINATION UNDER GENERAL ANESTHESIA	10/1/2010	12/31/2382	1
OPH	92504	BINOCULAR MICROSCOPY (SEPARATE DIAGNOSTIC PROCEDURE)	10/1/2010	12/31/2382	1
OPH	92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	10/1/2020	12/31/2382	1
OPH	92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PRCESSING DISORDER; GROUP, TWO OR MORE	10/1/2010	12/31/2382	1
OPH	92511	NASOPHARYNGOSCOPY WITH ENDOSCOPE (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	92512	NASAL FUNCTION STUDIES (EG, RHINOMANOMETRY)	10/1/2010	12/31/2382	1
OPH	92516	FACIAL NERVE FUNCTION STUDIES (EG, ELECTRONEURONOGRAPHY)	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92517	VEMP TESTING OF LOWER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	4/1/2021	12/31/2382	1
OPH	92518	VEMP TESTING OF UPPER BRANCH OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	4/1/2021	12/31/2382	1
OPH	92519	VEMP TESTING OF UPPER AND LOWER BRANCHES OF INNER EAR NERVE WITH INTERPRETATION AND REPORT	4/1/2021	12/31/2382	1
OPH	92520	LARYNGEAL FUNCTION STUDIES	10/1/2010	12/31/2382	1
OPH	92521	EVALUATION OF SPEECH FLUENCY	10/1/2020	12/31/2382	1
OPH	92522	EVALUATION OF SPEECH AND SOUND PRODUCTION	10/1/2020	12/31/2382	1
OPH	92523	EVALUATION OF SPEECH SOUND PRODUCTION WITH EVALUATION OF LANGUAGE COMPREHENSION AND EXPRESSION	10/1/2020	12/31/2382	1
OPH	92524	BEHAVIORAL AND QUALITATIVE ANALYSIS OF VOICE AND RESONANCE	10/1/2020	12/31/2382	1
OPH	92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING	10/1/2010	12/31/2382	1
OPH	92531	SPONTANEOUS NYSTAGMUS, INCLUDING GAZE	7/1/2012	12/31/2382	1
OPH	92532	POSITIONAL NYSTAGMUS	7/1/2012	12/31/2382	1
OPH	92533	CALORIC VESTIBULAR TEST, EACH IRRIGATION (BINAURAL, BITHERMAL STIMULATION CONSTITUTES FOUR TESTS)	7/1/2014	12/31/2382	4
OPH	92534	OPTOKINETIC NYSTAGMUS	7/1/2012	12/31/2382	1
OPH	92537	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; BITHERMAL (IE, ONE WARM AND ONE COOL IRRIGATION IN EACH EAR FOR A TOTAL OF FOUR IRRIGATIONS)	1/1/2016	12/31/2382	1
OPH	92538	CALORIC VESTIBULAR TEST WITH RECORDING, BILATERAL; MONOTHERMAL (IE, ONE IRRIGATION IN EACH EAR FOR A TOTAL OF TWO IRRIGATIONS)	1/1/2016	12/31/2382	1
OPH	92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC GAZE FIXATION MYSTAGMUS	7/1/2012	12/31/2382	1
OPH	92541	SPONTANEOUS NYSTAGMUS TEST, INCLUDING GAZE AND FIXATION NYSTAGMUS, WITH RECORDING	10/1/2010	12/31/2382	1
OPH	92542	POSITIONAL NYSTAGMUS TEST, MINIMUM OF 4 POSITIONS, WITH RECORDING	10/1/2010	12/31/2382	1
OPH	92544	OPTOKINETIC NYSTAGMUS TEST, BIDIRECTIONAL, FOVEAL OR PERIPHERAL STIMULATION, WITH RECORDING	10/1/2010	12/31/2382	1
OPH	92545	OSCILLATING TRACKING TEST, WITH RECORDING	10/1/2010	12/31/2382	1
OPH	92546	SINUSOIDAL VERTICAL AXIS ROTATIONAL TESTING	10/1/2010	12/31/2382	1
OPH	92547	USE OF VERTICAL ELECTRODES IN ANY OR ALL OF ABOVE TESTS COUNTS AS ONE ADDITIONAL TEST	10/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92548	COMPUTERIZED DYNAMIC POSTUROGRAPHY	10/1/2010	12/31/2382	1
OPH	92549	COMPUTERIZED DYNAMIC POSTUROGRAPHY SENSORY ORGANIZATION TEST (CDP-SOT), 6 CONDITIONS (IE, EYES OPEN, EYES CLOSED, VISUAL SWAY, PLATFORM SWAY, EYES CLOSED PLATFORM SWAY, PLATFORM AND	1/1/2020	12/31/2382	1
OPH	92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	7/1/2012	12/31/2382	1
OPH	92551	SCREENING TEST, PURE TONE, AIR ONLY	10/1/2013	12/31/2382	1
OPH	92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	10/1/2010	12/31/2382	1
OPH	92553	PURE TONE AUDIOMETRY (THRESHOLD); AIR AND BONE	10/1/2010	12/31/2382	1
OPH	92555	SPEECH AUDIOMETRY THRESHOLD;	10/1/2010	12/31/2382	1
OPH	92556	SPEECH AUDIOMETRY THRESHOLD; WITH SPEECH RECOGNITION	10/1/2010	12/31/2382	1
OPH	92557	COMPREHENSIVE AUDIOMETRY THRESHOLD EVALUATION AND SPEECH RECOGNITION (92553 AND 92556 COMBINED)	10/1/2010	12/31/2382	1
OPH	92558	EVOKED OTOACOUSTIC EMISSIONS, SCREENING, AUTOMATED ANALYSIS	1/1/2012	12/31/2382	1
OPH	92562	LOUDNESS BALANCE TEST, ALTERNATE BINAURAL OR MONAURAL	10/1/2010	12/31/2382	1
OPH	92563	TONE DECAY TEST	10/1/2010	12/31/2382	1
OPH	92565	STENGER TEST, PURE TONE	10/1/2010	12/31/2382	1
OPH	92567	TYMPANOMETRY (IMPEDANCE TESTING)	10/1/2010	12/31/2382	1
OPH	92568	ACOUSTIC REFLEX TESTING	10/1/2010	12/31/2382	1
OPH	92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING), ACOUSTIC REFLEX THRESHOLD TESTING,	7/1/2014	12/31/2382	1
OPH	92571	FILTERED SPEECH TEST	10/1/2010	12/31/2382	1
OPH	92572	STAGGERED SPONDAIC WORD TEST	10/1/2010	12/31/2382	1
OPH	92575	SENSORINEURAL ACUITY LEVEL TEST	10/1/2010	12/31/2382	1
OPH	92576	SYNTHETIC SENTENCE IDENTIFICATION TEST	10/1/2010	12/31/2382	1
OPH	92577	STENGER TEST, SPEECH	10/1/2010	12/31/2382	1
OPH	92579	VISUAL REINFORCEMENT AUDIOMETRY (VRA)	10/1/2010	12/31/2382	1
OPH	92582	CONDITIONING PLAY AUDIOMETRY	10/1/2010	12/31/2382	1
OPH	92583	SELECT PICTURE AUDIOMETRY	10/1/2010	12/31/2382	1
OPH	92584	ELECTROCOCHLEOGRAPHY	10/1/2010	12/31/2382	1
OPH	92587	EVOKED OTOACOUSTIC EMISSIONS; LIMITED (SINGLE STIMULUS LEVEL, EITHER TRANSIENT OR DISTORTION PRODUCTS)	10/1/2010	12/31/2382	1
OPH	92588	EVOKED OTOACOUSTIC EMISSIONS; COMPREHENSIVE OR DIAGNOSTIC EVALUATION(COMPARISON OF TRANSIENT AND DISTORTION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92590	HEARING AID EXAMINATION AND SELECTION; MONAURAL	10/1/2013	12/31/2382	1
OPH	92591	HEARING AID EXAMINATION AND SELECTION; BINAURAL	10/1/2013	12/31/2382	1
OPH	92592	HEARING AID CHECK; MONAURAL	10/1/2013	12/31/2382	1
OPH	92593	HEARING AID CHECK; BINAURAL	10/1/2013	12/31/2382	1
OPH	92594	ELECTROACOUSTIC EVALUATION FOR HEARING AID; MONAURAL	10/1/2013	12/31/2382	1
OPH	92595	ELECTROACOUSTIC EVALUATION FOR HEARING AID; BINAURAL	10/1/2013	12/31/2382	1
OPH	92596	EAR PROTECTOR ATTENUATION MEASUREMENTS	7/1/2013	12/31/2382	1
OPH	92597	EVALUATION FOR USE AND/OR FITTING VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEM	10/1/2012	12/31/2382	1
OPH	92601	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; WITH PROGRAMMING	10/1/2010	12/31/2382	1
OPH	92602	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, PATIENT UNDER 7 YEARS OF AGE; SUBSEQUENT PROGRAMMING	10/1/2010	12/31/2382	1
OPH	92603	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER, WITH PROGRAMMING	10/1/2010	12/31/2382	1
OPH	92604	DIAGNOSTIC ANYALYSIS OF COCHLEAR IMPLANT, 7 YEARS OR OLDER; SUBSEQUENT PROGRAMMING	10/1/2010	12/31/2382	1
OPH	92605	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	1/1/2012	12/31/2382	1
OPH	92606	THERAPEUTIC SERVICE(S) FOR THE USE OF NON-SPEECH- GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	1/1/2012	12/31/2382	1
OPH	92607	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE, FIRST HOU	10/1/2012	12/31/2382	1
OPH	92608	EVALUATION FOR PRESCRIPTION OF SPEECH-GENERATING- AUGMENTATIVE AND ALTERNATIVE COMMUNICATION, EACH ADDITIONAL	7/1/2016	12/31/2382	4
OPH	92609	THERAPEUTIC SERVICES FOR THE USE OF SPEECH-GENERATING DEVICE, INCLUDING PROGRAMMING AND MODIFICATION	10/1/2010	12/31/2382	1
OPH	92610	EVALUATION OF ORAL AND PHARYNGEAL SWALLOWING FUNCTION	10/1/2010	12/31/2382	1
OPH	92611	MOTION FLUOROSCOPIC EVALUATION OF SWALLOWING FUNCTION BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
OPH	92612	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92613	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING BY CINE OR VIDEO RECORDING; PHYSICIAN INTERPERTATION	10/1/2010	12/31/2382	1
OPH	92614	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
OPH	92615	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION, LARYNGEAL SENSORY TESTING BY CINE OR VIDEO RECORDING; PHYSICIAN AND	10/1/2012	12/31/2382	1
OPH	92616	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO RECORDING	10/1/2012	12/31/2382	1
OPH	92617	FLEXIBLE FIBEROPTIC ENDOSCOPIC EVALUATION OF SWALLOWING AND LARYNGEAL SENSORY BY CINE OR VIDEO RECORDING; PHYS	10/1/2012	12/31/2382	1
OPH	92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND ALTERNATIVE COMMUNICATION DEVICE	7/1/2013	12/31/2382	1
OPH	92620	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; INITIAL 60 MINUTES	10/1/2010	12/31/2382	1
OPH	92621	EVALUATION OF CENTRAL AUDITORY FUNCTION, WITH REPORT; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	4
OPH	92625	ASSESSMENT OF TINNITUS (INCLUDES PITCH, LOUDNESS MATCHING, AND MASKING)	10/1/2010	12/31/2382	1
OPH	92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	10/1/2010	12/31/2382	1
OPH	92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	6
OPH	92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	10/1/2012	12/31/2382	1
OPH	92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	10/1/2012	12/31/2382	1
OPH	92640	DIAGNOSTIC ANALYSIS WITH PROGRAMMING OF AUDITORY BRAINSTEM IMPLANT, PER HOUR	7/1/2016	12/31/2382	1
OPH	92650	SCREENING EVALUATION OF BRAIN RESPONSE TO SOUND WITH AUTOMATED ANALYSIS	1/1/2021	12/31/2382	1
OPH	92651	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING STATUS WITH INTERPRETATION AND REPORT	1/1/2021	12/31/2382	1
OPH	92652	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DETERMINATION OF HEARING THRESHOLD WITH INTERPRETATION AND REPORT	1/1/2021	12/31/2382	1
OPH	92653	EVALUATION OF BRAIN RESPONSE TO SOUND FOR DIAGNOSIS OF NERVOUS SYSTEM DISORDERS WITH INTERPRETATION AND REPORT	1/1/2021	12/31/2382	1
OPH	92700	UNLISTED OTORHINOLARYNGOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	92920	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; SINGLE MAJOR CORONARY ARTERY OR BRANCH	7/1/2016	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92921	PERCUTANEOUS TRANSLUMINAL CORONARY ANGIOPLASTY; EACH ADDITIONAL BRANCH OF A MAJOR CORONARY ARTERY	10/1/2016	12/31/2382	6
OPH	92924	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; SINGLE MAJOR	7/1/2016	12/31/2382	2
OPH	92925	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH CORONARY ANGIOPLASTY WHEN PERFORMED; EACH ADDITIONAL	10/1/2016	12/31/2382	6
OPH	92928	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED	7/1/2016	12/31/2382	3
OPH	92929	PERCUTANEOUS TRANSCATHETER PLACEMENT OF INTRACORONARY STENT(S), WITH CORONARY ANGIOPLASTY WHEN PERFORMED	10/1/2021	12/31/2382	2
OPH	92933	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH ANGIOPLASTY WHEN PERFORMED;	7/1/2016	12/31/2382	2
OPH	92934	PERCUTANEOUS TRANSLUMINAL CORONARY ATHERECTOMY, WITH INTRACORONARY STENT, WITH ANGIOPLASTY WHEN PERFORMED;	10/1/2021	12/31/2382	2
OPH	92937	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF	7/1/2016	12/31/2382	2
OPH	92938	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION OF	10/1/2021	12/31/2382	2
OPH	92943	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY	7/1/2016	12/31/2382	2
OPH	92944	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY, CORONARY ARTERY	10/1/2021	12/31/2382	2
OPH	92950	CARDIOPULMONARY RESUSCITATION (EG, IN CARDIAC ARREST)	7/1/2016	12/31/2382	2
OPH	92953	TEMPORARY TRANSCUTANEOUS PACING	10/1/2010	12/31/2382	2
OPH	92960	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA, EXTERNAL	10/1/2010	12/31/2382	2
OPH	92961	CARDIOVERSION, ELECTIVE, ELECTRICAL CONVERSION OF ARRHYTHMIA; INTERNAL	10/1/2010	12/31/2382	1
OPH	92973	PERCUTANEOUS TRANSLUMINAL CORONARY THROMBECTOMY (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2010	12/31/2382	2
OPH	92974	TRANSCATHETER PLACEMENT OF RADIATION DELIVERY DEVICE FOR SUBSEQUENT CORONARY INTRAVASCULAR BRACHYTHERAPY	10/1/2010	12/31/2382	1
OPH	92977	THROMBOLYSIS, CORONARY; BY INTRAVENOUS INFUSION	10/1/2010	12/31/2382	1
OPH	92978	INTRAVASCULAR ULTRASOUND (CORONARY VESSEL OR GRAFT) DURING DIAGNOSTIC	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	92979	INTRASVASCULAR ULTRASOUND DURING THERAPEUTIC INTERVENTION INCLUDING IMAGING SUPERVISION; EACH ADDITIONAL VESSE	10/1/2010	12/31/2382	2
OPH	92986	PERCUTANEOUS BALLOON VALVULOPLASTY; AORTIC VALVE	10/1/2010	12/31/2382	1
OPH	92987	PERCUTANEOUS BALLOON VALVULOPLASTY; MITRAL VALVE	10/1/2010	12/31/2382	1
OPH	92990	PERCUTANEOUS BALLOON VALVULOPLASTY; PULMONARY VALVE	10/1/2010	12/31/2382	1
OPH	92997	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; SINGLE VESSEL	10/1/2010	12/31/2382	1
OPH	92998	PERCUTANEOUS TRANSLUMINAL PULMONARY ARTERY BALLOON ANGIOPLASTY; EACH ADDITIONAL VESSEL	10/1/2010	12/31/2382	2
OPH	93000	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT	10/1/2012	12/31/2382	3
OPH	93005	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT	7/1/2016	12/31/2382	5
OPH	93010	ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; INTERPRETATION AND REPORT ONLY	7/1/2016	12/31/2382	5
OPH	93015	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; CONTINUOUS ELECTROCARDIO	10/1/2014	12/31/2382	1
OPH	93016	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE;PHYSICIAN SUPERVISION ONL	10/1/2010	12/31/2382	1
OPH	93017	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; TRACING ONLY, WITHOUT IN	10/1/2014	12/31/2382	1
OPH	93018	CARDIOVASCULAR STRESS TEST USING MAXIMAL OR SUBMAXIMAL TREADMILL OR BICYCLE EXERCISE; INTERPRETATION AND REPOR	10/1/2014	12/31/2382	1
OPH	93024	ERGONOVINE PROVOCATION TEST	10/1/2010	12/31/2382	1
OPH	93025	MICROVOLT T-WAVE ALTERNANS FOR ASSESSMENT OF VENTRICULAR ARRHYTHMIAS	10/1/2010	12/31/2382	1
OPH	93040	RHYTHM ECG, ONE TO THREE LEADS; WITH INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
OPH	93041	RHYTHM ECG, ONE TO THREE LEADS; TRACING ONLY WITHOUT INTERPRETATION AND REPORT	10/1/2010	12/31/2382	3
OPH	93042	RHYTHM ECG, ONE TO THREE LEADS; INTERPRETATION AND REPORT ONLY	10/1/2010	12/31/2382	3
OPH	93050	ANALYSIS OF PRESSURE UPPER LIMB ARTERY WITH INTERPRETATION AND REPORT	1/1/2016	12/31/2382	1
OPH	93224	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93225	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
OPH	93226	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2010	12/31/2382	1
OPH	93227	ELECTROCARDIOGRAPHIC MONITORING FOR 24 HOURS BY CONTINUOUS ORIGINAL ECG WAVEFORM RECORDING AND STORAGE, WITH V	10/1/2012	12/31/2382	1
OPH	93228	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED	10/1/2012	12/31/2382	1
OPH	93229	WEARABLE MOBILE CARDIOVASCULAR TELEMETRY WITH ELECTROCARDIOGRAPHIC RECORDING, CONCURRENT COMPUTERIZED	10/1/2010	12/31/2382	1
OPH	93241	HEART RHYTHM RECORDING, ANALYSIS, REPORT, REVIEW, AND INTERPRETATION OF CONTINUOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7 DAYS	1/1/2021	12/31/2382	1
OPH	93242	HEART RHYTHM RECORDING CONTINUOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7 DAYS	1/1/2021	12/31/2382	1
OPH	93243	HEART RHYTHM ANALYSIS AND REPORT OF CONTINUOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7 DAYS	1/1/2021	12/31/2382	1
OPH	93244	HEART RHYTHM REVIEW, AND INTERPRETATION OF CONTINUOUS EXTERNAL EKG OVER MORE THAN 48 HOURS UP TO 7 DAYS	1/1/2021	12/31/2382	1
OPH	93245	HEART RHYTHM RECORDING, ANALYSIS, INTERPRETATION AND REPORT OF CONTINUOUS EXTERNAL EKG OVER MORE THAN 1 WEEK UP TO 1 WEEKS	1/1/2021	12/31/2382	1
OPH	93246	HEART RHYTHM RECORDING OF CONTINUOUS EXTERNAL EKG OVER 8-15 DAYS	1/1/2021	12/31/2382	1
OPH	93247	HEART RHYTHM ANALYSIS AND REPORT OF CONTINUOUS EXTERNAL EKG OVER 8-15 DAYS	1/1/2021	12/31/2382	1
OPH	93248	HEART RHYTHM REVIEW AND INTERPRETATION OF CONTINUOUS EXTERNAL EKG OVER 8-15 DAYS	1/1/2021	12/31/2382	1
OPH	93260	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE	1/1/2015	12/31/2382	1
OPH	93261	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY A PHYSICIAN OR	1/1/2015	12/31/2382	1
OPH	93264	REMOTE MONITORING OF WIRELESS PRESSURE SENSOR IN LUNG ARTERY WITH QUALIFIED HEALTH CARE PROFESSIONAL ANALYSIS, REVIEW, AND REPORT	1/1/2019	12/31/2382	1
OPH	93268	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM OR POSTSYMPTOM MEMORY LOOP, TRANSMISSION, PH	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93270	PATIENT DEMAND SINGLE OR MULTIPLE EVENT RECORDING WITH PRESYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; RECORDING	10/1/2010	12/31/2382	1
OPH	93271	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING W/PRE- SYMPTOM MEMORY LOOP, PER 30 DAY PERIOD; MONITORING	10/1/2010	12/31/2382	1
OPH	93272	PATIENT DEMAND SINGLE/MULTIPLE EVENT RECORDING, W/PRE- SYMPTOM MEMORY LOOP; PHYSICIAN REVIEW & INTERPRETATION	10/1/2012	12/31/2382	1
OPH	93278	SIGNAL-AVERAGED ELECTROCARDIOGRAPHY (SAECG), WITH OR WITHOUT ECG	10/1/2010	12/31/2382	1
OPH	93279	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93280	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93281	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93282	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93283	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93284	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93285	PROGRAMMING DEVICE EVALUATION WITH ITERATIVE ADJUSTMENT OF THE IMPLANTABLE DEVICE TO TEST THE FUNCTION OF THE	10/1/2010	12/31/2382	1
OPH	93286	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	10/1/2010	12/31/2382	2
OPH	93287	PERI-PROCEDURAL DEVICE EVALUATION AND PROGRAMMING OF DEVICE SYSTEM PARAMETERS BEFORE OR AFTER A	10/1/2010	12/31/2382	2
OPH	93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
OPH	93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
OPH	93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
OPH	93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH PHYSICIAN ANALYSIS, REVIEW AND REPORT, INCLUDES CONNECTION	10/1/2010	12/31/2382	1
OPH	93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL OR MULTIPLE LEAD PACEMAKER SYSTEM, INCLUDES	10/1/2010	12/31/2382	1
OPH	93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2012	12/31/2382	1
OPH	93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2012	12/31/2382	1
OPH	93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL , OR MULTIPLE LEAD PACEMAKER SYSTEM	10/1/2010	12/31/2382	1
OPH	93297	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	10/1/2012	12/31/2382	1
OPH	93298	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR MONITOR SYSYTEM, INCLUD	10/1/2012	12/31/2382	1
OPH	93303	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; COMPLETE	10/1/2010	12/31/2382	1
OPH	93304	TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93306	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	10/1/2010	12/31/2382	1
OPH	93307	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING;	10/1/2010	12/31/2382	1
OPH	93308	ECHOCARDIOGRAPHY, REAL-TIME WITH IMAGE DOCUMENTATION (2D) WITH OR WITHOUT M-MODE RECORDING; FOLLOW-UP OR LIMIT	4/1/2012	12/31/2382	1
OPH	93312	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING	4/1/2012	12/31/2382	1
OPH	93313	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	4/1/2012	12/31/2382	1
OPH	93314	ECHOCARDIOGRAPHY, REAL TIME WITH IMAGE DOCUMENTATION (2D) (WITH OR WITHOUT M-MODE RECORDING), TRANSESOPHAGEAL;	4/1/2012	12/31/2382	1
OPH	93315	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; INCLUDING PROBE PLACEMENT, IMAGE	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93316	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL ANOMALIES; PLACEMENT OF TRANSESOPHAGEAL PROBE ONLY	4/1/2012	12/31/2382	1
OPH	93317	TRANSESOPHAGEAL ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC ANOMALIES; IMAGE ACQUISITION, INTERPRETATION AN	4/1/2012	12/31/2382	1
OPH	93318	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR MONITORING PURPOSES, INCLUDING PROBE PLACEMENT, REAL TIME 2-DIMENS	4/1/2012	12/31/2382	1
OPH	93319	3D ECHOCARDIOGRAPHIC IMAGING AND POSTPROCESSING DURING TRANSESOPHAGEAL ECHOCARDIOGRAPHY, OR DURING TRANSTHORACIC ECHOCARDIOGRAPHY FOR CONGENITAL CARDIAC	1/1/2022	12/31/2382	1
OPH	93320	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY (LIST SEPARATELY	4/1/2020	12/31/2382	2
OPH	93321	DOPPLER ECHOCARDIOGRAPHY, PULSED WAVE AND/OR CONTINUOUS WAVE WITH SPECTRAL DISPLAY, WITH OR WITHOUT COLOR FLOW	10/1/2010	12/31/2382	1
OPH	93325	DOPPLER COLOR FLOW VELOCITY MAPPING (LIST SEPARATELY IN ADDITION TO CODE FOR ECHOCARDIOGRAPHY 76825, 76826, 76	4/1/2020	12/31/2382	2
OPH	93350	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D, WITH OR WITHOUT M-MODE RECORDING),	10/1/2010	12/31/2382	1
OPH	93351	ECHOCARDIOGRAPHY, TRANSTHORACIC, REAL-TIME WITH IMAGE DOCUMENTATION (2D), INCLUDES M-MODE RECORDING, WHEN	10/1/2010	12/31/2382	1
OPH	93352	USE OF ECHOCARDIOGRAPHIC CONTRAST AGENT DURING STRESS ECHOCARDIOGRAPHY	10/1/2012	12/31/2382	1
OPH	93355	ECHOCARDIOGRAPHY, TRANSESOPHAGEAL (TEE) FOR GUIDANCE OF A TRANSCATHETER INTRACARDIAC OR GREAT VESSEL	1/1/2015	12/31/2382	1
OPH	93356	MYOCARDIAL STRAIN IMAGING USING SPECKLE TRACKING-DERIVED ASSESSMENT OF MYOCARDIAL MECHANICS (LIST SEPARATELY IN ADDITION TO CODES FOR ECHOCARDIOGRAPHY IMAGING)	1/1/2020	12/31/2382	1
OPH	93451	RIGHT HEART CATHETERIZATION INCLUDING MEASUREMENT(S) OF OXYGEN SATURATION AND CARDIAC OUTPUT	4/1/2011	12/31/2382	1
OPH	93452	LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY, IMAGING SUPERVIS	4/1/2011	12/31/2382	1
OPH	93453	COMBINED RIGHT AND LEFT HEART CATHETERIZATION INCLUDING INTRAPROCEDURAL INJECTION(S) FOR LEFT VENTRICULOGRAPHY	4/1/2011	12/31/2382	1
OPH	93454	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93455	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93456	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93457	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93458	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93459	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93460	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93461	CATHETER PLACEMENT IN CORONARY ARTERY(S) FOR CORONARY ANGIOGRAPHY, INCLUDING INTRAPROCEDURAL INJECTION	4/1/2011	12/31/2382	1
OPH	93462	LEFT HEART CATHETERIZATION BY TRANSSEPTAL PUNCTURE THROUGH INTACT SEPTUM OR BY TRANSAPICAL PUNCTURE	4/1/2011	12/31/2382	1
OPH	93463	PHARMACOLOGIC AGENT ADMINISTRATION (EG, INHALED NITRIC OXIDE, INTRAVENOUS INFUSION OF NITROPRUSSIDE)	4/1/2011	12/31/2382	1
OPH	93464	PHYSIOLOGIC EXERCISE STUDY (EG, BICYCLE OR ARM ERGOMETRY) INCLUDING ASSESSING HEMODYNAMIC	4/1/2011	12/31/2382	1
OPH	93503	INSERTION AND PLACEMENT OF FLOW DIRECTED CATHETER (EG, SWAN-GANZ) FOR MONITORING PURPOSES	10/1/2010	12/31/2382	2
OPH	93505	ENDOMYOCARDIAL BIOPSY	10/1/2010	12/31/2382	1
OPH	93563	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
OPH	93564	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
OPH	93565	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
OPH	93566	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
OPH	93567	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93568	INJECTION PROCEDURE DURNING CARDIAC CATHETERIZATION INCLUDING IMAGING SUPERVISION, INTERPRETATION AND REPORT	4/1/2011	12/31/2382	1
OPH	93571	INTRAVASCULAR DOOPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO	10/1/2010	12/31/2382	1
OPH	93572	INTRAVASCULAR DOPPLER VELOCITY AND/OR PRESSURE DERIVED CORONARY FLOW RESERVE MEASUREMENT DURING CORONARY ANGIO	10/1/2010	12/31/2382	2
OPH	93580	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITAL INTERIAL COMMUNICATION WITH IMPLANT	10/1/2010	12/31/2382	1
OPH	93581	PERCUTANEOUS TRANSCATHETER CLOSURE OF CONGENITALVENTRICULAR SEPTAL DEFECT WITH IMPLANT	10/1/2010	12/31/2382	1
OPH	93582	PERCUTANEOUS TRANSCATHETER CLOSURE OF PATENT DUCTUS ARTERIOUS	1/1/2014	12/31/2382	1
OPH	93590	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO MITRAL VALVE USING FIRST CLOSURE DEVICE	1/1/2017	12/31/2382	1
OPH	93591	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO AORTIC VALVE USING FIRST CLOSURE DEVICE	1/1/2017	12/31/2382	1
OPH	93592	TRANSCATHETER CLOSURE OF LEAK ADJACENT TO HEART VALVE USING ADDITIONAL CLOSURE DEVICE	1/1/2017	12/31/2382	2
OPH	93593	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; NORMAL NATIVE CONNECTIONS	4/1/2022	12/31/2382	1
OPH	93594	RIGHT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE; ABNORMAL	4/1/2022	12/31/2382	1
OPH	93595	LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE, NORMAL OR	4/1/2022	12/31/2382	1
OPH	93596	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S);	4/1/2022	12/31/2382	1
OPH	93597	RIGHT AND LEFT HEART CATHETERIZATION FOR CONGENITAL HEART DEFECT(S) INCLUDING IMAGING GUIDANCE BY THE PROCEDURALIST TO ADVANCE THE CATHETER TO THE TARGET ZONE(S);	4/1/2022	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93598	CARDIAC OUTPUT MEASUREMENT(S), THERMODILUTION OR OTHER INDICATOR DILUTION METHOD, PERFORMED DURING CARDIAC CATHETERIZATION FOR THE EVALUATION OF CONGENITAL HEART	1/1/2022	12/31/2382	1
OPH	93600	BUNDLE OF HIS RECORDING	10/1/2010	12/31/2382	1
OPH	93602	INTRA-ATRIAL RECORDING	10/1/2010	12/31/2382	1
OPH	93603	RIGHT VENTRICULAR RECORDING	10/1/2010	12/31/2382	1
OPH	93609	INTRAVENTRICULAR AND/OR INTRA-ATRIAL MAPPING OF TACHYCARDIA SITE(S) WITH CATHETER MANIPULATION TO RECORD FROM	10/1/2010	12/31/2382	1
OPH	93610	INTRA-ATRIAL PACING	10/1/2010	12/31/2382	1
OPH	93612	INTRAVENTRICULAR PACING	10/1/2010	12/31/2382	1
OPH	93613	INTRACARDIAC ELECTROPHYSIOLOGIC 3-DIMENSIONAL MAPPING	10/1/2010	12/31/2382	1
OPH	93615	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S);	10/1/2010	12/31/2382	1
OPH	93616	ESOPHAGEAL RECORDING OF ATRIAL ELECTROGRAM WITH OR WITHOUT VENTRICULAR ELECTROGRAM(S); WITH PACING	10/1/2010	12/31/2382	1
OPH	93618	INDUCTION OF ARRHYTHMIA BY ELECTRICAL PACING	10/1/2010	12/31/2382	1
OPH	93619	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING	10/1/2010	12/31/2382	1
OPH	93620	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
OPH	93621	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
OPH	93622	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION WITH RIGHT ATRIAL PACING AND RECORDING, RIGHT VENTRICULAR PACING A	10/1/2010	12/31/2382	1
OPH	93623	PROGRAMMED STIMULATION AND PACING AFTER INTRAVENOUS DRUG INFUSION (USE THIS CODE WITH 93620, 93621, 93622)	10/1/2010	12/31/2382	1
OPH	93624	ELECTROPHYSIOLOGIC FOLLOW-UP STUDY WITH PACING AND RECORDING TO TEST EFFECTIVENESS OF THERAPY	10/1/2010	12/31/2382	1
OPH	93631	INTRA-OPERATIVE CARDIAC PACING AND MAPPING	10/1/2010	12/31/2382	1
OPH	93640	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	10/1/2010	12/31/2382	1
OPH	93641	ELECTROPHYSIOLOGIC EVALUATION OF CARDIOVERTER-DEFIBRI-LATOR LEADS...W/TESTING OF CARDIOVERTER-DEFIBRILLATOR	10/1/2010	12/31/2382	1
OPH	93642	ELECTROPHYSIOLOGIC EVALUATION OF SINGLE OR DUAL CHAMBER PACING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93644	ELECTROPHYSIOLOGIC EVALUATION OF SUBCUTANEOUS IMPLANTABLE DEFIBRILLATOR	1/1/2015	12/31/2382	1
OPH	93650	INTRACARDIAC CATHETER ABLATION OF ARRHYTHMOGENIC FOCUS OR TRACT(S), INCLUDING INTRACARDIAC MAPPING, WITH OR WI	10/1/2010	12/31/2382	1
OPH	93653	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	1/1/2013	12/31/2382	1
OPH	93654	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING INSERTION AND REPOSITIONING OF MULTIPLE ELECTRODE	1/1/2013	12/31/2382	1
OPH	93655	INTRACARDIAC CATHETER ABLATION OF A DISCRETE MECHANISM OF ARRHYTHMIA WHICH IS DISTINCT FROM THE PRIMARY	1/1/2015	12/31/2382	2
OPH	93656	COMPREHENSIVE ELECTROPHYSIOLOGIC EVALUATION INCLUDING TRANSSEPTAL CATHETERIZATION, INSERTION AND REPOSITIONING	1/1/2013	12/31/2382	1
OPH	93657	ADDITIONAL LINEAR OR FOCAL INTRACARDIAC CATHETER ABLATION OF THE LEFT OR RIGHT ATRIUM FOR TREATMENT	1/1/2020	12/31/2382	2
OPH	93660	EVALUATION OF CARDIOVASCULAR FUNCTION WITH TILT TABLE EVALUATION, WITH CONTINUOUS ECG MONITORING AND INTERMIT	10/1/2010	12/31/2382	1
OPH	93662	INTRACARDIAC ECHOCARDIOGRAPHY DURNING THERAPEUTIC/ DIAGNOSTIC INTERVENTION, INCLUDONG IMAGING SUPERVISION AND	10/1/2010	12/31/2382	1
OPH	93668	PERIPHERAL ARTERIAL DISEASE (PAD) REHABILITATION, PER SESSION	1/1/2014	12/31/2382	1
OPH	93701	BIOIMPEDANCE, THORACIC, ELECTRICAL	7/1/2013	12/31/2382	1
OPH	93702	BIOIMPEDANCE SPECTOSCOPY (BIS) EXTRACELLULAR FLUID ANALYSIS FOR LYMPHEDEMA ASSESSMENT(S)	1/1/2015	12/31/2382	1
OPH	93724	ELECTRONIC ANALYSIS OF ANTITACHYCARDIA PACEMAKER SYSTEM	10/1/2014	12/31/2382	1
OPH	93740	TEMPERATURE GRADIENT STUDIES	10/1/2010	12/31/2382	1
OPH	93745	INITIAL SET-UP AND PROGRAMMING BY A PHYSICIAN OF WEARABLE CARDIOVERTER-DEFIBRILLATOR INCLUDES INITIAL PROGRAM	10/1/2010	12/31/2382	1
OPH	93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE(VAD), IN PERSON, WITH PHYSICIAN ANALYSIS OF DEVICE PARAMETERS	7/1/2012	12/31/2382	1
OPH	93770	DETERMINATION OF VENOUS PRESSURE	7/1/2012	12/31/2382	1
OPH	93784	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2012	12/31/2382	1
OPH	93786	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93788	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2010	12/31/2382	1
OPH	93790	AMBULATORY BLOOD PRESSURE MONITORING, UTILIZING A SYSTEM SUCH AS MAGNETIC TAPE AND/OR COMPUTER DISK, FOR 24 HO	10/1/2012	12/31/2382	1
OPH	93792	PATIENT/CAREGIVER TRAINING FOR INITIATION OF HOME INTERNATIONAL NORMALIZED RATIO INR MONITORING UNDER THE DIRECTION OF A PHYSICIAN OR	1/1/2018	12/31/2382	1
OPH	93793	ANTICOAGULANT MANAGEMENT FOR A PATIENT TAKING WARFARIN, MUST INCLUDE REVIEW AND INTERPRETATION OF A NEW HOME	1/1/2018	12/31/2382	1
OPH	93797	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITHOUT CONTINUOUS ECG MONITORING (PER SESSION)	7/1/2013	12/31/2382	2
OPH	93798	PHYSICIAN SERVICES FOR OUTPATIENT CARDIAC REHABILITATION; WITH CONTINUOUS ECG MONITORING (PER SESSION)	7/1/2013	12/31/2382	2
OPH	93799	UNLISTED CARDIOVASCULAR SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	93880	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
OPH	93882	DUPLEX SCAN OF EXTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93886	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; COMPLETE STUDY	10/1/2010	12/31/2382	1
OPH	93888	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93890	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; VASOREACTIVITY STUDY	10/1/2010	12/31/2382	1
OPH	93892	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITHOUT INTRAVENOUS MICROBUBBLE	10/1/2010	12/31/2382	1
OPH	93893	TRANSCRANIAL DOPPLER STUDY OF THE INTRACRANIAL ARTERIES; EMBOLI DETECTION WITH INTRAVENOUS MICRO	10/1/2010	12/31/2382	1
OPH	93895	QUANTITATIVE CAROTID INTIMA MEDIA THICKNESS AND CAROTID ATHEROMA EVALUATION, BILATERAL	1/1/2015	12/31/2382	1
OPH	93922	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER LOWER EXTREMITY ARTERIES, SINGLE LEVEL, BILATERAL	7/1/2018	12/31/2382	2
OPH	93923	NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTRIMITY ARTERIES, SINGLE LEVEL, BILATERAL	7/1/2018	12/31/2382	2
OPH	93924	NONINVASIVE PHYSIOLOGIC STUDIES OF LOWER EXTREMITY ARTERIES, AT REST AND FOLLOWING TREADMILL STRESS TEST	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
OPH	93926	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93930	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
OPH	93931	DUPLEX SCAN OF UPPER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; COMPLETE BILATERAL STUDY	10/1/2010	12/31/2382	1
OPH	93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER MANEUVERS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL CONTENTS AND/OR RETROPERITON	10/1/2010	12/31/2382	1
OPH	93976	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, AND/OR RETROPERITONEAL ORGANS; FOLLOW-	10/1/2010	12/31/2382	1
OPH	93978	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; COMPLETE STUDY	10/1/2010	12/31/2382	1
OPH	93979	DUPLEX SCAN OF AORTA, INFERIOR VENA CAVA, ILIAC VASCULATURE, OR BYPASS GRAFTS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93980	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; COMPLETE STUDY	10/1/2010	12/31/2382	1
OPH	93981	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF PENILE VESSELS; FOLLOW-UP OR LIMITED STUDY	10/1/2010	12/31/2382	1
OPH	93985	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE BILATERAL STUDY	7/1/2020	12/31/2382	1
OPH	93986	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW FOR PREOPERATIVE VESSEL ASSESSMENT PRIOR TO CREATION OF HEMODIALYSIS ACCESS; COMPLETE UNILATERAL STUDY	4/1/2020	12/31/2382	1
OPH	93990	DUPLEX SCAN OF HEMODIALYSIS ACCESS (INCLUDING ARTERIAL INFLOW, BODY OF ACCESS AND VENOUS OUTFLOW)	10/1/2010	12/31/2382	2
OPH	93998	UNLISTED NONINVASIVE VASCULAR DIAGNOSTIC STUDY	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	94002	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
OPH	94003	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
OPH	94004	VENTILATION ASSIST AND MANAGEMENT, INITIATION OF PRESSURE OR VOLUME PRESET VENTILATORS FOR ASSISTED OR CONTROL	10/1/2010	12/31/2382	1
OPH	94005	HOME VENTILATOR MANAGEMENT CARE PLAN OVERSIGHT OF A PATIENT IN HOME, DOMICILIARY OR REST HOME REQUIRING REVIEW	10/1/2013	12/31/2382	1
OPH	94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY, EXPIRATORY FLOW RATE MEASUREMENT(S), AND	10/1/2010	12/31/2382	1
OPH	94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD THROUGH 2 YEARS OF AGE	7/1/2012	12/31/2382	1
OPH	94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER BRONCHODILATOR, IN AN INFANT OR CHILD	7/1/2012	12/31/2382	1
OPH	94013	MEASUREMENT OF LUNG VOLUMES(IE, FUNCTIONAL RESIDUAL CAPACITY, FORCED VITAL CAPACITY, AND EXPIRATORY RESERVE	7/1/2012	12/31/2382	1
OPH	94014	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; INCLUDES REINFORCED EDUCATION, TRANSMISSION	10/1/2010	12/31/2382	1
OPH	94015	PATIENT-INITIATED SPIROMETRIC RECORDING PER 30-DAY PERIOD OF TIME; RECORDING (INCLUDES HOOK-UP, REINFORCED	10/1/2010	12/31/2382	1
OPH	94016	PATIENT INITIATED SPIROMETRIC RECORDING PER 30 DAY PERIOD OF TIME; PHYSICIAN REVIEW AND INTERPRETATION ONLY	10/1/2010	12/31/2382	1
OPH	94060	BRONCHOSPASM EVALUATION: SPIROMETRY AS IN 94010, BEFORE AND AFTER BRONCHODILATOR (AEROSOL OR PARENTERAL) OR EX	10/1/2010	12/31/2382	1
OPH	94070	PROLONGED POSTEXPOSURE EVALUATION OF BRONCHOSPASM WITH MULTIPLE SPIROMETRIC DETERMINATIONS AFTER ANTIGEN, COLD	10/1/2010	12/31/2382	1
OPH	94150	VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	94200	MAXIMUM BREATHING CAPACITY, MAXIMAL VOLUNTARY VENTILATION	10/1/2010	12/31/2382	1
OPH	94375	RESPIRATORY FLOW VOLUME LOOP	10/1/2010	12/31/2382	1
OPH	94450	BREATHING RESPONSE TO HYPOXIA (HYPOXIA RESPONSE CURVE)	10/1/2010	12/31/2382	1
OPH	94452	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT;	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	94453	HIGH ALTITUDE SIMULATION TEST (HAST), WITH PHYSICIAN INTERPRETATION AND REPORT; WITH SUPPLEMENTAL OXYGEN	10/1/2010	12/31/2382	1
OPH	94610	INTRAPULMONARY SURFACTANT ADMINISTRATION BY A PHYSICIAN THROUGH ENDOTRACHEAL TUBE	10/1/2010	12/31/2382	2
OPH	94617	EXERCISE TEST FOR BRONCHOSPASM, INCLUDING PRE- AND POST-SPIROMETRY, ELECTROCARDIOGRAPHIC RECORDING S, AND PULSE OXIMETRY	1/1/2018	12/31/2382	1
OPH	94618	PULMONARY STRESS TESTING (EG, 6-MINUTE WALK TEST), INCLUDING MEASUREMENT OF HEART RATE, OXIMETRY, AND OXYGEN TITRATION, WHEN PERFORMED	1/1/2018	12/31/2382	1
OPH	94619	EXERCISE TEST FOR SPASM OF LUNG AIRWAYS	1/1/2021	12/31/2382	1
OPH	94621	PULMONARY STRESS TESTING; COMPLEX INCLUDING MEASUREMENTS OF CO2 PRODUCTION, O2 UPTAKE AND ELECTROCARDIOGRAPHIC	10/1/2010	12/31/2382	1
OPH	94625	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITHOUT CONTINUOUS OXIMETRY MONITORING (PER SESSION)	7/1/2022	12/31/2382	2
OPH	94626	PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL SERVICES FOR OUTPATIENT PULMONARY REHABILITATION; WITH CONTINUOUS OXIMETRY MONITORING (PER SESSION)	7/1/2022	12/31/2382	2
OPH	94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION FOR THERAPEUTIC PURPOSES AND/OR DIAGNOSTIC	1/1/2016	12/31/2382	2
OPH	94642	AEROSOL INHALATION OF PENTAMIDINE FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT OR PROPHYLAXIS	10/1/2010	12/31/2382	1
OPH	94644	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; FIRST HOUR	10/1/2010	12/31/2382	1
OPH	94645	COTINUOUS INHALATION TREATMENT WITH AEROSOL MEDICATION FOR ACUTE AIRWAY OBSTRUCTION; EACH ADDITIONAL HOUR	7/1/2016	12/31/2382	4
OPH	94660	CONTINUOUS POSITIVE AIRWAY PRESSURE VENTILATION (CPAP), INITIATION AND MANAGEMENT	10/1/2010	12/31/2382	1
OPH	94662	CONTINUOUS NEGATIVE PRESSURE VENTILATION (CNP), INITIATION AND MANAGEMENT	10/1/2010	12/31/2382	1
OPH	94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR, NEBULIZER METERED DOSE INHALER OR IPPB DEVICE	10/1/2010	12/31/2382	1
OPH	94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMON	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT	7/1/2016	12/31/2382	5
OPH	94669	MECHANICAL CHEST WALL OSCILLATION TO FACILITATE LUNG FUNCTION , PER SESSION	7/1/2014	12/31/2382	4
OPH	94680	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST AND EXERCISE, DIRECT, SIMPLE	10/1/2010	12/31/2382	1
OPH	94681	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; INCLUDING CO2 OUTPUT, PERCENTAGE OXYGEN EXTRACTED	10/1/2010	12/31/2382	1
OPH	94690	OXYGEN UPTAKE, EXPIRED GAS ANALYSIS; REST, INDIRECT (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND WHEN PERFORMED, AIRWAY RESISTANCE	1/1/2012	12/31/2382	1
OPH	94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, DISTRIBUTION OF VENTILATION	1/1/2012	12/31/2382	1
OPH	94728	AIRWAY RESISTANCE BY IMPLUSE OSCILLOMETRY	1/1/2012	12/31/2382	1
OPH	94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE)	1/1/2012	12/31/2382	1
OPH	94760	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION	10/1/2010	12/31/2382	1
OPH	94761	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; MULTIPLE DETERMINATIONS (EG, DURING EXERCISE)	10/1/2010	12/31/2382	1
OPH	94762	NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; BY CONTINUOUS OVERNIGHT MONITORING (SEPARATE PROCEDUR	10/1/2010	12/31/2382	1
OPH	94772	CIRCADIAN RESPIRATORY PATTERN RECORDING (PEDIATRIC PNEUMOGRAM), 12 TO 24 HOUR CONTINUOUS RECORDING, INFANT	10/1/2010	12/31/2382	1
OPH	94774	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	4/1/2012	12/31/2382	1
OPH	94775	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	10/1/2010	12/31/2382	1
OPH	94776	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	10/1/2010	12/31/2382	1
OPH	94777	PEDIATRIC HOME APNEA MONITORING EVENT RECORDING INCLUDING RESPIRATORY RATE, PATTERN AND HEART RATE PER 30 DAY	1/1/2012	12/31/2382	1
OPH	94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	1/1/2012	12/31/2382	1
OPH	94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING OBSERVATION AND CONTINUOUS RECORD	4/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBE	7/1/2016	12/31/2382	80
OPH	95012	NITRIC OXIDE EXPIRED GAS DETERMINATION	10/1/2010	12/31/2382	2
OPH	95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH VENOMS	7/1/2016	12/31/2382	27
OPH	95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS AND INTRACUTANEOUS, SEQUENTIAL AND INCREMENTAL, WITH DRUGS	7/1/2014	12/31/2382	19
OPH	95024	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, IMMEDIATE TYPE REACTION, SPECIFY NUMBER OF TESTS	7/1/2016	12/31/2382	40
OPH	95027	SKIN END POINT TITRATION	7/1/2016	12/31/2382	90
OPH	95028	INTRACUTANEOUS (INTRADERMAL) TESTS WITH ALLERGENIC EXTRACTS, DELAYED TYPE REACTION, INCLUDING READING, SPECIFY	7/1/2016	12/31/2382	30
OPH	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2022	12/31/2382	90
OPH	95044	PATCH OR APPLICATION TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2016	6/30/2022	80
OPH	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2022	12/31/2382	36
OPH	95052	PHOTO PATCH TEST(S) (SPECIFY NUMBER OF TESTS)	7/1/2016	6/30/2022	20
OPH	95056	PHOTO TESTS	10/1/2010	12/31/2382	1
OPH	95060	OPHTHALMIC MUCOUS MEMBRANE TESTS	10/1/2010	12/31/2382	1
OPH	95065	DIRECT NASAL MUCOUS MEMBRANE TEST	10/1/2010	12/31/2382	1
OPH	95070	INHALATION BRONCHIAL CHALLENGE TESTING (NOT INCLUDING NECESSARY PULMONARY FUNCTION TESTS); WITH HISTAMINE, MET	10/1/2010	12/31/2382	1
OPH	95076	INGESTION CHALLENGE TEST; INITAL 120 MINUTES OF TESTING	7/1/2013	12/31/2382	1
OPH	95079	INGESTION CHALLENGE TEST; EACH ADDITIONAL 60 MINUTES OF TESTING	4/1/2013	12/31/2382	2
OPH	95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; SINGLE INJECT	10/1/2010	12/31/2382	1
OPH	95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF ALLERGENIC EXTRACTS; TWO OR MORE	10/1/2010	12/31/2382	1
OPH	95120	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95125	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION.;TWO OR	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95130	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95131	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95132	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95133	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95134	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY IN PRESCRIBING PHYSICIAN'S OFFICE OR INSTITUTION, INCLUDING P	10/1/2012	12/31/2382	1
OPH	95144	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY, SINGLE OR MULT	7/1/2016	12/31/2382	30
OPH	95145	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;SINGLE	7/1/2016	12/31/2382	10
OPH	95146	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;TWO	7/1/2016	12/31/2382	10
OPH	95147	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;THREE	7/1/2016	12/31/2382	10
OPH	95148	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FOUR	7/1/2016	12/31/2382	10
OPH	95149	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY;FIVE	7/1/2016	12/31/2382	10
OPH	95165	PROFESSIONAL SERVICES FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY; SINGLE OR MULT	7/1/2016	12/31/2382	30
OPH	95170	PROFESSIONAL SERVICE FOR THE SUPERVISION AND PROVISION OF ANTIGENS FOR ALLERGEN IMMUNOTHERAPY (SPECIFY NUMBER	7/1/2016	12/31/2382	10
OPH	95180	RAPID DESENSITIZATION PROCEDURE, EACH HOUR (EG, INSULIN, PENICILLIN, HORSE SERUM)	7/1/2016	12/31/2382	8
OPH	95199	UNLISTED ALLERGY/CLINICAL IMMUNOLOGIC SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	95249	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR FOR A MINIMUM OF 72 HOURS; PATIENT-PROVIDED EQUIPMENT, SENSOR PLACEMENT	1/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95250	GLUCOSE MONITORING FOR UP TO 72 HOURS BY CONTINUOUS RECORDING AND STORAGE OF GLUCOSE VALUES FROM INTERSTITIAL	10/1/2010	12/31/2382	1
OPH	95251	AMBULATORY CONTINUOUS GLUCOSE MONITORING OF INTERSTITIAL TISSUE FLUID VIA A SUBCUTANEOUS SENSOR	10/1/2010	12/31/2382	1
OPH	95700	ELECTROENCEPHALOGRAM (EEG) CONTINUOUS RECORDING, WITH VIDEO WHEN PERFORMED, SETUP, PATIENT EDUCATION, AND TAKEDOWN WHEN PERFORMED, ADMINISTERED IN PERSON BY EEG TECHNOLOGIST, MINIMUM OF 8 CHANNELS	1/1/2020	12/31/2382	1
OPH	95705	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	1/1/2020	12/31/2382	1
OPH	95706	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95707	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95708	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	1/1/2020	12/31/2382	1
OPH	95709	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95710	ELECTROENCEPHALOGRAM (EEG), WITHOUT VIDEO, REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95711	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; UNMONITORED	1/1/2020	12/31/2382	1
OPH	95712	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95713	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, 2-12 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95714	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; UNMONITORED	1/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95715	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH INTERMITTENT MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95716	ELECTROENCEPHALOGRAM WITH VIDEO (VEEG), REVIEW OF DATA, TECHNICAL DESCRIPTION BY EEG TECHNOLOGIST, EACH INCREMENT OF 12-26 HOURS; WITH CONTINUOUS, REAL-TIME MONITORING AND MAINTENANCE	1/1/2020	12/31/2382	1
OPH	95717	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG RECORDING;	1/1/2020	12/31/2382	1
OPH	95718	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION AND REPORT, 2-12 HOURS OF EEG	1/1/2020	12/31/2382	1
OPH	95719	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26	1/1/2020	12/31/2382	1
OPH	95720	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, EACH INCREMENT OF GREATER THAN 12 HOURS, UP TO 26 HOURS	1/1/2020	12/31/2382	1
OPH	95721	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT,	1/1/2020	12/31/2382	1
OPH	95722	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION,	1/1/2020	12/31/2382	1
OPH	95723	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT,	1/1/2020	12/31/2382	1
OPH	95724	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION,	1/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95725	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT,	1/1/2020	12/31/2382	1
OPH	95726	ELECTROENCEPHALOGRAM (EEG), CONTINUOUS RECORDING, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL REVIEW OF RECORDED EVENTS, ANALYSIS OF SPIKE AND SEIZURE DETECTION, INTERPRETATION, AND SUMMARY REPORT,	1/1/2020	12/31/2382	1
OPH	95782	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	7/1/2014	12/31/2382	1
OPH	95783	POLYSOMNOGRAPHY; YOUNGER THAN 6 YEARS, SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP	7/1/2014	12/31/2382	1
OPH	95800	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS, AND SLEEP	7/1/2012	12/31/2382	1
OPH	95801	SLEEP STUDY, UNATTENDED, SIMULTANEOUS RECORDING; MINIMUM OF HEART RATE OXYGEN SATURATION, RESPIRATORY ANALYSIS	7/1/2012	12/31/2382	1
OPH	95803	ACTIGRAPHY TESTING, RECORDING, ANALYSIS, INTERPRETATION, AND REPORT (MINIMUM OF 72 HOURS TO 14 CONSECUTIVE	7/1/2012	12/31/2382	1
OPH	95805	MULTIPLE SLEEP LATENCY OR MAINTENANCE OF WAKEFULNESS TESTING, RECORDING, ANALYSIS AND INTERPRETATION OF PHYS	10/1/2010	12/31/2382	1
OPH	95806	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ACG OR HEART RATE, AND OXYGEN SATURAT	10/1/2010	12/31/2382	1
OPH	95807	SLEEP STUDY, SIMULTANEOUS RECORDING OF VENTILATION, RESPIRATORY EFFORT, ECG OR HEART RATE, AND OXYGEN SATURATO	10/1/2010	12/31/2382	1
OPH	95808	POLYSOMNOGRAPHY; SLEEP STAGING WITH 1-3 ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	10/1/2010	12/31/2382	1
OPH	95810	POLYSOMNOGRAPHY;SLEEP STAGING WITH4 OR MORE ADDITIONAL PARAMETERS OF SLEEP, ATTENDED BY A TECHNOLOGIST	10/1/2010	12/31/2382	1
OPH	95811	POLYSOMNOGRAPHY; SLEEP STAGING WITH 4 OR MORE ADDITIONAL PARAMETERS OF SLEEP WITH INITIATION OF CONT	10/1/2010	12/31/2382	1
OPH	95812	ELECTROENCEPHALOGRAM EXTENDED MONITORING; UP TO ONE HOUR	10/1/2010	12/31/2382	1
OPH	95813	ELECTROENCEPHALOGRAM EXTENDED MONITORING; GREATER THAN ONE HOUR	10/1/2010	12/31/2382	1
OPH	95816	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND DROWSY (INCLUDING	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95819	ELECTROENCEPHALOGRAM (EEG) INCLUDING RECORDING AWAKE AND ASLEEP (INCLUDING	10/1/2010	12/31/2382	1
OPH	95822	ELECTROENCEPHALOGRAM (EEG); SLEEP ONLY	10/1/2010	12/31/2382	1
OPH	95824	ELECTROENCEPHALOGRAM (EEG); CEREBRAL DEATH EVALUATION ONLY	10/1/2010	12/31/2382	1
OPH	95829	ELECTROCORTICOGRAM AT SURGERY (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	1
OPH	95830	INSERTION BY PHYSICIAN OF SPHENOIDAL ELECTRODES FOR ELECTROENCEPHALOGRAPHIC (EEG) RECORDING	10/1/2010	12/31/2382	1
OPH	95836	RECORDING OF BRAIN CORTEX ELECTRICAL RESPONSES TO IMPLANTED STIMULATION DEVICE WITH INTERPRETATION AND REPORT	1/1/2019	12/31/2382	1
OPH	95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SE	1/1/2013	12/31/2382	3
OPH	95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SID	10/1/2010	12/31/2382	1
OPH	95857	TENSILON TEST FOR MYASTHENIA GRAVIS;	10/1/2010	12/31/2382	1
OPH	95860	NEEDLE ELECTROMYOGRAPHY, ONE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
OPH	95861	NEEDLE ELECTROMYOGRAPHY, TWO EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
OPH	95863	NEEDLE ELECTROMYOGRAPHY, THREE EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
OPH	95864	NEEDLE ELECTROMYOGRAPHY, FOUR EXTREMITIES WITH OR WITHOUT RELATED PARASPINAL AREAS	10/1/2010	12/31/2382	1
OPH	95865	NEEDLE ELECTROMYOGRAPHY; LARYNX	10/1/2010	12/31/2382	1
OPH	95866	NEEDLE ELECTROMYOGRAPHY; HEMIDIAPHRAGM	10/1/2010	12/31/2382	2
OPH	95867	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; UNILATERAL	10/1/2010	12/31/2382	1
OPH	95868	ELECTROMYOGRAPHY, CRANIAL NERVE SUPPLIED MUSCLES; BILATERAL	10/1/2010	12/31/2382	1
OPH	95869	ELECTROMYOGRAPHY, LIMITED STUDY OF SPECIFIC MUSCLES (EG, THORACIC SPINAL MUSCLES)	10/1/2010	12/31/2382	1
OPH	95870	NEEDLE ELECTROMYOGRAPHY; LIMITED STUDY OF MUSCLES IN ONE EXTREMITY OR NON-LIMB	7/1/2016	12/31/2382	4
OPH	95872	NEDLE ELECTROMYOGRAPHY USING SINGLE FIBER ELECTRODE, WITH QUANTITATIVE MEASUREMENT OF JITTER, BLOCKING AND/	7/1/2016	12/31/2382	4
OPH	95873	ELECTRICAL STIMULATION FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95874	NEEDLE ELECTROMYOGRAPHY FOR GUIDANCE IN CONJUNCTION WITH CHEMODENERVATION	10/1/2010	12/31/2382	1
OPH	95875	ISCHEMIC LIMB EXERCISE WITH EMG, WITH LACTIC ACID DETERMINATION	10/1/2010	12/31/2382	2
OPH	95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCT	10/1/2016	12/31/2382	4
OPH	95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN PERFORMED, DONE WITH NERVE CONDUCT	10/1/2016	12/31/2382	4
OPH	95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY, MUSCLE(S) DONE WITH NERVE CONDUCTION, AMPLITUTDE AND LATENCY/VELOCITY	4/1/2012	12/31/2382	1
OPH	95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S), AMPLITUDE AND LATENCY	4/1/2012	12/31/2382	2
OPH	95907	NERVE CONDUCTION STUDIES; 1-2 STUDIES	1/1/2013	12/31/2382	1
OPH	95908	NERVE CONDUCTION STUDIES; 3-4 STUDIES	1/1/2013	12/31/2382	1
OPH	95909	NERVE CONDUCTION STUDIES; 5-6 STUDIES	1/1/2013	12/31/2382	1
OPH	95910	NERVE CONDUCTION STUDIES; 7-8 STUDIES	1/1/2013	12/31/2382	1
OPH	95911	NERVE CONDUCTION STUDIES; 9-10 STUDIES	1/1/2013	12/31/2382	1
OPH	95912	NERVE CONDUCTION STUDIES; 11-12 STUDIES	1/1/2013	12/31/2382	1
OPH	95913	NERVE CONDUCTION STUDIES; 13 OR MORE STUDIES	1/1/2013	12/31/2382	1
OPH	95921	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; CARDIOVAGAL INNERVATION (PARASYMPATHETIC FUNCTION); INCLUDING TW	10/1/2010	12/31/2382	1
OPH	95922	TESTING OF AUTONOMIC NERVOUS SYSTEM FUCTION; VASOMOTOR ADRENERGIC INNERVATION, INCLUDING BEAT-TO-BEAT BLOOD	10/1/2010	12/31/2382	1
OPH	95923	TESTING OF AUTONOMIC NERVOUS SYSTEM FUNCTION; SUDOMOTOR INCLUDING ONE OR MORE OF THE FOLLOWING:	10/1/2010	12/31/2382	1
OPH	95924	TESTING OF AUTONOMIC (SYMPATHETIC) NERVOUS SYSTEM FUNCTION, COMBINED PARASYMPATHETIC, ADRENERGIC FUNCTION	7/1/2013	12/31/2382	1
OPH	95925	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES,	10/1/2010	12/31/2382	1
OPH	95926	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN LOWER LIMB	10/1/2010	12/31/2382	1
OPH	95927	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES; IN THE TRUNK OR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95928	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); UPPER LIMBS	10/1/2010	12/31/2382	1
OPH	95929	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); LOWER LIMBS	10/1/2010	12/31/2382	1
OPH	95930	VISUAL EVOKED POTENTIAL (VEP) TESTING CENTRAL NERVOUS SYSTEM, CHECHERBOARD OR FLASH	10/1/2010	12/31/2382	1
OPH	95933	ORBICULARIS OCULI (BLINK) REFLEX, BY ELECTRODIAGNOSTIC TESTING	10/1/2010	12/31/2382	1
OPH	95937	NEUROMUSCULAR JUNCTION TESTING (REPETITIVE STIMULATION, PAIRED STIMULI), EACH NERVE, ANY ONE METHOD	7/1/2016	12/31/2382	4
OPH	95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL PERIPHERAL NERVES OR SKIN SITES,	1/1/2012	12/31/2382	1
OPH	95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER AND LOWER LIMBS	1/1/2012	12/31/2382	1
OPH	95940	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING IN THE OPERATING ROOM, ONCE N ONE MONITORING PERSONAL	7/1/2016	12/31/2382	20
OPH	95941	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM OR FOR MONITORING OF	7/1/2017	12/31/2382	5
OPH	95954	PHARMACOLOGICAL ACTIVATION DURING PROLONGED MONITORING FOR LOCALIZATION OF CEREBRAL SEIZURE FOCUS	10/1/2010	12/31/2382	1
OPH	95955	ELECTROENCEPHALOGRAM (EEG) DURING NONINTRACRANIAL SURGERY (EG, CAROTID SURGERY)	10/1/2010	12/31/2382	1
OPH	95957	DIGITAL ANALYSIS OF ELECTROENCEPHALOGRAM (EF, FOR EPILEPTIC SPIKE ANALYSIS)	10/1/2010	12/31/2382	1
OPH	95958	WADA ACTIVATION TEST FOR HEMISPHERIC FUNCTION, INCLUDING ELECTROENCEPHALOGRAPHIC (EEG) MONITORING	10/1/2010	12/31/2382	1
OPH	95961	FUNCTIONAL CORTICAL AND SUBCORTICAL MAPPING BY STIMULATION AND/OR RECORDING OF	10/1/2010	12/31/2382	1
OPH	95962	FUNCTIONAL CORTICAL MAPPING BY STIMULATION OF ELECTRODES ON BRAIN SURFACE, OR OF DEPTH ELECTRODES, TO PROVOKE	10/1/2012	12/31/2382	3
OPH	95965	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR SPONTANEOUS BRAIN MAGNETIC ACTIVITY	10/1/2010	12/31/2382	1
OPH	95966	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, SINGLE MODALITY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	95967	MAGNETOENCEPHALOGRAPHY, RECORDING AND ANALYSIS; FOR EVOKED MAGNETIC FIELDS, EACH ADDITIONAL MODALITY	10/1/2010	12/31/2382	3
OPH	95970	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM	10/1/2010	12/31/2382	1
OPH	95971	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR, SIMPLE PULSE GENERATOR	10/1/2010	12/31/2382	1
OPH	95972	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM, COMPLEX BRAIN OR SPINAL CORD NEUROSTI	10/1/2010	12/31/2382	1
OPH	95976	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH SIMPLE CRANIAL NERVE STIMULATOR PROGRAMMING	1/1/2019	12/31/2382	1
OPH	95977	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH COMPLEX CRANIAL NERVE STIMULATOR PROGRAMMING	1/1/2019	12/31/2382	1
OPH	95980	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
OPH	95981	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
OPH	95982	ELECTRONIC ANALYSIS OF IMPLANTED NEUROSTIMULATOR PULSE GENERATOR SYSTEM GASTRIC NEUROSTIMULATOR PULSE	10/1/2010	12/31/2382	1
OPH	95983	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, FIRST 15 MINUTES FACE-TO-FACE TIME WITH QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2019	12/31/2382	1
OPH	95984	ELECTRONIC ANALYSIS OF IMPLANTED BRAIN, SPINAL CORD OR PERIPHERAL STIMULATION DEVICE WITH BRAIN STIMULATOR PROGRAMMING, ADDITIONAL 15 MINUTES FACE-TO-FACE TIME WITH QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2019	12/31/2382	11
OPH	95990	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN	7/1/2016	12/31/2382	1
OPH	95991	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SPINAL OR BRAIN; ADMINISTERED BY	7/1/2016	12/31/2382	1
OPH	95992	CANALITH REPOSITIONING PROCEDURE(S), (EG, EPLEY MANEUVER, SEMONT MANEUVER), PER DAY	10/1/2010	12/31/2382	1
OPH	95999	UNLISTED NEUROLOGICAL OR NEUROMUSCULAR DIAGNOSTIC PROCEDURE	4/1/2018	12/31/2382	1
OPH	96000	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS	10/1/2010	12/31/2382	1
OPH	96001	COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS BY VIDEO TAPING AND 3-D KINEMATICS; WITH DYNAMIC PLANTAR PRESSURE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	96002	DYNAMIC SURFACE ELECTROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL ACTIVITIES, 1-12 MUSCLES	10/1/2010	12/31/2382	1
OPH	96003	DYNAMIC FINE WIRE ELETROMYOGRAPHY, DURING WALKING OR OTHER FUNCTIONAL, ACTIVITES, 1 MUSCLE	10/1/2010	12/31/2382	1
OPH	96004	PHYSICIAN REVIEW AND INTERPRETATION OF COMPREHENSIVE COMPUTER-BASED MOTION ANALYSIS, DYNAMIC PLANTAR	1/1/2012	12/31/2382	1
OPH	96020	NEUROFUNCATIONAL TESTING SELECTION AND ADMINISTRATION DURING NONINVASIVE IMAGING FUNCIONAL BRAIN	10/1/2010	12/31/2382	1
OPH	96040	MEDICAL GENETICS AND GENETIC COUNSELING SERVICES, EACH 30 MINUTES FACE-TO-FACE WITH PATIENT/FAMILY	7/1/2016	12/31/2382	4
OPH	96105	ASSESSMENT OF APHASIA WITH INTERPRETATION AND REPORT, PER HOUR	1/1/2012	12/31/2382	3
OPH	96110	DEVELOPMENTAL TESTING; LIMITED, WITH INTERPRETATION AND REPORT	10/1/2017	12/31/2382	3
OPH	96112	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, FIRST 60 MINUTES	1/1/2019	12/31/2382	1
OPH	96113	DEVELOPMENTAL TEST ADMINISTRATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITONAL 30 MINUTES	1/1/2019	12/31/2382	6
OPH	96116	NEUROBEHAVIORAL STATUS EXAM, PER HOUR OF THE PSYCHOLOGIST'S OR PHYSICIAN'S, BOTH FACE-TO-FACE TIME WITH THE	7/1/2020	12/31/2382	1
OPH	96121	NEUROBEHAVIORAL STATUS EXAMINATION BY QUALIFIED HEALTH CARE PROFESSIONAL WITH INTERPRETATION AND REPORT, ADDITIONAL 60 MINUTES	1/1/2019	12/31/2382	3
OPH	96125	STANDARD COGNITIVE PERFORMANCE TESTING PER HOUR OF QUALIFIED HEALTH CARE PROFESSIONAL'S TIME, BOTH FACE	1/1/2014	12/31/2382	3
OPH	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED	4/1/2015	6/30/2022	2
OPH	96127	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT, WITH SCORING AND DOCUMENTATION, PER STANDARDIZED	7/1/2022	12/31/2382	3
OPH	96130	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	7/1/2020	12/31/2382	1
OPH	96131	PSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	10/1/2020	12/31/2382	7
OPH	96132	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 60 MINUTES	7/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	96133	NEUROPSYCHOLOGICAL TESTING EVALUATION BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 60 MINUTES	10/1/2020	12/31/2382	7
OPH	96136	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, FIRST 30 MINUTES	7/1/2020	12/31/2382	1
OPH	96137	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY QUALIFIED HEALTH CARE PROFESSIONAL, ADDITIONAL 30 MINUTES	10/1/2020	12/31/2382	11
OPH	96138	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, FIRST 30 MINUTES	7/1/2020	12/31/2382	1
OPH	96139	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY TECHNICIAN, ADDITIONAL 30 MINUTES	10/1/2020	12/31/2382	11
OPH	96146	PSYCHOLOGICAL OR NEUROPSYCHOLOGICAL TEST ADMINISTRATION AND SCORING BY SINGLE STANDARDIZED INSTRUMENT VIA ELECTRONIC PLATFORM WITH AUTOMATED RESULT	1/1/2019	12/31/2382	1
OPH	96156	HEALTH BEHAVIOR ASSESSMENT, OR RE-ASSESSMENT (IE, HEALTH-FOCUSED CLINICAL INTERVIEW, BEHAVIORAL OBSERVATIONS, CLINICAL DECISION MAKING)	10/1/2020	12/31/2382	1
OPH	96158	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; INITIAL 30 MINUTES	1/1/2020	12/31/2382	1
OPH	96159	HEALTH BEHAVIOR INTERVENTION, INDIVIDUAL, FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	10/1/2020	12/31/2382	4
OPH	96160	ADMINISTRATION AND INTERPRETATION OF PATIENT-FOCUSED HEALTH RISK ASSESSMENT	10/1/2020	12/31/2382	3
OPH	96161	ADMINISTRATION OF CAREGIVER-FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT FOR THE BENEFIT OF THE PATIENT, WITH SCORING AND DOCUMENTATION, PER STANDARD INSTRUMENT	10/1/2020	12/31/2382	1
OPH	96164	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE; INITIAL 30 MINUTES	1/1/2020	12/31/2382	1
OPH	96165	HEALTH BEHAVIOR INTERVENTION, GROUP (2 OR MORE PATIENTS), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	10/1/2020	12/31/2382	6
OPH	96167	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	1/1/2020	12/31/2382	1
OPH	96168	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITH THE PATIENT PRESENT), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	10/1/2020	12/31/2382	6

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OPH	96170	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE; INITIAL 30 MINUTES	10/1/2020	12/31/2382	1
OPH	96171	HEALTH BEHAVIOR INTERVENTION, FAMILY (WITHOUT THE PATIENT PRESENT), FACE-TO-FACE; EACH ADDITIONAL 15 MINUTES (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY SERVICE)	10/1/2020	12/31/2382	1
OPH	96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	7/1/2018	12/31/2382	2
OPH	96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPERATELY IN ADDITION TO CODE FOR PRIMARY PROCED	7/1/2016	12/31/2382	24
OPH	96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	7/1/2018	12/31/2382	2
OPH	96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	7/1/2016	12/31/2382	24
OPH	96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL SEQUENTIA	7/1/2016	12/31/2382	4
OPH	96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE OR DRUG); CONCURRENT INFUSION	1/1/2012	12/31/2382	1
OPH	96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); INITIAL, UP TO 1	10/1/2010	12/31/2382	1
OPH	96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL HOUR	10/1/2012	12/31/2382	3
OPH	96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG); ADDITIONAL PUMP SET-UP	10/1/2010	12/31/2382	1
OPH	96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); SUBCUTANEOUS OR INTRAMUSCULAR	7/1/2016	12/31/2382	5
OPH	96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRA-ARTERIAL	10/1/2010	12/31/2382	3
OPH	96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); INTRAVENOUS PUSH, SINGLE OR IN	1/1/2012	12/31/2382	1
OPH	96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUENTIAL	7/1/2016	12/31/2382	6
OPH	96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG); EACH ADDITIONAL SEQUEN	7/1/2014	12/31/2382	10
OPH	96377	APPLICATION OF ON-BODY INJECTOR FOR INJECTION UNDER SKIN	1/1/2017	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	96379	UNLISTED THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INTRAVENOUS OR INTRA-ARTERIAL INJECTION OR INFUSION	4/1/2018	12/31/2382	2
OPH	96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL ANTI-NEOPLASTIC	7/1/2016	12/31/2382	4
OPH	96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL ANTI-NEOPLASTIC	10/1/2010	12/31/2382	2
OPH	96405	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	10/1/2010	12/31/2382	1
OPH	96406	CHEMOTHERAPY ADMINISTRATION, INTRALESIONAL; MORE THAN 7 LESIONS	10/1/2010	12/31/2382	1
OPH	96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL SUBSTANCE/DRUG	1/1/2012	12/31/2382	1
OPH	96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL SUBSTANCE/ DRUG	7/1/2016	12/31/2382	3
OPH	96413	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR, SINGLE OR INITIAL SUBSTANCE/DRUG	1/1/2012	12/31/2382	1
OPH	96415	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL HOUR, 1 TO 8 HOURS	7/1/2016	12/31/2382	8
OPH	96416	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF PROLONGED CHEMOTHERAPY INFUSION, RE	10/1/2010	12/31/2382	1
OPH	96417	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL SEQUENTIAL INFUSION, UP TO 1 HOUR	7/1/2016	12/31/2382	3
OPH	96420	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; PUSH TECHNIQUE	10/1/2010	12/31/2382	2
OPH	96422	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, UP TO ONE HOUR	10/1/2010	12/31/2382	2
OPH	96423	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, ONE TO 8 HOURS, EACH ADDITIONAL HOUR	7/1/2016	12/31/2382	2
OPH	96425	CHEMOTHERAPY ADMINISTRATION, INTRA-ARTERIAL; INFUSION TECHNIQUE, INITIATION OF PROLONGED INFUSION (MORE THAN 8	10/1/2010	12/31/2382	1
OPH	96440	CHEMOTHERAPY ADMINISTRATION INTO PLEURAL CAVITY, REQUIRING AND INCLUDING THORACENTESIS	10/1/2010	12/31/2382	1
OPH	96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR CATHETER	1/1/2011	12/31/2382	1
OPH	96450	CHEMOTHERAPY ADMINISTRATION, INTO CNS (EG, INTRATHECAL), REQUIRING AND INCLUDING LUMBAR PUNCTURE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	96521	REFILLING AND MAINTENANCE OF PORTABLE PUMP	10/1/2010	12/31/2382	2
OPH	96522	REFILLING AND MAINTENANCE OF IMPLANTABLE PUMP OR RESERVOIR FOR DRUG DELIVERY, SYSTEMIC	10/1/2010	12/31/2382	1
OPH	96523	IRRIGATION OF IMPLANTED VENOUS ACCESS DEVICE FOR DRUG DELIVERY SYSTEMS	10/1/2014	12/31/2382	2
OPH	96542	CHEMOTHERAPY INJECTION, SUBARACHNOID OR INTRAVENTRICULAR VIA SUBCUTANEOUS RESERVOIR, SINGLE OR MULTIPLE AGENTS	10/1/2010	12/31/2382	1
OPH	96549	UNLISTED CHEMOTHERAPY PROCEDURE	4/1/2018	12/31/2382	1
OPH	96567	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT AND/OR MALIGNANT LESIONS OF THE	10/1/2010	12/31/2382	1
OPH	96570	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT; FIRST 30 MINUTES	10/1/2010	12/31/2382	1
OPH	96571	PHOTODYNAMIC THERAPY BY ENDOSCOPIC APPLICATION OF LIGHT TO ABLATE ABNORMAL TISSUE; EACH ADDITIONAL 15 MINUTES	7/1/2016	12/31/2382	2
OPH	96573	PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN AND ADJACENT MUCOSA WITH APPLICATION AND ILLUMINATION/ACTIVATION OF PHOTSENSITIZING DRUG	1/1/2018	12/31/2382	1
OPH	96574	DEBRIDEMENT OF PREMALIGNANT HYPERKERATOTIC LESION(S) (IE, TARGETED CURETTAGE, ABRASION) FOLLOWED WITH PHOTODYNAMIC THERAPY BY EXTERNAL APPLICATION OF LIGHT TO DESTROY PREMALIGNANT LESIONS OF THE SKIN	1/1/2018	12/31/2382	1
OPH	96900	ACTINOTHERAPY (ULTRAVIOLET LIGHT)	10/1/2010	12/31/2382	1
OPH	96902	MICROSCOPIC EXAMINATION OF HAIRS PLUCKED OR CLIPPED BY THE EXAMINER (EXCLUDING HAIR COLLECTED BY THE PATIENT)	7/1/2012	12/31/2382	1
OPH	96904	WHOLE BODY INTEGUMENTARY PHOTOGRAPHY, FOR MONITORING OF HIGH RISK PATIENTS WITH DYSPLASTIC NEVUS SYNDROME OR	10/1/2010	12/31/2382	1
OPH	96910	PHOTOCHEMOTHERAPY; TAR AND ULTRAVIOLET B (GOECKERMAN TREATMENT) OR PETROLATUM AND ULTRAVIOLET B	10/1/2010	12/31/2382	1
OPH	96912	PHOTOCHEMOTHERAPY; PSORALENS AND ULTRAVIOLET A (PUVA)	10/1/2010	12/31/2382	1
OPH	96913	PHOTOCHEMOTHERAPY (GOECKERMAN AND/OR PUVA) FOR SEVERE PHOTORESPONSIVE DERMATOSES REQUIRING AT LEAST FOUR TO EI	10/1/2010	12/31/2382	1
OPH	96920	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); TOTAL AREA LESS THAN 250 SQ CM	10/1/2010	12/31/2382	1
OPH	96921	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); 250 SQ CM TO 500 SQ CM	10/1/2010	12/31/2382	1
OPH	96922	LASER TREATMENT FOR INFLAMMATORY SKIN DISEASE (PSORIASIS); OVER 500 SQ CM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	96931	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT- FIRST LESION	1/1/2016	12/31/2382	1
OPH	96932	MICROSCOPY OF LESION OF SKIN - FIRST LESION	1/1/2016	12/31/2382	1
OPH	96933	INTERPRETATION AND REPORT OF MICROSCOPY OF LESION OF SKIN- FIRST LESION	1/1/2016	12/31/2382	1
OPH	96934	MICROSCOPY OF LESION OF SKIN WITH INTERPRETATION AND REPORT	7/1/2017	12/31/2382	2
OPH	96935	MICROSCOPY OF LESION OF SKIN	7/1/2017	12/31/2382	2
OPH	96936	INTERPRETATION AND REPORT MICROSCOPY OF LESION OF SKIN	7/1/2017	12/31/2382	2
OPH	96999	UNLISTED SPECIAL DERMATOLOGICAL SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	97010	PHYSICAL MEDICINE TREATMENT TO ONE AREA; HOT OR COLD PACKS	10/1/2010	12/31/2382	1
OPH	97012	PHYSICAL MEDICINE TREATMENT TO ONE AREA; TRACTION, MECHANICAL	10/1/2010	12/31/2382	1
OPH	97014	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ELECTRICAL STIMULATION (UNATTENDED)	10/1/2012	12/31/2382	1
OPH	97016	PHYSICAL MEDICINE TREATMENT TO ONE AREA; VASOPNEUMATIC DEVICES	10/1/2010	12/31/2382	1
OPH	97018	PHYSICAL MEDICINE TREATMENT TO ONE AREA; PARAFFIN BATH	10/1/2010	12/31/2382	1
OPH	97022	PHYSICAL MEDICINE TREATMENT TO ONE AREA; WHIRLPOOL	10/1/2010	12/31/2382	1
OPH	97024	PHYSICAL MEDICINE TREATMENT TO ONE AREA; DIATHERMY	10/1/2010	12/31/2382	1
OPH	97026	PHYSICAL MEDICINE TREATMENT TO ONE AREA; INFRARED	10/1/2010	12/31/2382	1
OPH	97028	PHYSICAL MEDICINE TREATMENT TO ONE AREA; ULTRAVIOLET	10/1/2010	12/31/2382	1
OPH	97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES	7/1/2016	12/31/2382	4
OPH	97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	7/1/2016	12/31/2382	4
OPH	97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	7/1/2016	12/31/2382	2
OPH	97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	7/1/2016	12/31/2382	2
OPH	97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	7/1/2016	12/31/2382	3
OPH	97039	PHYSICAL MEDICINE TREATMENT TO ONE AREA; UNLISTED MODALITY (SPECIFY)	4/1/2018	12/31/2382	1
OPH	97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND	10/1/2020	12/31/2382	8
OPH	97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE,	10/1/2020	12/31/2382	6
OPH	97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES	7/1/2016	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	10/1/2020	12/31/2382	4
OPH	97124	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; MASSAGE	7/1/2016	12/31/2382	4
OPH	97129	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE	1/1/2020	12/31/2382	1
OPH	97130	THERAPEUTIC INTERVENTIONS THAT FOCUS ON COGNITIVE FUNCTION (EG, ATTENTION, MEMORY, REASONING, EXECUTIVE FUNCTION, PROBLEM SOLVING, AND/OR PRAGMATIC FUNCTIONING) AND COMPENSATORY STRATEGIES TO MANAGE THE PERFORMANCE OF AN ACTIVITY	1/1/2020	12/31/2382	3
OPH	97139	PHYSICAL MEDICINE TREATMENT TO ONE AREA, INITIAL 30 MINUTES, EACH VISIT; UNLISTED PROCEDURE (SPECIFY)	4/1/2018	12/31/2382	1
OPH	97140	MANUAL THERAPY TECHNIQUES, MANIPULATION, MANUAL LYMPHATIC DRAINAGE, ONE OR MORE REGIONS	7/1/2016	12/31/2382	6
OPH	97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)	4/1/2015	12/31/2382	2
OPH	97151	BEHAVIOR IDENTIFICATION ASSESSMENT BY QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES	1/1/2019	12/31/2382	32
OPH	97152	BEHAVIOR IDENTIFICATION ASSESSMENT BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL, EACH 15 MINUTES	1/1/2021	12/31/2382	16
OPH	97153	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL TO ONE PATIENT, EACH 15 MINUTES	1/1/2019	12/31/2382	32
OPH	97154	ADAPTIVE BEHAVIOR TREATMENT BY PROTOCOL, ADMINISTERED BY TECHNICIAN UNDER DIRECTION OF QUALIFIED HEALTH CARE PROFESSIONAL TO MULTIPLE PATIENTS, EACH 15 MINUTES	1/1/2021	12/31/2382	18
OPH	97155	ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUALIFIED HEALTH CARE PROFESSIONAL TO ONE PATIENT, EACH 15 MINUTES	1/1/2019	12/31/2382	24
OPH	97156	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONAL (WITH OR WITHOUT PATIENT PRESENT), EACH 15 MINUTES	1/1/2019	12/31/2382	16
OPH	97157	FAMILY ADAPTIVE BEHAVIOR TREATMENT GUIDANCE BY QUALIFIED HEALTH CARE PROFESSIONAL WITHOUT PATIENT PRESENT, EACH 15 MINUTES	1/1/2019	12/31/2382	16

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	97158	GROUP ADAPTIVE BEHAVIOR TREATMENT WITH PROTOCOL MODIFICATION ADMINISTERED BY QUALIFIED HEALTH CARE PROFESSIONAL TO MULTIPLE PATIENTS, EACH 15 MINUTES	1/1/2019	12/31/2382	16
OPH	97161	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	10/1/2020	12/31/2382	1
OPH	97162	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 30 MINUTES	10/1/2020	12/31/2382	1
OPH	97163	EVALUATION OF PHYSICAL THERAPY, TYPICALLY 45 MINUTES	10/1/2020	12/31/2382	1
OPH	97164	RE-EVALUATION OF PHYSICAL THERAPY, TYPICALLY 20 MINUTES	10/1/2020	12/31/2382	1
OPH	97165	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 30 MINUTES	10/1/2020	12/31/2382	1
OPH	97166	EVALUATION OF OCCUPATIONAL THERAPY, TYPICALLY 45 MINUTES	10/1/2020	12/31/2382	1
OPH	97167	EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 60 MINUTES	10/1/2020	12/31/2382	1
OPH	97168	RE-EVALUATION OF OCCUPATIONAL THERAPY, ESTABLISHED PLAN OF CARE, TYPICALLY 30 MINUTES	10/1/2020	12/31/2382	1
OPH	97169	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 15 MINUTES	7/1/2018	12/31/2382	1
OPH	97170	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 30 MINUTES	7/1/2018	12/31/2382	1
OPH	97171	EVALUATION OF ATHLETIC TRAINING, TYPICALLY 45 MINUTES	7/1/2018	12/31/2382	1
OPH	97172	RE-EVALUATION OF ATHLETIC TRAINING, TYPICALLY 20 MINUTES	7/1/2018	12/31/2382	1
OPH	97530	THERAPEUTIC ACTIVITIES, DIRECT PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES	7/1/2016	12/31/2382	6
OPH	97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL	7/1/2016	12/31/2382	4
OPH	97535	SELF CARE/HOME MANAGEMENT TRAINING DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	10/1/2020	12/31/2382	8
OPH	97537	COMMUNITY/WORK REINTEGRATION TRAINING, DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES	7/1/2016	12/31/2382	8
OPH	97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES	7/1/2016	12/31/2382	8
OPH	97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS	10/1/2010	12/31/2382	1
OPH	97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR	10/1/2010	12/31/2382	2
OPH	97597	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	10/1/2010	12/31/2382	1
OPH	97598	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), SELECTIVE DEBRIDEMENT, WITHOUT ANESTHESIA (EG, HIGH PRESSUR	7/1/2016	12/31/2382	8
OPH	97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND; NON-SELECTIVE DEBRIDMENT, WITHOUT ANESTHESIA INCLUDING TOPICAL APPLI	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	97605	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S),	10/1/2010	12/31/2382	1
OPH	97606	NEGATIVE PRESSURE WOUND THERAPY (EG, VACUUM ASSISTED DRAINAGE COLLECTION), INCLUDING TOPICAL APPLICATION(S),	10/1/2010	12/31/2382	1
OPH	97607	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT	1/1/2015	12/31/2382	1
OPH	97608	NEGATIVE PRESSURE WOUND THERAPY UTILIZING DISPOSABLE, NON DURABLE MEDICAL EQUIPMENT INCLUDING	1/1/2015	12/31/2382	1
OPH	97610	LOW FREQUENCY, NON-CONTACT, NON-THERMAL ULTRASOUND WOUND ASSESSMENT, AND INSTRUCTIONS FOR ONGOING CARE	1/1/2014	12/31/2382	1
OPH	97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT,	10/1/2020	12/31/2382	8
OPH	97755	ASSISTIVE TECHNOLOGY ASSESSMENT, DIRECT ONE ON ONE CONTACT BY PROVIDER, WITH WRITTEN REPORT, EACH 15 MINUTES	10/1/2020	12/31/2382	8
OPH	97760	ORTHOTIC(S) MANAGEMENT AND TRAINING, UPPER EXTREMITY(S), LOWER EXTREMITY(S) AND/OR TRUNK, EACH 15 MIN	10/1/2020	12/31/2382	6
OPH	97761	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITY(S), EACH 15 MINUTES	10/1/2020	12/31/2382	6
OPH	97763	ORTHOTIC(S)/PROSTHETIC(S) MANAGEMENT AND/OR TRAINING, UPPER EXTREMITY(IES), LOWER EXTREMITY(IES), AND/OR TRUNK, SUBSEQUENT ORTHOTIC(S)/PROSTHETIC(S) ENCOUNTER, EACH 15 MINUTES	1/1/2018	12/31/2382	6
OPH	97799	UNLISTED PHYSICAL MEDICINE SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	97802	MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	10/1/2020	6/30/2022	8
OPH	97802	MEDICAL NUTRITION THERAPY; INTIAL ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	7/1/2022	12/31/2382	12
OPH	97803	MEDICAL NUTRITION THERAPY; RE-ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	10/1/2020	6/30/2022	8
OPH	97803	MEDICAL NUTRITION THERAPY; RE-ASSESMENT AND INTERVENTION, INDIVIDUAL, FACE-TO-FACE, EACH 15 MINUTES	7/1/2022	12/31/2382	11
OPH	97804	MEDICAL NUTRITION THERAPY; GROUP (2 OR MORE INDIVIUALS) EACH 30 MINUTES	10/1/2020	12/31/2382	6
OPH	97810	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	97811	ACUPUNCTURE, ONE OR MORE NEEDLES; EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE PATIENT	1/1/2020	12/31/2382	2
OPH	97813	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION, INITIAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONT	10/1/2012	12/31/2382	1
OPH	97814	ACUPUNCTURE, ONE OR MORE NEEDLES; EACH ADDITIONAL 15 MINUTES OF PERSONAL ONE-ON-ONE CONTACT WITH THE	1/1/2014	12/31/2382	2
OPH	98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); ONE TO TWO BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
OPH	98926	OSTEOPATHIC MANIPULATIVE TREATMEN(OMT); THREE TO FOUR BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
OPH	98927	OSTEOPATHIC MANIPULATIVE TREATMENT; FIVE TO SIX BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
OPH	98928	OSTEOPATHIC MANIPULATIVE TREATMENT; SEVEN TO EIGHT BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
OPH	98929	OSTEOPATHIC MANIPULATIVE TREATMENT; MINE TO TEN BODY REGIONS INVOLVED	10/1/2010	12/31/2382	1
OPH	98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, ONE TO TWO REGIONS	10/1/2010	12/31/2382	1
OPH	98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, THREE TO FOUR REGIONS	10/1/2010	12/31/2382	1
OPH	98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, FIVE REGIONS	10/1/2010	12/31/2382	1
OPH	98943	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); EXTRASPINAL, ONE OR MORE REGIONS	10/1/2012	12/31/2382	1
OPH	98966	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2020	12/31/2382	1
OPH	98967	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2020	12/31/2382	1
OPH	98968	TELEPHONE ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL	10/1/2020	12/31/2382	1
OPH	98970	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 5-10 MINUTES	1/1/2020	12/31/2382	1
OPH	98971	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 11-20 MINUTES	1/1/2020	12/31/2382	1
OPH	98972	QUALIFIED NONPHYSICIAN HEALTH CARE PROFESSIONAL ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 21 OR MORE MINUTES	1/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	98975	REMOTE THERAPEUTIC MONITORING (EG, RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	1/1/2022	12/31/2382	1
OPH	98976	REMOTE THERAPEUTIC MONITORING (EG, RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (EG, DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO	1/1/2022	12/31/2382	1
OPH	98977	REMOTE THERAPEUTIC MONITORING (EG, RESPIRATORY SYSTEM STATUS, MUSCULOSKELETAL SYSTEM STATUS, THERAPY ADHERENCE, THERAPY RESPONSE); DEVICE(S) SUPPLY WITH SCHEDULED (EG, DAILY) RECORDING(S) AND/OR PROGRAMMED ALERT(S) TRANSMISSION TO	1/1/2022	12/31/2382	1
OPH	98980	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE	1/1/2022	12/31/2382	1
OPH	98981	REMOTE THERAPEUTIC MONITORING TREATMENT MANAGEMENT SERVICES, PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING AT LEAST ONE INTERACTIVE COMMUNICATION WITH THE PATIENT OR CAREGIVER DURING THE	1/1/2022	12/31/2382	3
OPH	99000	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PHYSICIAN'S OFFICE TO A LABORATORY	1/1/2014	12/31/2382	2
OPH	99001	HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE PATIENT IN OTHER THAN A PHYSICIAN'S OFFICE TO A L	1/1/2014	12/31/2382	2
OPH	99002	HANDLING, CONVEYANCE, AND/OR ANY OTHER SERVICE IN CONNECTION WITH THE IMPLEMENTATION OF AN ORDER INVOLVING DEV	7/1/2012	12/31/2382	1
OPH	99024	POSTOPERATIVE FOLLOW-UP VISIT, INCLUDED IN GLOBAL SERVICE	7/1/2012	12/31/2382	1
OPH	99050	SERVICES REQUESTED AFTER OFFICE HOURS IN ADDITION TO BASIC SERVICE	7/1/2012	12/31/2382	1
OPH	99051	SERVICE(S) PROVIDED IN THE OFFICE DURING REGULARLY SCHEDULED EVENING, WEEKEND, OR HOLIDAY OFFICE HOURS,	7/1/2012	12/31/2382	1
OPH	99053	SERVICE(S) PROVIDED BETWEEN 10:00 PM AND 8:00 AM AT 24 HOUR FACILITY, IN ADDITION TO BASIC SERVICE	7/1/2012	12/31/2382	1
OPH	99056	SERVICES PROVIDED AT REQUEST OF PATIENT IN A LOCATION OTHER THAN PHYSICIAN'S OFFICE WHICH ARE NORMALLY PROVIDE	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99058	OFFICE SERVICES PROVIDED ON AN EMERGENCY BASIS	7/1/2012	12/31/2382	1
OPH	99060	SERVICE(S) PROVIDED ON AN EMERGENCY BASIS, OUT OF THE OFFICE, WHICH DISRUPTS OTHER SCHEDULED OFFICE SERVICES	7/1/2012	12/31/2382	1
OPH	99070	SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OVER AND ABOVE THOSE USUALLY INCLUDED WI	7/1/2012	12/31/2382	1
OPH	99071	EDUCATIONAL SUPPLIES, SUCH AS BOOKS, TAPES, AND PAMPHLETS, PROVIDED BY THE PHYSICIAN FOR THE PATIENT'S EDUCATI	7/1/2012	12/31/2382	1
OPH	99072	ADDITIONAL SUPPLIES, MATERIALS, AND CLINICAL STAFF TIME OVER AND ABOVE THOSE USUALLY INCLUDED IN AN OFFICE VISIT OR OTHER NONFACILITY SERVICE(S), WHEN PERFORMED DURING A PUBLIC HEALTH EMERGENCY, AS DEFINED BY LAW,	7/1/2022	12/31/2382	3
OPH	99075	MEDICAL TESTIMONY	10/1/2013	12/31/2382	1
OPH	99078	PHYSICIAN EDUCATIONAL SERVICES RENDERED TO PATIENTS IN A GROUP SETTING (EG, PRENATAL, OBESITY, OR DIABETIC INS	7/1/2012	12/31/2382	3
OPH	99080	SPECIAL REPORTS SUCH AS INSURANCE FORMS, OR THE REVIEW OF MEDICAL DATA TO CLARIFY A PATIENT'S STATUS]MORE THAN	7/1/2012	12/31/2382	1
OPH	99082	UNUSUAL TRAVEL (EG, TRANSPORTATION AND ESCORT OF PATIENT)	10/1/2010	12/31/2382	1
OPH	99091	COLLECTION AND INTERPRETATION OF PHYSIOLOGIC DATA DIGITALLY STORED AND/OR TRANSMITTED BY THE PATIENT	7/1/2012	12/31/2382	1
OPH	99100	ANESTHESIA FOR PATIENT OF EXTREME AGE, UNDER ONE YEAR AND OVER SEVENTY	7/1/2016	12/31/2382	1
OPH	99116	ANESTHESIA COMPLICATED BY UTILIZATION OF TOTAL BODY HYPOTHERMIA	10/1/2010	12/31/2382	1
OPH	99135	ANESTHESIA COMPLICATED BY UTILIZATION OF CONTROLLED HYPOTENSION	10/1/2010	12/31/2382	1
OPH	99140	ANESTHESIA COMPLICATED BY EMERGENCY CONDITIONS (SPECIFY)	10/1/2010	12/31/2382	2
OPH	99151	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	4/1/2018	12/31/2382	1
OPH	99152	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	1/1/2017	12/31/2382	2
OPH	99153	MODERATE SEDATION SERVICES BY PHYSICIAN ALSO PERFORMING A PROCEDURE, ADDITIONAL 15 MINUTES	1/1/2017	12/31/2382	12
OPH	99155	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT YOUNGER THAN 5 YEARS OF AGE, FIRST 15 MINUTES	4/1/2018	12/31/2382	1
OPH	99156	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, PATIENT 5 YEARS OF AGE OR OLDER, FIRST 15 MINUTES	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99157	MODERATE SEDATION SERVICES BY PHYSICIAN NOT PERFORMING A PROCEDURE, EACH ADDITIONAL 15 MINUTES	1/1/2017	12/31/2382	6
OPH	99170	GASTRIC INTUBATION, AND ASPIRATION OR LAVAGE FOR TREATMENT--AS OF 2000 ANOGENITAL EXAM FOR SUSPECT TRAUM	10/1/2010	12/31/2382	1
OPH	99172	VISUAL FUNCTION SCREENING, AUTOMATED OR SEMI-AUTOMATED BILATERAL QUANTITATIVE DETERMINATION OF VISUAL ACUITY	10/1/2012	12/31/2382	1
OPH	99173	SCREENING TEST OF VISUAL ACUITY, QUANTITATIVE, BILATERL	10/1/2012	12/31/2382	1
OPH	99174	OCULAR PHOTOSCREENING WITH INTERPRETATION AND REPORT, BILATERAL	10/1/2012	12/31/2382	1
OPH	99175	IPECAC OR SIMILAR ADMINISTRATION FOR INDIVIDUAL EMESIS AND CONTINUED OBSERVATION UNTIL STOMACH ADEQUATELY EMPT	10/1/2010	12/31/2382	1
OPH	99177	INSTRUMENT BASED EYE SCREENING OF BOTH EYES WITH ANALYSIS	1/1/2016	12/31/2382	1
OPH	99183	PHYSICIAN ATTENDANCE AND SUPERVISION OF HYPERBARIC OXYGEN THERAPY, PER SESSION	10/1/2010	12/31/2382	1
OPH	99188	APPLICATION OF TOPICAL FLUORIDE VARNISH BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	1/1/2015	12/31/2382	1
OPH	99195	PHLEBOTOMY, THERAPEUTIC (SEPARATE PROCEDURE)	10/1/2010	12/31/2382	2
OPH	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	4/1/2018	12/31/2382	3
OPH	99199	UNLISTED SPECIAL SERVICE, PROCEDURE OR REPORT	4/1/2018	12/31/2382	1
OPH	99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	10/1/2020	12/31/2382	1
OPH	99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	10/1/2020	12/31/2382	1
OPH	99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	10/1/2020	12/31/2382	1
OPH	99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THRE	10/1/2020	12/31/2382	1
OPH	99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, THAT MAY NOT REQ	10/1/2020	12/31/2382	2
OPH	99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2020	12/31/2382	2
OPH	99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2020	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2020	12/31/2382	2
OPH	99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES A	10/1/2020	12/31/2382	2
OPH	99217	OBSERVATION CARE DISCHARGE DAY MANAGEMENT	10/1/2020	12/31/2382	1
OPH	99218	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE THREE K	7/1/2020	12/31/2382	1
OPH	99219	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	7/1/2020	12/31/2382	1
OPH	99220	INITIAL OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE	7/1/2020	12/31/2382	1
OPH	99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	10/1/2020	12/31/2382	1
OPH	99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	10/1/2020	12/31/2382	1
OPH	99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES AT	10/1/2020	12/31/2382	1
OPH	99234	OBSERVATION/HOSPITAL CARE	10/1/2020	12/31/2382	1
OPH	99235	OBSERVATION/HOSPITAL CARE	10/1/2020	12/31/2382	1
OPH	99236	OBSERVATION/HOSPITAL CARE	10/1/2020	12/31/2382	1
OPH	99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PROBLEM FOC	10/1/2018	12/31/2382	2
OPH	99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN EXPANDED P	10/1/2018	12/31/2382	2
OPH	99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DETAILED HI	10/1/2018	12/31/2382	2
OPH	99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE	10/1/2018	12/31/2382	2
OPH	99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A COMPREHENSIVE	10/1/2018	12/31/2382	2
OPH	99281	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2020	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99282	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2020	12/31/2382	2
OPH	99283	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2020	12/31/2382	2
OPH	99284	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES THESE THREE KEY COMP	10/1/2020	12/31/2382	2
OPH	99285	EMERGENCY DEPARTMENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A PATIENT,	10/1/2020	12/31/2382	2
OPH	99288	PHYSICIAN DIRECTION OF EMERGENCY MEDICAL SYSTEMS (EMS) EMERGENCY CARE, ADVANCED LIFE SUPPORT	7/1/2012	12/31/2382	1
OPH	99291	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY	7/1/2020	12/31/2382	1
OPH	99292	CRITICAL CARE, EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL OR CRITICALLY INJURED PATIENT, REQUIRING THE CO	10/1/2020	12/31/2382	8
OPH	99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	7/1/2020	12/31/2382	1
OPH	99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	7/1/2020	12/31/2382	1
OPH	99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A PATIENT WHICH REQUIRES THESE	7/1/2020	12/31/2382	1
OPH	99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2020	12/31/2382	1
OPH	99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2020	12/31/2382	1
OPH	99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2020	12/31/2382	1
OPH	99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF A PATIENT, WHICH REQUIRES	10/1/2020	12/31/2382	1
OPH	99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	10/1/2020	12/31/2382	1
OPH	99316	NURSING FACILITY DISCHARGE DAY MANAGEMENT; MORE THAN 30 MINUTES	10/1/2020	12/31/2382	1
OPH	99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY ASSESMENT, WHICH REQUIRES	10/1/2010	12/31/2382	1
OPH	99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT,WHICH REQUIRES THESE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
OPH	99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2010	12/31/2382	1
OPH	99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2020	12/31/2382	1
OPH	99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE	10/1/2020	12/31/2382	1
OPH	99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2020	12/31/2382	1
OPH	99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2020	12/31/2382	1
OPH	99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2020	12/31/2382	1
OPH	99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH REQUIRES THE	10/1/2020	12/31/2382	1
OPH	99339	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DOMICILLIARY OR REST HOME REQUIRING COMPLEX AND MULTI	7/1/2012	12/31/2382	1
OPH	99340	INDIVIDUAL PHYSICIAN SUPERVISION OF A PATIENT IN HOME, DOMICILLIARY OR REST HOME REQUIRING COMPLEX AND MULTI	10/1/2010	12/31/2382	1
OPH	99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A PR	10/1/2020	12/31/2382	1
OPH	99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: AN E	10/1/2020	12/31/2382	1
OPH	99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES THESE THREE KEY COMPONENTS: A DE	10/1/2020	12/31/2382	1
OPH	99344	HOME VISIT	10/1/2020	12/31/2382	1
OPH	99345	HOME VISIT	10/1/2020	12/31/2382	1
OPH	99347	HOME VISIT	10/1/2020	12/31/2382	1
OPH	99348	HOME VISIT	10/1/2020	12/31/2382	1
OPH	99349	HOME VISIT	10/1/2020	12/31/2382	1
OPH	99350	HOME VISIT	10/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99354	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT PATIENT CONTACT	7/1/2020	12/31/2382	1
OPH	99355	PROLONGED PHYSICIAN SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING...EACH ADDITIONAL 30 MINUTES	10/1/2020	12/31/2382	4
OPH	99356	PROLONGED PHYSICIAN SERVICE IN THE INPATIENT SETTING, REQUIRING DIRECTPATIENT CONTACT BEYOND THE USUAL SERVIC	7/1/2020	12/31/2382	1
OPH	99357	PROLONGED PHYSICIAN SERVICE INPATIENT EACH ADDITIONAL 30 MINUTES	10/1/2020	12/31/2382	1
OPH	99358	PROLONGED EVALUATION AND MANAGEMENT SERVICE	7/1/2012	12/31/2382	1
OPH	99359	PROLONGED EVALUATION AND MANAGEMENT SERVICE; EACH ADDITIONAL 30 MINUTES	7/1/2012	12/31/2382	1
OPH	99366	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEAKTH CARE PROFESSIONALS, FACE TO FACE WITH PATIENT	4/1/2018	12/31/2382	2
OPH	99367	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT	10/1/2010	12/31/2382	1
OPH	99368	MEDICAL TEAM CONFERENCE WITH INTERDISCIPLINARY TEAM OF HEALTH CARE PROFESSIONALS, PATIENT AND/OR FAMILY NOT	4/1/2018	12/31/2382	2
OPH	99374	HOME HEALTH AGENCY CARE SUPERVISION	7/1/2012	12/31/2382	1
OPH	99375	PHYSICIAN SUPERVISION OF PATIENTS UNDER CARE OF HOME HEALTH AGENCIES, HOSPICE OR NURSING FACILITY;30-60MIN	10/1/2013	12/31/2382	1
OPH	99377	HOSPICE PATIENT CARE SUPERVISION	7/1/2012	12/31/2382	1
OPH	99378	HOSPICE PATIENT CARE SUPERVISION	10/1/2013	12/31/2382	1
OPH	99379	NURSING FACILITY CARE SUPEVISION	7/1/2012	12/31/2382	1
OPH	99380	NURSING FACILITY CARE SUPERVISION	7/1/2012	12/31/2382	1
OPH	99381	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99382	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99383	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99384	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99385	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99386	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99387	INITIAL EVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, A COMPREHENSIVE E	10/1/2013	12/31/2382	1
OPH	99391	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99392	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99393	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99394	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99395	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99396	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99397	PERIODIC REEVALUATION AND MANAGEMENT OF A HEALTHY INDIVIDUAL REQUIRING A COMPREHENSIVE HISTORY, COMPREHENSIVE	10/1/2013	12/31/2382	1
OPH	99401	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 15 MIN	10/1/2013	12/31/2382	1
OPH	99402	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 30 MIN	10/1/2013	12/31/2382	1
OPH	99403	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 45 MIN	10/1/2013	12/31/2382	1
OPH	99404	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO A HEALTHY INDIVIDUAL; APPROXIMATELY 60 MIN	10/1/2013	12/31/2382	1
OPH	99406	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTERMEDIATE, GREATER THAN 3 MINUTES UP TO 10 MINUTES	10/1/2020	12/31/2382	1
OPH	99407	SMOKING AND TOBACCO USE CESSATION COUNSELING VISIT; INTENSIVE, GREATER THAN 10 MINUTES	10/1/2020	12/31/2382	1
OPH	99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING, AND BRIEF INTERVENTION SERVICES; 15	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED SCREENING, AND BRIEF INTERVENTION SERVICES; GRE	10/1/2013	12/31/2382	1
OPH	99411	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING; AP	10/1/2013	12/31/2382	1
OPH	99412	COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S) PROVIDED TO HEALTHY INDIVIDUALS IN A GROUP SETTING; AP	10/1/2013	12/31/2382	1
OPH	99415	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-FIRST HOUR	1/1/2016	12/31/2382	1
OPH	99416	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF-EACH ADDITIONAL 30 MINUTES	10/1/2018	12/31/2382	3
OPH	99417	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH 15 MINUTES OF TOTAL TIME	4/1/2021	6/30/2022	4
OPH	99417	PROLONGED OFFICE OR OTHER OUTPATIENT SERVICE BY CLINICAL STAFF, EACH 15 MINUTES OF TOTAL TIME	7/1/2022	12/31/2382	6
OPH	99421	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 5-10 MINUTES	10/1/2020	12/31/2382	1
OPH	99422	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 11-20 MINUTES	10/1/2020	12/31/2382	1
OPH	99423	ONLINE DIGITAL EVALUATION AND MANAGEMENT SERVICE, FOR AN ESTABLISHED PATIENT, FOR UP TO 7 DAYS, CUMULATIVE TIME DURING THE 7 DAYS; 21 OR MORE MINUTES	10/1/2020	12/31/2382	1
OPH	99424	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT PLACES THE PATIENT AT SIGNIFICANT RISK OF	1/1/2022	12/31/2382	1
OPH	99425	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3	1/1/2022	12/31/2382	2
OPH	99426	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3	1/1/2022	12/31/2382	1
OPH	99427	PRINCIPAL CARE MANAGEMENT SERVICES, FOR A SINGLE HIGH-RISK DISEASE, WITH THE FOLLOWING REQUIRED ELEMENTS: ONE COMPLEX CHRONIC CONDITION EXPECTED TO LAST AT LEAST 3 MONTHS, AND THAT	1/1/2022	12/31/2382	2
OPH	99429	UNLISTED PREVENTIVE MEDICINE SERVICE	4/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99437	CHRONIC CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS: MULTIPLE (TWO OR MORE) CHRONIC CONDITIONS EXPECTED TO LAST AT LEAST 12 MONTHS, OR UNTIL THE DEATH OF THE PATIENT,	1/1/2022	12/31/2382	2
OPH	99439	CHRONIC CARE MANAGEMENT SERVICES, EACH ADDITIONAL 20 MINUTES OF CLINICAL STAFF TIME PER CALENDAR MONTH	1/1/2021	12/31/2382	2
OPH	99441	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2020	12/31/2382	1
OPH	99442	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2020	12/31/2382	1
OPH	99443	TELEPHONE EVALUATION AND MANAGEMENT SERVICE PROVIDED BY A PHYSICIAN TO AN ESTABLISHED PATIENT, PARENT OR	10/1/2020	12/31/2382	1
OPH	99446	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 5-10 MIN	1/1/2014	12/31/2382	1
OPH	99447	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 11-20 MIN	1/1/2014	12/31/2382	1
OPH	99448	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 21-30 MIN	1/1/2014	12/31/2382	1
OPH	99449	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY A CONSULTATIVE PHYSICIAN, 31 MINUTES	1/1/2014	12/31/2382	1
OPH	99450	BASIC LIFE AND/OR DISABILITY EXAM THAT INCLUDES: MEASUREMENT OF HEIGHT, WEIGHT AND BLOOD PRESSURE; COMPLETION	10/1/2013	12/31/2382	1
OPH	99451	TELEPHONE OR INTERNET ASSESSMENT AND MANAGEMENT SERVICE PROVIDED BY CONSULTATIVE PHYSICIAN WITH WRITTEN REPORT, 5 MINUTES OR MORE OF MEDICAL CONSULTATIVE DISCUSSION AND REVIEW	1/1/2019	12/31/2382	1
OPH	99452	TELEPHONE OR INTERNET REFERRAL SERVICE, 30 MINUTES	1/1/2019	12/31/2382	1
OPH	99453	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SET-UP AND PATIENT EDUCATION ON USE OF EQUIPMENT	1/1/2019	12/31/2382	1
OPH	99454	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS, INITIAL SUPPLY OF DEVICES WITH DAILY RECORDINGS OR PROGRAMMED ALERTS TRANSMISSION, EACH 30 DAYS	1/1/2019	12/31/2382	1
OPH	99455	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDIC	10/1/2010	12/31/2382	1
OPH	99456	WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY OTHER THAN THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99457	REMOTE MONITORING OF PHYSIOLOGIC PARAMETERS MANAGEMENT SERVICES, 20 MINUTES OR MORE OF QUALIFIED HEALTH CARE PROFESSIONAL TIME PER CALENDAR MONTH	1/1/2019	12/31/2382	1
OPH	99458	REMOTE PHYSIOLOGIC MONITORING TREATMENT MANAGEMENT SERVICES, CLINICAL STAFF/PHYSICIAN/OTHER QUALIFIED HEALTH CARE PROFESSIONAL TIME IN A CALENDAR MONTH REQUIRING INTERACTIVE COMMUNICATION WITH THE PATIENT/CAREGIVER DURING THE	10/1/2020	12/31/2382	3
OPH	99460	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	10/1/2010	12/31/2382	1
OPH	99461	INITIAL CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT SEEN IN OTHER THAN HOSPITAL OR B	10/1/2012	12/31/2382	1
OPH	99463	INITIAL HOSPITAL OR BIRTHING CENTER CARE, PER DAY, FOR EVALUATION AND MANAGEMENT OF NORMAL NEWBORN INFANT	10/1/2010	12/31/2382	1
OPH	99464	ATTENDANCE AT DELIVERY(WHEN REQUESTED BY THE DELIVERING PHYSICIAN) AND INITIAL STABILIZATION OF NEWBORN	1/1/2012	12/31/2382	1
OPH	99465	DELIVERY/BIRTHING ROOM RESUSITATION, PROVISION OF POSITIVE PRESSURE VENTILATION AND/OR CHEST COMPRESSIONS	10/1/2010	12/31/2382	1
OPH	99466	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY	1/1/2012	12/31/2382	1
OPH	99467	CRITICAL CARE SERVICES DELIVERED BY A PHYSICIAN, FACE-TO-FACE, DURING AN INTERFACILITY TRANSPORT OF CRITICALLY	7/1/2016	12/31/2382	4
OPH	99468	INITIAL INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99469	SUBSEQUENT INPATIENT NEONATAL CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99471	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99472	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99473	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY; PATIENT EDUCATION/TRAINING AND DEVICE CALIBRATION	10/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99474	SELF-MEASURED BLOOD PRESSURE USING A DEVICE VALIDATED FOR CLINICAL ACCURACY; SEPARATE SELF-MEASUREMENTS OF TWO READINGS ONE MINUTE APART, TWICE DAILY OVER A 30-DAY PERIOD (MINIMUM OF 12 READINGS),	1/1/2020	12/31/2382	1
OPH	99475	INITIAL INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99476	SUBSEQUENT INPATIENT PEDIATRIC CRITICAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A CRITICALLY ILL	10/1/2020	12/31/2382	1
OPH	99477	INITIAL HOSPITAL CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF THE NEONATE, 28 DAYS OF AGE OR LESS, WHO	10/1/2020	12/31/2382	1
OPH	99478	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING VERY LOW BIRTH WEIGHT	10/1/2020	12/31/2382	1
OPH	99479	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING LOW BIRTH WEIGHT INFA	10/1/2020	12/31/2382	1
OPH	99480	SUBSEQUENT INTENSIVE CARE, PER DAY FOR THE EVALUATION AND MANAGEMENT OF THE RECOVERING INFANT	10/1/2020	12/31/2382	1
OPH	99483	ASSESSMENT OF AND CARE PLANNING FOR A PATIENT WITH COGNITIVE IMPAIRMENT, REQUIRING AN INDEPENDENT HISTORIAN, IN THE OFFICE OR OTHER OUTPATIENT, HOME OR DOMICILIARY OR REST HOME	10/1/2020	12/31/2382	1
OPH	99484	CARE MANAGEMENT SERVICES FOR BEHAVIORAL HEALTH CONDITIONS, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME, DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL, PER CALENDAR MONTH, WITH THE FOLLOWING REQUIRED ELEMENTS	1/1/2018	12/31/2382	1
OPH	99485	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	1/1/2013	12/31/2382	1
OPH	99486	SUPERVISION BY A CONTROL PHYSICIAN OF INTERFACILITY TRANSPORT CARE OF THE CRITICALLY ILL OR CRITICALLY INJURED	7/1/2016	12/31/2382	4
OPH	99487	COMPLEX CHRONIC CARE COORDINATION SERVICES; FIRST HOUR OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER	1/1/2013	12/31/2382	1
OPH	99489	COMPLEX CHRONIC CARE COORDINATION SERVICES; ADDITIONAL 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYS	4/1/2018	12/31/2382	4
OPH	99490	CHRONIC CARE MANAGEMENT SERVICES, AT LEAST 20 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN	1/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99491	CHRONIC CARE MANAGEMENT SERVICES BY QUALIFIED HEALTH CARE PROFESSIONAL, 30 MINUTES OR MORE PER CALENDAR MONTH	1/1/2019	12/31/2382	1
OPH	99492	INITIAL PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT FIRST 70 MINUTES IN THE FIRST CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT AND DIRECTED BY THE TREATING PHYSI	1/1/2018	12/31/2382	1
OPH	99494	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, EACH ADDITIONAL 30 MINUTES IN A CALENDAR MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTAN	1/1/2018	12/31/2382	2
OPH	99495	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS:COMMUNICATION WITH THE PATIENT	10/1/2020	12/31/2382	1
OPH	99496	TRANSITIONAL CARE MANAGEMENT SERVICES WITH THE FOLLOWING REQUIRED ELEMENTS:COMMUNICATION WITH THE PATIENT	10/1/2020	12/31/2382	1
OPH	99497	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS	10/1/2020	12/31/2382	1
OPH	99498	ADVANCE CARE PLANNING INCLUDING THE EXPLANATION AND DISCUSSION OF ADVANCE DIRECTIVES SUCH AS FORMS	10/1/2020	12/31/2382	3
OPH	99499	UNLISTED EVALUATION AND MANAGEMENT SERVICE	10/1/2020	12/31/2382	1
OPH	99500	HOME VISIT FOR PRENATAL MONITORING AND ASSESMENT TO INCLUDE FETAL HEART RATE, NON-STRESS TEST, UTERINE	10/1/2013	12/31/2382	1
OPH	99501	HOME VISIT FOR POSTNATAL ASSESSMENT AND FOLLOW-UP CARE	10/1/2012	12/31/2382	1
OPH	99502	HOME VISIT FOR NEWBORN CARE AND ASSESSMENT	10/1/2012	12/31/2382	1
OPH	99503	HOME VISIT FOR RESPIRATORY THERAPY CARE	10/1/2012	12/31/2382	1
OPH	99504	HOME VISIT FOR MECHANICAL VENTILATION CARE	1/1/2019	12/31/2382	1
OPH	99505	HOME VISIT FOR STOMA CARE AND MAINTENANCE INCLUDING COLOSTOMY AND CYSTOSTOMY	10/1/2013	12/31/2382	1
OPH	99506	HOME VISIT FOR INTRAMUSCULAR INJECTIONS	10/1/2012	12/31/2382	1
OPH	99507	HOME VISIT FOR CARE AND MAINTENANCE OF CATHETER(S) (EG, URINARY, DRAINAGE, AND ENTERAL)	10/1/2012	12/31/2382	1
OPH	99509	HOME VISIT FOR ASSISTANCE WITH ACTIVITIES OF DAILY LIVING AND PERSONAL CARE	1/1/2019	12/31/2382	1
OPH	99510	HOME VISIT FOR INDIVIDUAL, FAMILY OR MARRIAGE COUNSELING	10/1/2012	12/31/2382	1
OPH	99511	HOME VISIT FOR FECAL IMPACTION MANAGEMENT AND ENEMA ADMISINSTRATION	10/1/2012	12/31/2382	1
OPH	99512	HOME VISIT FOR HEMODIALYSIS	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	99600	UNLISTED HOME VISIT SERVICE OR PROCEDURE	4/1/2018	12/31/2382	1
OPH	99601	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT UP TO 2 HOURS	10/1/2012	12/31/2382	4
OPH	99602	HOME INFUSION SPECIALTY DRUG ADMINISTRATION, PER VISIT , EACH ADDITIONAL HOUR	10/1/2012	12/31/2382	2
OPH	99605	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2018	12/31/2382	1
OPH	99606	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2018	12/31/2382	1
OPH	99607	MEDICATION THERAPY MANAGEMENT SERVICE(S) PROVIDED BY A PHARMACIST, INDIVIDUAL, FACE TO FACE WITH PATIENT,	10/1/2017	12/31/2382	1
OPH	A0100	NON-EMERGENCY TRANSPORTATION: TAXI - INTRA CITY	1/1/2014	12/31/2382	2
OPH	A0110	NON-EMERGENCY TRANSPORTATION AND BUS, INTRA OR INTER STATE CARRIER	1/1/2014	12/31/2382	2
OPH	A0130	NON-EMERGENCY TRANSPORTATION: WHEEL-CHAIR VAN	1/1/2014	12/31/2382	2
OPH	A0225	AMBULANCE SERVICE, NEONATAL TRANSPORT, BASE RATE, EMERGENCY TRANSPORT, ONE WAY	1/1/2014	12/31/2382	1
OPH	A0384	BLS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION (USED BY ALS AMBULANCES AND BLS AMBULANCES IN	10/1/2017	12/31/2382	1
OPH	A0392	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; DEFIBRILLATION	10/1/2017	12/31/2382	1
OPH	A0396	ALS SPECIALIZED SERVICE DISPOSABLE SUPPLIES; OSOPHAGEAL INTUBATION	10/1/2017	12/31/2382	1
OPH	A0422	AMBULANCE (ALS OR BLS) OXYGEN AND OXYGEN SUPPLIES, LIFE SUSTAINING SITUATION	10/1/2017	12/31/2382	1
OPH	A0425	GROUND MILEAGE, PER STATUTE MILE	10/1/2016	12/31/2382	250
OPH	A0426	AMBULANCE SERVICES, ADVANCED LIFE SUPPORT, NON-EMERGENCY TRANSPORT, LEVEL 1 (ALS 1)	1/1/2014	12/31/2382	2
OPH	A0427	AMBULANCE SERVICE, ADVANCED LIFE SUPPORT, EMERGENCY TRANSPORT, LEVEL 1 (ALS 1 EMERGENCY)	1/1/2014	12/31/2382	2
OPH	A0428	AMBULANCE SERVICE, BASIC LIFE SUPPORT, NON-EMERGENCY TRANSPORT (BLS)	1/1/2014	12/31/2382	2
OPH	A0429	AMBULANCE SERVICE, BASIC LIFE SUPPORT, EMERGENCY TRANSPORT (BLS EMERGENCY)	1/1/2014	12/31/2382	2
OPH	A0430	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (FIXED WING)	1/1/2014	12/31/2382	1
OPH	A0431	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, TRANSPORT, ONE WAY (ROTARY WING)	1/1/2014	12/31/2382	2
OPH	A0433	ADVANCED LIFE SUPPORT, LEVEL 2 (ALS 2)	1/1/2014	12/31/2382	1
OPH	A0434	SPECIALTY CARE TRANSPORT (SCT)	1/1/2014	12/31/2382	2
OPH	A0435	FIXED WING AIR MILEAGE, PER STATUTE MILE	1/1/2019	12/31/2382	999

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A0436	ROTARY WING AIR MILEAGE, PER STATUTE MILE	1/1/2019	12/31/2382	300
OPH	A0998	AMBULANCE RESPONSE AND TREATMENT, NO TRANSPORT	1/1/2014	12/31/2382	1
OPH	A0999	UNLISTED AMBULANCE SERVICE	4/1/2018	12/31/2382	1
OPH	A4210	NEEDLE-FREE INJECTION DEVICE, EACH	10/1/2013	12/31/2382	1
OPH	A4212	HUBER-TYPE NEEDLE, EACH	1/1/2019	12/31/2382	2
OPH	A4220	REFILL KIT FOR IMPLANTABLE INFUSION PUMP	1/1/2019	12/31/2382	1
OPH	A4221	SUPPLIES FOR MAINTENANCE OF DRUG INFUSION CATHETER, PER WEEK (LIST DRUG SEPARATELY)	10/1/2015	12/31/2382	4
OPH	A4224	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION CATHETER, PER WEEK	7/1/2017	12/31/2382	5
OPH	A4226	SUPPLIES FOR MAINTENANCE OF INSULIN INFUSION PUMP WITH DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING, PER WEEK	7/1/2020	12/31/2382	1
OPH	A4233	REPLACEMENT BATTERY, ALKALINE (OTHER THAN J CELL), FOR USE WITH MEDICALLY NECESSARY HOME BLOOD GLUCOSE MONITOR	7/1/2015	12/31/2382	2
OPH	A4234	REPLACEMENT BATTERY, ALKALINE, J CELL, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	1/1/2018	12/31/2382	2
OPH	A4235	REPLACEMENT BATTERY, LITHIUM, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY PATIENT	10/1/2014	12/31/2382	2
OPH	A4236	REPLACEMENT BATTERY, SILVER OXIDE, FOR USE WITH MEDICALLY NECESSARY HOME GLUCOSE MONITOR OWNED BY	1/1/2012	12/31/2382	2
OPH	A4250	URINE TEST OR REAGENT STRIPS OR TABLETS (100 TABLETS OR STRIPS)	10/1/2013	12/31/2382	2
OPH	A4253	BLOOD GLUCOSE TEST OR REAGENT STRIPS FOR HOME BLOOD GLUCOSE MONITOR, PER 50 STRIPS	1/1/2019	12/31/2382	4
OPH	A4256	NORMAL, LOW AND HIGH CALIBRATOR SOLUTION / CHIPS - PER PINT	10/1/2015	12/31/2382	1
OPH	A4258	SPRING-POWERED DEVICE FOR LANCET, EACH	1/1/2011	12/31/2382	1
OPH	A4259	LANCETS, PER BOX OF 100	1/1/2019	12/31/2382	2
OPH	A4261	CERVICAL CAP FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
OPH	A4262	TEMPORARY, ABSORBABLE LACRIMAL DUCT IMPLANT, EACH	7/1/2014	12/31/2382	4
OPH	A4263	LACRIMAL DUCT IMPLANT	10/1/2016	12/31/2382	4
OPH	A4264	PERMANENT IMPLANTABLE CONTRACEPTIVE INTRATUBAL OCCLUSION DEVICE(S) AND DELIVERY SYSTEM	1/1/2014	12/31/2382	1
OPH	A4266	DIAPHRAGM FOR CONTRACEPTIVE USE	10/1/2013	12/31/2382	1
OPH	A4270	DISPOSABLE ENDOSCOPE SHEATH, EACH	7/1/2017	12/31/2382	3
OPH	A4281	TUBING FOR BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A4282	ADAPTER FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
OPH	A4284	BREAST SHIELD AND SPLASH PROTECTOR FOR USE WITH BREAST PUMP, REPLACEMENT	10/1/2013	12/31/2382	1
OPH	A4286	LOCKING RING FOR BREAST PUMP, REPLACEMENT	1/1/2014	12/31/2382	1
OPH	A4290	SACRAL NERVE STIMULATION TEST LEAD, EACH	10/1/2014	12/31/2382	2
OPH	A4300	IMPLANTABLE VASCULAR ACCESS PORTAL/CATHETER (VENOUS, ARTERIAL, EPIDURAL OR PERITONEAL)	1/1/2015	12/31/2382	4
OPH	A4301	IMPLANTABLE ACCESS TOTAL CATHETER, PORT/RESERVOIR (E.G., VENOUS, ARTERIAL, EPIDURAL, SUBARACHNOID, PERITONEAL,	7/1/2014	12/31/2382	1
OPH	A4310	INSERTION TRAY WITHOUT DRAINAGE BAG AND WITHOUT CATHETER (ACCESSORIES ONLY)	10/1/2015	12/31/2382	2
OPH	A4311	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON,	10/1/2015	12/31/2382	2
OPH	A4312	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
OPH	A4313	INSERTION TRAY WITHOUT DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
OPH	A4314	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SIL	10/1/2015	12/31/2382	2
OPH	A4315	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE	10/1/2015	12/31/2382	2
OPH	A4316	INSERTION TRAY WITH DRAINAGE BAG WITH INDWELLING CATHETER, FOLEY TYPE, THREE-WAY, FOR CONTINUOUS IRRIGATION	10/1/2015	12/31/2382	2
OPH	A4331	EXTENSION DRAINAGE TUBING, ANY TYPE, ANY LENGTH, WITH CONNECTOR/ADAPTOR, FOR USE WITH URINARY LEG BAG OR OSTOM	1/1/2018	12/31/2382	2
OPH	A4332	LUBRICANT, INDIVIDUAL STERILE PACKET, FOR INSERTION OF URINARY CATHETER, EACH	7/1/2018	12/31/2382	200
OPH	A4334	URINARY CATHETER ANCHORING DEVICE, LEG STRAP, EACH	1/1/2018	12/31/2382	1
OPH	A4337	INCONTINENCE SUPPLY, RECTAL INSERT, ANY TYPE, EACH	1/1/2017	12/31/2382	2
OPH	A4338	INDWELLING CATHETER; FOLEY TYPE, TWO-WAY LATEX WITH COATING (TEFLON, SILICONE, SILICONE ELASTOMER, OR HYDROPHI	10/1/2015	12/31/2382	2
OPH	A4340	INDWELLING CATHETER; SPECIALTY TYPE (EG; COUDE, MUSHROOM, WING, ETC.), EACH	10/1/2015	12/31/2382	2
OPH	A4344	INDWELLING CATHETER, FOLEY TYPE, TWO-WAY, ALL SILICONE,EACH	10/1/2015	12/31/2382	2
OPH	A4346	INDWELLING CATHETER; FOLEY TYPE, THREE WAY FOR CONTINUOUS IRRIGATION, EACH	10/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A4354	INSERTION TRAY WITH DRAINAGE BAG BUT WITHOUT CATHETER	10/1/2015	12/31/2382	2
OPH	A4355	IRRIGATION TUBING SET FOR CONTINUOUS BLADDER IRRIGATION THROUGH A THREE-WAY INDWELLING FOLEY	1/1/2018	12/31/2382	2
OPH	A4356	EXTERNAL URETHRAL CLAMP OR COMPRESSION DEVICE (NOT TO BE USED FOR CATHETER CLAMP), EACH	1/1/2012	12/31/2382	1
OPH	A4357	BEDSIDE DRAINAGE BAG, DAY OR NIGHT, WITH OR WITHOUT ANTI REFLUX DEVICE, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
OPH	A4358	URINARY LEG BAG; VINYL, WITH OR WITHOUT TUBE, EACH	10/1/2015	12/31/2382	2
OPH	A4361	OSTOMY FACEPLATE, EACH	10/1/2015	12/31/2382	1
OPH	A4363	OSTOMY CLAMP, ANY TYPE, REPLACEMENT ONLY, EACH	10/1/2015	12/31/2382	2
OPH	A4367	OSTOMY BELT, EACH	10/1/2015	12/31/2382	2
OPH	A4384	OSTOMY FACEPLATE EQUIVALENT, SILICONE RING, EACH	10/1/2015	12/31/2382	2
OPH	A4396	OSTOMY BELT WITH PERISTOMAL HERNIA SUPPORT	1/1/2012	12/31/2382	3
OPH	A4398	OSTOMY IRRIGATION SUPPLY; BAG, EACH	7/1/2015	12/31/2382	1
OPH	A4399	OSTOMY IRRIGATION SUPPLY; CONE/CATHETER, INCLUDING BRUSH	1/1/2012	12/31/2382	2
OPH	A4458	ENEMA BAG WITH TUBING, REUSABLE	1/1/2014	12/31/2382	1
OPH	A4459	MANUAL PUMP-OPERATED ENEMA SYSTEM, INCLUDES BALLOON, CATHETER AND ALL ACCESSORIES, REUSABLE	7/1/2015	12/31/2382	1
OPH	A4463	SURGICAL DRESSING HOLDER, REUSABLE, EACH	1/1/2012	12/31/2382	3
OPH	A4465	NON-ELASTIC BINDER FOR EXTREMITY	1/1/2019	12/31/2382	2
OPH	A4470	GRAVLEE JET WASHER	10/1/2010	12/31/2382	1
OPH	A4480	VABRA ASPIRATOR	10/1/2010	12/31/2382	1
OPH	A4490	SURGICAL STOCKINGS ABOVE KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
OPH	A4495	SURGICAL STOCKINGS THIGH LENGTH, EACH	10/1/2013	12/31/2382	4
OPH	A4500	SURGICAL STOCKINGS BELOW KNEE LENGTH, EACH	10/1/2013	12/31/2382	4
OPH	A4510	SURGICAL STOCKINGS FULL LENGTH, EACH	10/1/2013	12/31/2382	4
OPH	A4550	SURGICAL TRAYS	1/1/2015	12/31/2382	3
OPH	A4557	LEAD WIRES, (E.G., APNEA MONITOR), PER PAIR	1/1/2011	12/31/2382	2
OPH	A4561	PESSARY, RUBBER, ANY TYPE	10/1/2010	12/31/2382	1
OPH	A4562	PESSARY, NON-RUBBER, ANY TYPE	10/1/2010	12/31/2382	1
OPH	A4563	RECTAL CONTROL SYSTEM FOR VAGINAL INSERTION, FOR LONG TERM USE, INCLUDES PUMP AND ALL SUPPLIES AND ACCESSORIES, ANY TYPE EACH	7/1/2019	12/31/2382	1
OPH	A4565	SLINGS	7/1/2014	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A4566	SHOULDER SLING OR VEST DESIGN, ABDUCTION RESTRAINER; WITH OR WITHOUT SWATHE CONTROL,PREFAB	10/1/2014	12/31/2382	2
OPH	A4570	SPLINT	10/1/2013	12/31/2382	2
OPH	A4575	TOPICAL HYPERBARIC OXYGEN CHAMBER, DISPOSABLE	10/1/2013	12/31/2382	1
OPH	A4580	CAST SUPPLIES	10/1/2013	12/31/2382	2
OPH	A4590	SPECIAL CASTING MATERIALS, HEXCELITE AND LIGHT CAST	10/1/2013	12/31/2382	2
OPH	A4595	TENS SUPPLIES, 2 LEAD, PER MONTH	10/1/2015	12/31/2382	2
OPH	A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	1/1/2014	12/31/2382	2
OPH	A4601	LITHIUM ION BATTERY FOR NONPROSTHETIC USE, REPLACEMENT	1/1/2018	12/31/2382	1
OPH	A4602	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 1.5 VOLT, EACH	1/1/2019	12/31/2382	2
OPH	A4604	TUBING WITH INTERGRATED HEATING ELEMENT FOR USE WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2012	12/31/2382	1
OPH	A4606	OXYGEN PROBE FOR USE WITH OXIMETER DEVICE, REPLACEMENT	7/1/2014	12/31/2382	1
OPH	A4611	BATTERY, HEAVY DUTY; REPLACEMENT FOR PATIENT OWNED VENTILATOR	7/1/2015	12/31/2382	2
OPH	A4612	BATTERY CABLES; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2012	12/31/2382	2
OPH	A4613	BATTERY CHARGER; REPLACEMENT FOR PATIENT-OWNED VENTILATOR	1/1/2012	12/31/2382	1
OPH	A4614	PEEK EXPIRATORY FLOW RATE METER, HAND HELD	1/1/2011	12/31/2382	1
OPH	A4615	CANNULA, NASAL	1/1/2014	12/31/2382	1
OPH	A4617	MOUTH PIECE	1/1/2014	12/31/2382	1
OPH	A4619	FACE TENT	1/1/2014	12/31/2382	1
OPH	A4620	VARIABLE CONCENTRATION MASK	1/1/2014	12/31/2382	1
OPH	A4625	TRACHEOSTOMY CARE KIT FOR NEW TRACHEOSTOMY	10/1/2016	12/31/2382	31
OPH	A4626	TRACHEOSTOMY CLEANING BRUSH, EACH	1/1/2018	12/31/2382	2
OPH	A4627	SPACER, BAG OR RESERVOIR, WITH OR WITHOUT MASK, FOR USE WITH METERED DOSE INHALER	10/1/2013	12/31/2382	2
OPH	A4633	REPLACEMENT BULB/LAMP FOR ULTRAVIOLET LIGHT THERAPY SYSTEM, EACH	7/1/2015	12/31/2382	6
OPH	A4635	UNDERARM PAD, CRUTCH, REPLACEMENT, EACH	7/1/2013	12/31/2382	2
OPH	A4636	REPLACEMENT, HANDGRIP, CANE, CRUTCH, OR WALKER, EACH	1/1/2012	12/31/2382	2
OPH	A4637	REPLACEMENT, TIP, CANE, CRUTCH, WALKER, EACH.	4/1/2015	12/31/2382	4
OPH	A4638	REPLACEMENT BATTERY FOR PATIENT OWNED EAR PULSE GENERATOR, EACH	7/1/2015	12/31/2382	2
OPH	A4639	REPLACEMENT PAD FOR INFRARED HEATING PAD SYSTEM, EACH	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A4640	REPLACEMENT PAD FOR USE WITH MEDICALLY NECESSARY ALTERNATING PRESSURE PAD OWNED BY PATIENT	1/1/2011	12/31/2382	1
OPH	A4642	INDIUM IN-111 SATUMOMAB PENDETIDE,DIAGNOSTIC ,PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A4648	TISSUE MARKER IMPLANTABLE, ANY TYPE, EACH	4/1/2015	12/31/2382	3
OPH	A4650	IMPLANTABLE RADIATION DOSIMETER, EACH	1/1/2011	12/31/2382	3
OPH	A4660	SPHYGMOMANOMETER/BLOOD PRESSURE APPARATUS WITH CUFF AND STETHOSCOPE	10/1/2010	12/31/2382	1
OPH	A4663	BLOOD PRESSURE CUFF ONLY	10/1/2010	12/31/2382	1
OPH	A4670	AUTOMATIC BLOOD PRESSURE MONITOR	10/1/2013	12/31/2382	1
OPH	A4931	ORAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
OPH	A4932	RECTAL THERMOMETER, REUSABLE, ANY TYPE, EACH	1/1/2014	12/31/2382	1
OPH	A5056	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH FILTER, (1 PIECE) EACH	10/1/2016	12/31/2382	40
OPH	A5057	OSTOMY POUCH, DRAINABLE, WITH EXTENDED WEAR BARRIER ATTACHED, WITH BUILT IN CONVEXITY, WITH FILTER, EACH	10/1/2016	12/31/2382	40
OPH	A5082	CONTINENT DEVICE; CATHETER FOR CONTINENT STOMA	10/1/2015	12/31/2382	2
OPH	A5102	BEDSIDE DRAINAGE BOTTLE WITH OR WITHOUT TUBING, RIGID OR EXPANDABLE, EACH	1/1/2012	12/31/2382	1
OPH	A5105	URINARY SUSPENSORY; WITH LEG BAG, WITH OR WITHOUT TUBE	10/1/2015	12/31/2382	2
OPH	A5112	URINARY LEG BAG; LATEX	10/1/2015	12/31/2382	1
OPH	A5113	LEG STRAP; LATEX, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
OPH	A5114	LEG STRAP; FOAM OR FABRIC, REPLACEMENT ONLY, PER SET	10/1/2015	12/31/2382	1
OPH	A5120	SKIN BARRIER, WIPES OR SWABS, EACH	10/1/2016	12/31/2382	50
OPH	A5131	APPLIANCE CLEANER, INCONTINENCE AND OSTOMY APPLIANCES, PER 16 OZ.	10/1/2015	12/31/2382	1
OPH	A5500	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF OFF-THE-SHELF DEPTH-INLAY	1/1/2011	12/31/2382	2
OPH	A5501	FOR DIABETICS ONLY, FITTING(INCLUDING FOLLOW UP)CUSTOM PREPARATION AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF	1/1/2011	12/31/2382	2
OPH	A5503	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	1/1/2011	12/31/2382	2
OPH	A5504	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	4/1/2012	12/31/2382	2
OPH	A5505	FOR DIABETICS ONLY, MODIFICATION (INCLUDING FITTING) OFOFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	1/1/2011	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A5506	FOR DIABETICS ONLY, MODIFICATION(INCLUDING FITTING)_OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE	1/1/2011	12/31/2382	2
OPH	A5508	FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM MOLDED SHOE, PER SHOE	1/1/2012	12/31/2382	2
OPH	A5510	FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT W/O EXTERNAL HEAT SOURCE, MULTIPLE DEN	4/1/2012	12/31/2382	2
OPH	A5512	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE	10/1/2016	12/31/2382	6
OPH	A5513	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH	10/1/2016	12/31/2382	6
OPH	A5514	FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, MADE BY DIRECT CARVING WITH CAM TECHNOLOGY FROM A RECTIFIED CAD MODEL CREATED FROM A DIGITIZED SCAN OF THE PATIENT, TOTAL CONTACT WITH PATIENT'S FOOT,	1/1/2019	12/31/2382	6
OPH	A6000	NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARNING DEVICE AND WARMING CARD	1/1/2014	12/31/2382	1
OPH	A6460	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING	7/1/2019	12/31/2382	1
OPH	A6461	SYNTHETIC RESORBABLE WOUND DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING	7/1/2019	12/31/2382	1
OPH	A6501	COMPRESSION BURN GARMENT, BODYSUIT (HEAD TO FOOT), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
OPH	A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	7/1/2022	12/31/2382	1
OPH	A6502	COMPRESSION BURN GARMENT, CHIN STRAP, CUSTOM FABRICATED	10/1/2012	6/30/2022	2
OPH	A6503	COMPRESSION BURN GARMENT, FACIAL HOOD, CUSTOM FABRICATED	10/1/2012	12/31/2382	2
OPH	A6504	COMPRESSION BURN GARMENT, GLOVE TO WRIST, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
OPH	A6505	COMPRESSION BURN GARMENT, GLOVE TO ELBOW, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
OPH	A6506	COMPRESSION BURN GARMENT, GLOVE TO AXILLA, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
OPH	A6507	COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
OPH	A6508	COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED	10/1/2012	12/31/2382	4
OPH	A6509	COMPRESSION BURN GARMENT, UPPER TRUNK TO WAIST INCLUDING ARM OPENINGS(VEST), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
OPH	A6510	COMPRESSION BURN GARMENT, TRUNK, INCLUDING ARMS DOWN TO LEG OPENINGS(LEOTARD), CUSTOM FABRICATED	10/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A6511	COMPRESSION BURN GARMENT, LOWER TRUNK INCLUDING LEG OPENINGS (PANTY), CUSTOM FABRICATED	10/1/2012	12/31/2382	2
OPH	A6513	COMPRESSION BURN MASK, FACE AND/OR NECK , PLASTIC OR EQUAL, CUSTOM FABRICATED	4/1/2012	12/31/2382	2
OPH	A6530	GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6531	GRADIENT COMPRESSION STOCKING, BELOW KNEE 30-40 MM HG, EACH	7/1/2015	12/31/2382	4
OPH	A6532	GRADIENT COMPRESSION STOCKING, BELOW KNEE 40-50 MM HG, EACH	7/1/2015	12/31/2382	4
OPH	A6533	GRADIENT COMPRESSION STOCKING. THIGH LENGTH, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6534	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6535	GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6536	GRADIENT COMPRESSION STOCKING FULL LENGTH/CHAP STYLE, 18-30 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6537	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6538	GRADIENT COMPRESSION STOCKING, FULL LENGTH/CHAP STYLE, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6539	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 18-30 MM HG EACH	10/1/2013	12/31/2382	4
OPH	A6540	GRADIENT COMPRESSION STOCKING, WAIST LENGTH 30-40 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6541	GRADIENT COMPRESSION STOCKING, WAIST LENGTH, 40-50 MM HG, EACH	10/1/2013	12/31/2382	4
OPH	A6544	GRADIENT COMPRESSION STOCKING, GARTER BELT	10/1/2013	12/31/2382	1
OPH	A6545	GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG,EACH	10/1/2010	12/31/2382	2
OPH	A7001	CANISTER, NON-DISPOSABLE, USED WITH SUCTION PUMP, EACH	10/1/2015	12/31/2382	1
OPH	A7003	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
OPH	A7004	SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, DISPOSABLE	10/1/2015	12/31/2382	2
OPH	A7005	ADMINISTRATION SET, WITH SMALL VOLUME NONFILTERED PNEUMATIC NEBULIZER, NONDISPOSABLE	1/1/2012	12/31/2382	1
OPH	A7006	ADMINISTRATION SET, WITH SMALL VOLUME FILTERED PNEUMATIC NEBULIZER	10/1/2015	12/31/2382	1
OPH	A7007	LARGE VOLUME NEBULIZER, DISPOSABLE, UNFILLED, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2
OPH	A7009	RESERVOIR BOTTLE, NON-DISPOSABLE, USED WITH LARGE VOLUME ULTRASONIC NEBULIZER	1/1/2014	12/31/2382	1
OPH	A7010	CORRUGATED TUBING, DISPOSABLE, USED WITH LARGE VOLUME NEBULIZER, 100 FEET	7/1/2013	12/31/2382	2
OPH	A7012	WATER COLLECTION DEVICE, USED WITH LARGE VOLUME NEBULIZER	10/1/2015	12/31/2382	2
OPH	A7013	FILTER, DISPOSABLE, USED WITH AEROSOL COMPRESSOR	10/1/2015	12/31/2382	2
OPH	A7014	FILTER, NON-DISPOSABLE, USED WITH AEROSOL COMPRESSOR OR ULTRASONIC GENERATOR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A7015	AEROSOL MASK, USED WITH DME NEBULIZER	10/1/2015	12/31/2382	1
OPH	A7016	DOME AND MOUTHPIECE, USED WITH SMALL VOLUME ULTRASONIC NEBULIZER	7/1/2015	12/31/2382	1
OPH	A7017	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, NOT USED WITH OXYGEN	1/1/2011	12/31/2382	1
OPH	A7020	INTERFACE FOR COUGH STIMULATING DEVICE, INCLUDES ALL COMPONENTS, REPLACEMENT ONLY	7/1/2011	12/31/2382	1
OPH	A7025	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM VEST, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT EACH	1/1/2011	12/31/2382	1
OPH	A7026	HIGH FREQUENCY CHEST WALL OSCILLATION SYSTEM HOSE, REPLACEMENT FOR USE WITH PATIENT OWNED EQUIPMENT, EACH	1/1/2011	12/31/2382	1
OPH	A7027	COMBINATION ORAL/NASAL MASK, USED WITH CONTINUOUS POSITIVE AIRWAY PRESSURE DEVICE, EACH	10/1/2010	12/31/2382	1
OPH	A7028	ORAL CUSHION FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT, ONLY EACH	10/1/2015	12/31/2382	2
OPH	A7029	NASAL PILLOWS FOR COMBINATION ORAL/NASAL MASK, REPLACEMENT ONLY, PAIR	10/1/2015	12/31/2382	2
OPH	A7030	FULL FACE MASK USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	1/1/2012	12/31/2382	1
OPH	A7031	FACE MASK INTERFACE, REPLACEMENT FOR FULL FACE MASK, EACH	1/1/2018	12/31/2382	1
OPH	A7032	REPLACEMENT CUSHION FOR NASAL APPLICATION DEVICE, EACH	10/1/2015	12/31/2382	2
OPH	A7033	REPLACEMENT PILLOWS FOR NASAL APPLICATION DEVICE, PAIR	10/1/2015	12/31/2382	2
OPH	A7034	NASAL INTERFACE (MASK OR CANNULA TYPE) USED WITH POSITIVE AIRWAY PRESSURE DEVICE, WITH OR WITHOUT HEAD STRAP	1/1/2012	12/31/2382	1
OPH	A7035	HEADGEAR USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
OPH	A7036	CHINSTRAP USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2011	12/31/2382	1
OPH	A7037	TUBING USED WITH POSITIVE AIRWAY PRESSURE DEVICE	7/1/2015	12/31/2382	1
OPH	A7038	FILTER, DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	10/1/2015	12/31/2382	2
OPH	A7039	FILTER, NON-DISPOSABLE, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2012	12/31/2382	1
OPH	A7040	ONE WAY CHEST DRAIN VALVE	10/1/2010	12/31/2382	2
OPH	A7041	WATER SEAL DRAINAGE CONTAINER AND TUBING FOR USE WITH IMPLANTED CHEST TUBE	10/1/2010	12/31/2382	2
OPH	A7044	ORAL INTERFACE USED WITH POSITIVE AIRWAY PRESSURE DEVICE, EACH	7/1/2013	12/31/2382	1
OPH	A7045	EXHALATION PORT WITH OR WITHOUT SWIVEL USED WITH ACCESSORIES FOR POSITIVE	1/1/2012	12/31/2382	1
OPH	A7046	WATER CHAMBER FOR HUMIDIFIER, USED WITH POSITIVE AIRWAY PRESSURE DEVICE, REPLACEMENT, EACH	1/1/2012	12/31/2382	1
OPH	A7047	ORAL INTERFACE USED WITH RESPIRATORY SUCTION PUMP, EACH	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A7048	VACUUM DRAINAGE COLLECTION UNIT AND TUBING KIT, INCLUDING ALL SUPPLIES NEEDED FOR COLLECTION	10/1/2015	12/31/2382	4
OPH	A7501	TRACHEOSTOMA VALVE, INCLUDING DIAPHRAGM, EACH	1/1/2017	12/31/2382	2
OPH	A7502	REPLACEMENT DIAPHRAGM/FACEPLATE FOR TRACHEOSTOMA VAVLE EACH	1/1/2012	12/31/2382	1
OPH	A7503	FILTER HOLDER OR FILTER CAP, REUSABLE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM EACH	4/1/2015	12/31/2382	1
OPH	A7504	FILTER FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYSTEM, EACH	10/1/2016	12/31/2382	62
OPH	A7505	HOUSING, REUSABLE W/O ADHESIVE, FOR USE IN A HEAT AND MOISTURE EXCHANGE SYSTEM AND/OR WITH A TRACHEOSTOMA VALV	10/1/2016	12/31/2382	2
OPH	A7507	FILTER HOLDER AND INTEGRATED FILTER WITHOUT ADHESIVE, FOR USE IN A TRACHEOSTOMA HEAT AND MOISTURE EXCHANGE SYS	10/1/2016	12/31/2382	62
OPH	A7520	TRACHEOSTOMY, LARYNGECTOMY TUBE, NON CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	10/1/2016	12/31/2382	2
OPH	A7521	TRACHEOSTOMY, LARYNGECTOMY TUBE, CUFFED, POLYVINYLCHLORIDE, SILICONE OR EQUAL, EACH	1/1/2018	12/31/2382	1
OPH	A7522	TRACHEOSTOMY, LARYNGECTOMY TUBE, STAINLESS STEEL OR EQUAL, STERILIZABLE OR REUSEABLE, EACH	1/1/2012	12/31/2382	1
OPH	A7524	TRACHEOSTOMA STENT, STUD, BUTTON, EACH	4/1/2018	12/31/2382	1
OPH	A7525	TRACHEOSTOMY MASK, EACH	7/1/2021	12/31/2382	3
OPH	A7527	TRACHEOSTOMY/LARYNGECTOMY TUBE PLUG/STOP, EACH	1/1/2017	12/31/2382	2
OPH	A8000	HELMET, PROTECTIVE, SOFT, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
OPH	A8001	HELMET, PROTECTIVE, HARD, PREFABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
OPH	A8002	HELMET, PROTECTIVE, SOFT, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
OPH	A8003	HELMET, PROTECTIVE, HARD, CUSTOM FABRICATED, INCLUDES ALL COMPONENTS AND ACCESSORIES	1/1/2014	12/31/2382	1
OPH	A8004	SOFT INTERFACE FOR HELMET, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
OPH	A9275	HOME GLUCOSE DISPOSABLE MONITOR, INCLUDES TEST STRIPS	10/1/2013	12/31/2382	1
OPH	A9276	SENSOR; INVASIVE, DISPOSABLE, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM, ONE UNIT=1 DAY	1/1/2019	12/31/2382	31

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A9277	TRANSMITTER; EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
OPH	A9278	RECEIVER (MONITOR); EXTERNAL, FOR USE WITH INTERSTITIAL CONTINUOUS GLUCOSE MONITORING SYSTEM	10/1/2013	12/31/2382	1
OPH	A9281	REACHING/GRABBING DEVICE, ANY TYPE, ANY LENGTH, EACH	10/1/2013	12/31/2382	1
OPH	A9282	WIG, ANY TYPE, EACH	10/1/2013	12/31/2382	1
OPH	A9283	FOOT PRESSURE OFF LOADING/SUPPORTIVE DEVICE, ANY TYPE, EACH	10/1/2013	12/31/2382	2
OPH	A9284	SPIROMETER, NON-ELECTRONIC,INCLUDES ALL ACCESSORIES	10/1/2010	12/31/2382	1
OPH	A9500	TECHNETIUM TC 99M SESTAMIBI,DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	3
OPH	A9501	TECHNETIUM TC-99M TEBOROXIME, DIAGNOSTIC, PER STUDY DOSE	1/1/2016	12/31/2382	1
OPH	A9502	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M TETROFOSMIN, PER DOSE	10/1/2010	12/31/2382	3
OPH	A9503	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M, MEDRONATE, UP TO 30 MCI	10/1/2010	12/31/2382	1
OPH	A9504	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC 99M APCITIDE	10/1/2010	12/31/2382	1
OPH	A9505	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, THALLOUS CHLORIDE TL 201, PER MCI	1/1/2015	12/31/2382	4
OPH	A9507	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, INDIUM IN 111 CAPROMAB PENDETIDE, PER DOSE	10/1/2010	12/31/2382	1
OPH	A9508	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, IOBENGUANE SULFATE I-131, PER .5 MCI	10/1/2016	12/31/2382	2
OPH	A9509	IODINE 1-123 SODIUM IODIDE, DIAGNOSTIC, PER MILLICURIE	1/1/2016	12/31/2382	5
OPH	A9510	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, TECHNETIUM TC99M DIOSFENIN, PER VIAL	10/1/2010	12/31/2382	1
OPH	A9512	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC-99M PERTECHNETATE, PER MCI	10/1/2016	12/31/2382	30
OPH	A9513	LUTETIUM LU 177, DOTATATE, THERAPEUTIC, 1 MILLICURIE	1/1/2019	12/31/2382	200
OPH	A9515	CHOLINE C-11, DIAGNOSTIC, PER STUDY DOSE UP TO 20 MILLICURIES	1/1/2017	12/31/2382	1
OPH	A9516	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-123 SODIUM IODIDE CAPSULE, PER 100 UCI	1/1/2015	12/31/2382	4
OPH	A9517	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,I-131 SODIUM IODIDE CAPSULE, PER MCI	1/1/2016	12/31/2382	200

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OPH	A9520	TECHNETIUM TC-99M, TILMANOCEPT, DIAGNOSTIC, UP TO .5 MILLICURIES	7/1/2014	12/31/2382	1
OPH	A9521	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,TECHNETIUM TC 99M EXAMETAZINE, PER DOSE	10/1/2010	12/31/2382	2
OPH	A9524	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT,IODINATED I-131 SERUM ALBUMIN, FIVE MICROCURIES	1/1/2015	12/31/2382	10
OPH	A9526	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC IMAGING AGENT, AMMONIA N 13, PER DOSE	10/1/2010	12/31/2382	2
OPH	A9527	IODINE I-125, SODIUM IODIDE SOLUTION, THERAPEUTIC, PER MILLICURIE	1/1/2016	12/31/2382	195
OPH	A9528	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE CAPSULE, PER MILLICURIE	1/1/2016	12/31/2382	10
OPH	A9529	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	1/1/2016	12/31/2382	10
OPH	A9530	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, I 131 SODIUM IODIDE SOLUTION, PER MILLICURIE	1/1/2016	12/31/2382	200
OPH	A9531	SUPPLY OF RADIOPHARMACEUTICAL DIAGNOSTIC AGENT, I 131 SODIUM IODIDE, PER MICROCURIE, UP TO 100	1/1/2016	12/31/2382	100
OPH	A9532	SUPPLY OF RADIOPHARMACEUTICAL THERAPEUTIC AGENT, IODINATED I 125, SESRUM ALBUMIN, 5 MICROCURIES	1/1/2016	12/31/2382	10
OPH	A9536	TECHNETIUM TC-99M DEPREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 35 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9537	TECHNETIUM TC-99M MEBROFENIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9538	TECHNETIUM TC-99M PYROPHOSPHATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9539	TECHNETIUM TC-99M PENTETATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9540	TECHNETIUM TC-99M MACROAGGREGATED ALBUMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9541	TECHNETIUM TC-99M SULFUR COLLOID, DIAGNOSTIC, PER STUDY DOSE, UP TO 20 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, THERAPEUTIC PER TREATMENT DOSE, UP TO 40 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9546	COBALT CO-57/58, CYANOCOBALAMIN, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A9547	INDIUM IN -111 OXYQUINOLINE, DIAGNOSTIC, PER 0.5 MILLICURIE	10/1/2016	12/31/2382	2
OPH	A9548	INDIUM IN-111 PENTETATE, DIAGNOSTIC, PER 0.5 MILLICURIE	1/1/2015	12/31/2382	2
OPH	A9550	TECHNETIUM TC-99M SODIUM GLUCEPTATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIE	10/1/2010	12/31/2382	1
OPH	A9551	TECHNETIUM TC-99M SUCCIMER, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIE	10/1/2010	12/31/2382	1
OPH	A9552	FLUORODEOXYGLUCOSE F-18 FDG, DIANGOSTIC, PER STUDY DOSE, UP TO 45 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9553	CHROMIUM CR-51 SODIUM CHROMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 250 MICROCURIES	10/1/2010	12/31/2382	1
OPH	A9554	IODINE I-125 SODIUM IOTHALAMATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MICROCURIES	10/1/2010	12/31/2382	1
OPH	A9555	RUBIDIUM RB-82, DIAGNOSTIC, PER STUDY DOSE, UP TO 60 MILLICURIES	1/1/2016	12/31/2382	2
OPH	A9556	GALLIUM GA-67 CITRATE, DIAGNOSTIC. PER MILLICURIE	10/1/2016	12/31/2382	10
OPH	A9557	TECHNETIUM TC-99M BICISATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9558	XENON XE-133 GAS, DIAGNOSTIC, PER 10 MILLICURIES	1/1/2015	12/31/2382	7
OPH	A9559	COBALT CO-57 CYANOCOBALAMIN, ORAL, DIAGNOSTIC, PER STUDY DOSE, UP TO 1 MICROCURIE	10/1/2010	12/31/2382	1
OPH	A9560	TECHNETIUM TC-99M LABELED RED BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9561	TECHNETIUM TC-99M OXIDRONATE, DIAGNOSTIC, PER STUDY DOSE, UP TO 30 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9562	TECHNETIUM TC-99M MERTIATIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9563	SODIUM PHOSPHATE P-32, THERAPEUTIC, PER MILLICURIES	1/1/2016	12/31/2382	10
OPH	A9564	CHROMIC PHOSPHATE P-32 SUSPENSION, THERAPEUTIC, PER MILLICURIE	1/1/2015	12/31/2382	20
OPH	A9566	TECHNETIUM TC-99M FANOLESOMAB, DIAGNOSTIC, PER STUDY DOSE, UP TO 25 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9567	TECHNETIUM TC-99M PENETATE, DIAGNOSTIC, AEROSOL, PER STUDY DOSE, UP TO 75 MILLICURIES	10/1/2010	12/31/2382	2
OPH	A9569	TECHNETIUM TC-99M EXAMETAZIME LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
OPH	A9570	INDIUM IN-111 LABELED AUTOLOGOUS WHITE BLOOD CELLS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
OPH	A9571	INDIUM IN-111 LABELED AUTOLOGOUS PLATELETS, DIAGNOSTIC, PER STUDY DOSE	10/1/2010	12/31/2382	1
OPH	A9572	INDIUM IN-111 PENTETREOTIDE, DIAGNOSTIC, PER STUDY DOSE, UP TO 6 MILLICURIES	10/1/2015	12/31/2382	1
OPH	A9575	INJECTION, GADOTERATE MEGLUMINE, .1 ML	1/1/2018	12/31/2382	300

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	A9576	INJECTION, GADOTERIDOL, (PROHANCE MULTIPACK), PER ML	4/1/2016	12/31/2382	100
OPH	A9577	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE), PER ML	4/1/2016	12/31/2382	50
OPH	A9578	INJECTION, GADOBENATE DIMEGLUMINE (MULTIHANCE MULTIPACK), PER NL	4/1/2016	12/31/2382	50
OPH	A9579	INJECTION, GADOLINIUM-BASED MAGNETIC RESONANCE CONTRAST AGENT, NOT OTHER WISE SPECIFIED (NOS), PER ML	7/1/2014	12/31/2382	100
OPH	A9580	SODIUM FLUORIDE F-18,DIAGNOSTIC, PER STUDY DOSE , UP TO 30 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9581	INJECTION, GADOXETATE DISODIUM, 1 ML	4/1/2016	12/31/2382	20
OPH	A9582	IODINE I-123 IOBENGUANE, DIAGNOSTIC, PER STUDY DOSE, UP TO 15 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9583	INJECTION, GADOFOSVESET TRISODIUM, 1 ML	10/1/2016	12/31/2382	18
OPH	A9584	IODINE 1-123 IOFLUPANE,DIAGNOSTIC,PER STUDY DOES, UP TO 5 MILLICURIES	7/1/2012	12/31/2382	1
OPH	A9585	INJECTION,GADOBUTROL,0.1 ML	7/1/2014	12/31/2382	300
OPH	A9586	FLORBETAPIR F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 10 MILLICURIES	7/1/2013	12/31/2382	1
OPH	A9587	GALLIUM GA-68, DOTATATE, DIAGNOSTIC, 0.1 MILLICURIE	10/1/2017	12/31/2382	54
OPH	A9588	FLUCICLOVINE F-18, DIAGNOSTIC, 1 MILLICURIE	7/1/2017	12/31/2382	10
OPH	A9589	INSTILLATION, HEXAMINOLEVULINATE HYDROCHLORIDE, 100 MG	4/1/2019	12/31/2382	1
OPH	A9590	IODINE I-131, IOBENGUANE, 1 MILLICURIE	7/1/2020	12/31/2382	675
OPH	A9592	COPPER CU-64, DOTATATE, DIAGNOSTIC, 1 MILLICURIE	1/1/2022	12/31/2382	4
OPH	A9600	SUPPLY OF THERAPEUTIC RADIOPHARMACEUTICAL, STRONTIUM-89 CHLORIDE, PER MCI	10/1/2016	12/31/2382	7
OPH	A9604	SAMARIUM SM-153 LEXIDRONAM, THERAPEUTIC, PER TREATMENT DOSE, UP TO 150 MILLICURIES	10/1/2010	12/31/2382	1
OPH	A9606	RADIUM RA-223 DICHLORIDE, THERAPEUTIC, PER MICROCURIE	7/1/2018	12/31/2382	224
OPH	A9698	NONRADIOACTIVE CONTRAST IMAGING MATERIAL, NOT OTHERWISE CLASSIFIED, PER STUDY	1/1/2018	12/31/2382	3
OPH	A9700	SUPPLY OF INJECTABLE CONTRAST MATERIAL FOR USE IN ECHOCARDIOGRAPHY, PER STUDY	10/1/2010	12/31/2382	2
OPH	B4034	ENTERAL FEEDING SUPPLY KIT; SYRINGE, PER DAY	1/1/2017	12/31/2382	31
OPH	B4035	ENTERAL FEEDING SUPPLY KIT; PUMP FED, PER DAY	1/1/2017	12/31/2382	31
OPH	B4036	ENTERAL FEEDING SUPPLY KIT; GRAVITY FED, PER DAY	1/1/2017	12/31/2382	31
OPH	B4081	NASOGASTRIC TUBING WITH STYLET	10/1/2015	12/31/2382	1
OPH	B4082	NASOGASTRIC TUBING WITHOUT STYLET	10/1/2015	12/31/2382	1
OPH	B4083	STOMACH TUBE - LEVINE TYPE	10/1/2015	12/31/2382	1
OPH	B4087	GASTROSTOMY/JEJUNOSTOMY TUBE, STANDARD, ANT MATERIAL, ANY TYPE, EACH	4/1/2012	12/31/2382	1
OPH	B4088	GASTROSTOMY/JEJUNOSTOMY TUBE, LOW-PROFILE, ANY MATERIAL, ANY TYPE, EACH	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	B4164	PARENTERAL NUTRITION SOLUTION: CARBOHYDRATES (DEXTROSE), 50% OR LESS (500 ML = 1 UNIT) - HOMEMIX	1/1/2017	12/31/2382	31
OPH	B4168	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 3.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
OPH	B4172	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 5.5% THROUGH 7%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
OPH	B4176	PARENTERAL NUTRITION SOLUTION; AMINO ACID, 7% THROUGH 8.5%, (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
OPH	B4178	PARENTERAL NUTRITION SOLUTION: AMINO ACID, GREATER THAN 8.5% (500 ML = 1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
OPH	B4180	PARENTERAL NUTRITION SOLUTION; CARBOHYDRATES (DEXTROSE), GREATER THAN 50% (500 ML=1 UNIT) - HOMEMIX	10/1/2018	12/31/2382	124
OPH	B4185	PARENTERAL NUTRITION SOLUTION, PER 10 GRAMS LIPIDS	1/1/2022	12/31/2382	15
OPH	B4187	OMEGAVEN, 10 GRAMS LIPIDS	1/1/2022	12/31/2382	15
OPH	B4189	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
OPH	B4193	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS, AND	1/1/2017	12/31/2382	31
OPH	B4197	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
OPH	B4199	PARENTERAL NUTRITION SOLUTION; COMPOUNDED AMINO ACID AND CARBOHYDRATES WITH ELECTROLYTES, TRACE ELEMENTS AND V	1/1/2017	12/31/2382	31
OPH	B4216	PARENTERAL NUTRITION; ADDITIVES (VITAMINS, TRACE ELEMENTS, HEPARIN, ELECTROLYTES) HOMEMIX PER DAY	1/1/2017	12/31/2382	31
OPH	B4220	PARENTERAL NUTRITION SUPPLY KIT; PREMIX, PER DAY	1/1/2017	12/31/2382	31
OPH	B4222	PARENTERAL NUTRITION SUPPLY KIT; HOME MIX, PER DAY	1/1/2017	12/31/2382	31
OPH	B4224	PARENTERAL NUTRITION ADMINISTRATION KIT, PER DAY	1/1/2017	12/31/2382	31
OPH	B9002	ENTERAL NUTRITION INFUSION PUMP - WITH ALARM	4/1/2012	12/31/2382	1
OPH	B9004	PARENTERAL NUTRITION INFUSION PUMP, PORTABLE	4/1/2012	12/31/2382	1
OPH	B9006	PARENTERAL NUTRITION INFUSION PUMP, STATIONARY	4/1/2012	12/31/2382	1
OPH	C1052	HEMOSTATIC AGENT, GASTROINTESTINAL, TOPICAL	10/1/2021	12/31/2382	1
OPH	C1062	INTRAVERTEBRAL BODY FRACTURE AUGMENTATION WITH IMPLANT (E.G., METAL, POLYMER)	10/1/2021	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C1713	ANCHOR/SCREW FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE- TO-BONE (IMPLANTABLE)	1/1/2015	12/31/2382	20
OPH	C1714	CATHETER, TRANSLUMINAL ATHERECTOMY, DIRECTIONAL	1/1/2015	12/31/2382	4
OPH	C1715	BRACHYTHERAPY NEEDLE	1/1/2015	12/31/2382	9
OPH	C1716	BRACHYTHERAPY SEED,GOLD 198	1/1/2015	12/31/2382	4
OPH	C1717	BRACHYTHERAPY SEED,HIGH DOSE RATE IRIIDIUM 192, PER DOSE	1/1/2015	12/31/2382	10
OPH	C1719	BRACHYTHERAPY SEED, NON-HIGH DOSE RATE IRIIDIUM 192	1/1/2015	12/31/2382	99
OPH	C1721	CARDIOVERTER-DEFIBRILLATOR, DUAL CHAMBER	4/1/2012	12/31/2382	1
OPH	C1722	CARDIOVERTER-DEFIBRILLATOR, SINGLE CHAMBER (IMPLANTABLE)	1/1/2012	12/31/2382	1
OPH	C1724	CATHETER, TRANSLUMINAL ATHERECTOMY, ROTATIONAL	1/1/2015	12/31/2382	5
OPH	C1725	CATHETER, TRANSLUMINAL ANGIOPLASTY, NON-LASER (MAY INCLUDE GUIDANCE, INFUSION/PERFUSION CAPABILITY)	1/1/2015	12/31/2382	9
OPH	C1726	CATHETER, BALLOON DILATATION, NON-VASCULAR	1/1/2015	12/31/2382	5
OPH	C1727	CATHETER, BALLOON TISSUE DISSECTOR, NON-VASCULAR (INSERTABLE)	1/1/2015	12/31/2382	4
OPH	C1728	CATHETER, BRANCHYTHERAPY SEED ADMINISTRATION	1/1/2015	12/31/2382	5
OPH	C1729	CATHERTER, DRAINAGE	1/1/2015	12/31/2382	6
OPH	C1730	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (19 OR FEWER ELECTRODES)	1/1/2015	12/31/2382	4
OPH	C1731	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC, OTHER THAN 3D MAPPING (20 OR MORE ELECTRODES)	10/1/2012	12/31/2382	2
OPH	C1732	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, 3D OR VECTGOR MAPPING	10/1/2012	12/31/2382	3
OPH	C1733	CATHETER,ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR	10/1/2012	12/31/2382	3
OPH	C1734	ORTHOPEDIC/DEVICE/DRUG MATRIX FOR OPPOSING BONE-TO-BONE OR SOFT TISSUE-TO BONE (IMPLANTABLE)	7/1/2020	12/31/2382	2
OPH	C1748	ENDOSCOPE, SINGLE-USE (I.E. DISPOSABLE), UPPER GI, IMAGING/ILLUMINATION DEVICE (INSERTABLE)	1/1/2021	12/31/2382	1
OPH	C1749	ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION COLONSCOPE DEVICE (IMPLANTABLE)	4/1/2011	12/31/2382	1
OPH	C1750	CATHETER, HEMODIALYSIS, LONG-TERM	10/1/2010	12/31/2382	2
OPH	C1751	CATHETER, INFUSION, INSERTED PERIPHERALLY, CENTRALLY OR MIDLINE, (OTHER THAN HEMODIALYSIS)	10/1/2012	12/31/2382	3
OPH	C1752	CATHETER, HEMODIAYSIS, SHORT-TERM	10/1/2010	12/31/2382	2
OPH	C1753	CATHETER, INTRAVASCULAR ULTRASOUND	7/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C1754	CATHETER, INTRADISCAL	10/1/2012	12/31/2382	2
OPH	C1755	CATHETER, INTRASPINAL	10/1/2010	12/31/2382	2
OPH	C1756	CATHETER, PACING, TRANSESOPHAGEAL	10/1/2010	12/31/2382	2
OPH	C1757	CATHETER, TROMBECTOMY/EMBOLECTOMY	10/1/2016	12/31/2382	6
OPH	C1758	CATHETER, URETERAL	10/1/2012	12/31/2382	2
OPH	C1759	CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY	10/1/2012	12/31/2382	2
OPH	C1760	CLOSURE DEVICE, VASCULAR (INPLANTABLE/INSERTABLE)	10/1/2016	12/31/2382	4
OPH	C1762	CONNECTIVE TISSUE,HUMAN (INCLUDES FASCIA LATA)	10/1/2016	12/31/2382	4
OPH	C1763	CONNECTIVE TISSUE, NON-HUMAN (INCLUDES SYNTHETIC)	10/1/2016	12/31/2382	4
OPH	C1764	EVENT RECORDER, CARDIAC (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C1765	ADHESION BARRIER	10/1/2016	12/31/2382	4
OPH	C1766	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, STEERABLE, OTHER THAN PEEL AWAY	10/1/2016	12/31/2382	4
OPH	C1767	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)	1/1/2012	12/31/2382	2
OPH	C1768	GRAFT, VASCULAR	10/1/2010	12/31/2382	3
OPH	C1769	GUIDE WIRE	1/1/2015	12/31/2382	9
OPH	C1770	IMAGING COIL, MAGNETIC RESONANCE (INSERTABLE)	10/1/2010	12/31/2382	3
OPH	C1771	REPAIR DEVICE, URINARY, INCONTINENCE, WITH SLING GRAFT	4/1/2012	12/31/2382	1
OPH	C1772	INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)	1/1/2012	12/31/2382	1
OPH	C1773	RETRIEVAL DEVICE, INSERTABLE (USED TO RETRIEVE FRACTURED MEDICAL DEVICES)	10/1/2012	12/31/2382	3
OPH	C1776	JOINT DEVICE (IMPLANTABLE)	1/1/2015	12/31/2382	10
OPH	C1777	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL SINGLE COIL (IMPLANTABLE)	4/1/2012	12/31/2382	2
OPH	C1778	LEAD, NEUROSTIMULATOR (IMPLATABLE)	1/1/2015	12/31/2382	4
OPH	C1779	LEAD, PACEMAKER,TRANSVENOUS VDD SINGLE PASS	10/1/2012	12/31/2382	2
OPH	C1780	LENS, INTRAOCULAR (NEW TECHNOLOGY)	4/1/2012	12/31/2382	2
OPH	C1781	MESH (IMPLANTABLE)	1/1/2015	12/31/2382	4
OPH	C1782	MORCELLATOR	10/1/2012	12/31/2382	1
OPH	C1783	OCULAR IMPLANT, AQUEOUS DRAINAGE ASSIST DEVICE	10/1/2010	12/31/2382	2
OPH	C1784	OCULAR DEVICE, INTRAOPERATIVE, DETACHED RETINA	4/1/2012	12/31/2382	2
OPH	C1785	PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	1/1/2012	12/31/2382	1
OPH	C1786	PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C1787	PATIENT PROGRAMMER, NEUROSTIMULATOR	10/1/2010	12/31/2382	2
OPH	C1788	PORT, INDWELLING (IMPLANTABLE)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C1789	PROSTHESIS,BREAST (IMPLANTABLE)	4/1/2012	12/31/2382	2
OPH	C1813	PROSTHESIS, PENILE, INFLATABLE	1/1/2012	12/31/2382	1
OPH	C1814	RETINAL TAMPONADE DEVICE, SILICONE OIL	4/1/2012	12/31/2382	2
OPH	C1815	PROSTESIS, UNRINARY SPHINCTER (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C1816	RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR (IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1817	SEPTAL DEFECT IMPLANT SYSTEM, INTRACARDIAC	10/1/2012	12/31/2382	1
OPH	C1818	INTEGRATED KERATOPROSTHESIS	10/1/2010	12/31/2382	2
OPH	C1819	SURGICAL TISSUE LOCALIZATION AND EXCISION DEVICE (IMPLANTABLE)	1/1/2015	12/31/2382	4
OPH	C1820	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	1/1/2012	12/31/2382	2
OPH	C1821	INTERSPINIOUS PROCESS DISTRACTION DEVICE (IMPLANTABLE)	1/1/2015	12/31/2382	4
OPH	C1822	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), HIGH FREQUENCY, WITH RECHARGEABLE BATTERY AND CHARGING SYSTEM	7/1/2016	12/31/2382	1
OPH	C1823	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE, WITH TRANSVENOUS SENSING AND STIMULATION LEADS	7/1/2019	12/31/2382	1
OPH	C1824	GENERATOR, CARDIAC CONTRACTILITY MODULATION (IMPLANTABLE)	7/1/2020	12/31/2382	1
OPH	C1825	GENERATOR, NEUROSTIMULATOR (IMPLANTABLE), NON-RECHARGEABLE WITH CAROTID SINUS BARORECEPTOR STIMULATION LEAD(S)	10/1/2021	12/31/2382	1
OPH	C1839	IRIS PROSTHESIS	7/1/2020	12/31/2382	2
OPH	C1841	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	7/1/2014	12/31/2382	1
OPH	C1842	RETINAL PROSTHESIS, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS; ADD-ON TO C1841	4/1/2017	12/31/2382	1
OPH	C1874	STENT,COATED/COVERED, WITH DELIVERY SYSTEM	1/1/2015	12/31/2382	5
OPH	C1875	STENT, COATED/COVERED, WITHOUT DELIVERY SYSTEM	7/1/2017	12/31/2382	4
OPH	C1876	STENT, NON-COATED/NON-COVERED, WITH DELIVERY SYSTEM	1/1/2015	12/31/2382	5
OPH	C1877	STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY SYSTEM	1/1/2015	12/31/2382	5
OPH	C1878	MATERIAL FOR VOCAL CORD MEDIALIZATION, SYNTHETIC(IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1880	VENA CAVA FILTER	10/1/2010	12/31/2382	2
OPH	C1881	DIALYSIS ACCESS SYSTEM(IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1882	CARDIOVERTER-DEFIBRILLATOR, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C1883	ADAPTOR/EXTENSION, PACING LEAD OR NEUROSTIMULATOR LEAD (IMPLANTABLE)	1/1/2015	12/31/2382	4
OPH	C1884	EMBOLIZATION PROTECTIVE SYSTEM	1/1/2015	12/31/2382	4
OPH	C1885	CATHETER, TRANSLUMINAL ANGIOPLASTY, LASER	1/1/2015	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C1886	CATHETER,EXTRAVASCULAR TISSUE ABLATION,ANY MOBILITY (INSERTABLE)	7/1/2012	12/31/2382	1
OPH	C1887	CATHETER, GUIDING (MAY INCLUDE INFUSION/PERFUSION CAPABILITY)	1/1/2015	12/31/2382	7
OPH	C1888	CATHETER, ABLATION, NON-CARDIAC, ENDOVASCULAR (IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1889	IMPLANTABLE/INSERTABLE DEVICE FOR DEVICE INTENSIVE PROCEDURE, NOT OTHERWISE CLASSIFIED	4/1/2018	12/31/2382	2
OPH	C1891	INFUSION PUMP, NON-PROGRAMMABLE, PERMANENT (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C1892	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED-CURVE, OTHER THAN PEE-AWAY	1/1/2015	12/31/2382	6
OPH	C1893	INTRODUCER/SHEATH, GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, FIXED CURVE, OTHER THAN PEEL-AWAY	1/1/2015	12/31/2382	6
OPH	C1894	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIA ELECTROPHSIOLOGICAL, NON LASER	1/1/2015	12/31/2382	6
OPH	C1895	LEAD, CARDIOVERTER-DEFIBRILLATOR, ENDOCARDIAL DUAL COIL (IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1896	LEAD, CARDIOVERTER-DEFIBRILLATOR, OTHER THAN ENDOCARIAL SINGE OR DUAL COIL	10/1/2010	12/31/2382	2
OPH	C1897	LEAD, NEUROSTIMULATOR TEST KIT (IMPLANTABLE)	10/1/2012	12/31/2382	2
OPH	C1898	LEAD, PACEMAKER, OTHER THAN TRANSVENOUS VDD SINGLE PASS	10/1/2012	12/31/2382	2
OPH	C1899	LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR COMPINATION (IMPLANTABLE)	10/1/2010	12/31/2382	2
OPH	C1900	LEAD, LEFT VENTRICULAR CORONARY VENOUS SYSTEM	10/1/2012	12/31/2382	1
OPH	C1982	CATHETER, PRESSURE-GENERATING, ONE-WAY VALVE, INTERMITTENTLY OCCLUSIVE	7/1/2020	12/31/2382	1
OPH	C2596	PROBE, IMAGE-GUIDED, ROBOTIC, WATERJET ABLATION	7/1/2020	12/31/2382	1
OPH	C2613	LUNG BIOPSY PLUG WITH DELIVERY SYSTEM	1/1/2017	12/31/2382	2
OPH	C2614	PROBE, PERCUTANEOUS LUMBAR DISCECTOMY	10/1/2010	12/31/2382	3
OPH	C2615	SEALANT,PULMONARY, LIQUID	10/1/2010	12/31/2382	2
OPH	C2616	BRACHYTHERAPY SEED, YTTRIUM-90	10/1/2010	12/31/2382	1
OPH	C2617	STENT, NON-CORONARY, TEMPORARY, WITHOUT DELIVERY SYSTEM	1/1/2015	12/31/2382	4
OPH	C2618	PROBE, CRYOABLATION	1/1/2015	12/31/2382	4
OPH	C2619	PACEMAKER,DUALCHAMBER, NON RATE RESPONSIVE (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C2620	PACEMAKER, SINGLE CHAMBER, NON RATE-RESPONSIVE (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C2621	PACEMAKER, OTHER THAN SINGLE OR DUAL CHAMBER (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C2622	PROTHESIS,PENILE NON-INFLATABLE	10/1/2012	12/31/2382	1
OPH	C2623	CATHETER, TRANSLUMINAL ANGIOPLASTY, DRUG-COATED, NON-LASER	7/1/2017	12/31/2382	4
OPH	C2624	IMPLANTABLE WIRELESS PULMONARY ARTERY PRESSURE SENSOR WITH DELIVERY CATHETER, INCLUDING	7/1/2015	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C2625	STENT, NON-CORONARY, TEMPORARY, WITH DELIVERY SYSTEM	1/1/2015	12/31/2382	4
OPH	C2626	INFUSION PUMP, NON-PROGRAMMABLE, TEMPORARY (IMPLANTABLE)	4/1/2012	12/31/2382	1
OPH	C2627	CATHETER, SUPRAPUBIC/CYSTOSCOPIC	10/1/2012	12/31/2382	2
OPH	C2628	CATHETER, OCCLUSION	1/1/2015	12/31/2382	4
OPH	C2629	INTRODUCER/SHEATH, OTHER THAN GUIDING, INTRACARDIAC ELECTROPHYSIOLOGICAL, LASER	1/1/2015	12/31/2382	4
OPH	C2630	CATHETER, ELECTROPHYSIOLOGY, DIAGNOSTIC/ABLATION, OTHER THAN 3D OR VECTOR MAPPING, COOL TIP	7/1/2018	12/31/2382	3
OPH	C2631	REPAIR DEVICE, URINARY, INCONTINENCE, WITHOUT SLING GRAFT	4/1/2012	12/31/2382	1
OPH	C2634	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, IODINE 125, PER SOURCE	1/1/2015	12/31/2382	24
OPH	C2635	BRACHYTHERAPY SOURCE, HIGH ACTIVITY, PALLADIUM 103, PER SOURCE	1/1/2015	12/31/2382	124
OPH	C2636	BRACHYTHERAPY LINEAR SOURCE, PALLADIUM 103, PER 1 MM	4/1/2017	12/31/2382	690
OPH	C2638	BRACHYTHERAPY SOURCE, STRANDED, IODINE-125,PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2639	BRACHYTHERAPY SOURCE, NON-STRANDED, IODINE-125, PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2640	BRACHYTHERAPY SOURCE, STRANDED, PALLADIUM-103, PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2641	BRACHYTHERAPY SOURCE, NON-STRANDED, PALLADIUM-103, PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2642	BRACHYTHERAPY SOURCE, STRANDED, CESIUM-131, PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2643	BRACHYTHERAPY SOURCE, NON-STRANDED, CESIUM-131, PER SOURCE	1/1/2015	12/31/2382	150
OPH	C2645	BRACHYTHERAPY PLANAR SOURCE, PALLADIUM-103, PER SQUARE MILLIMETER	10/1/2017	12/31/2382	4608
OPH	C5271	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	7/1/2014	12/31/2382	1
OPH	C5272	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA UP TO 100 SQ CM;	7/1/2014	12/31/2382	3
OPH	C5273	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	7/1/2014	12/31/2382	1
OPH	C5274	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO TRUNK, ARMS, LEGS, TOTAL WOUND SURFACE AREA GREATER THAN OR	4/1/2015	12/31/2382	35
OPH	C5275	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	1
OPH	C5276	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	3
OPH	C5277	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C5278	APPLICATION OF LOW COST SKIN SUBSTITUTE GRAFT TO FACE, SCALP, EYELIDS, MOUTH NECK, EARS, ORBITS, GENITALIA,	4/1/2015	12/31/2382	15
OPH	C8900	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, ABDOMEN	10/1/2010	12/31/2382	1
OPH	C8901	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, ABDOMEN	10/1/2010	12/31/2382	1
OPH	C8902	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, ABDOMEN	10/1/2010	12/31/2382	1
OPH	C8903	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; UNILATERAL	10/1/2010	12/31/2382	1
OPH	C8905	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; UNILATERAL	10/1/2010	12/31/2382	1
OPH	C8906	MAGNETIC RESONANCE IMAGING WITH CONTRAST, BREAST; BILATERAL	10/1/2010	12/31/2382	1
OPH	C8908	MAGNETIC RESONANCE IMAGING WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, BREAST; BILATERAL	10/1/2010	12/31/2382	1
OPH	C8909	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	10/1/2010	12/31/2382	1
OPH	C8910	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, CHEST (EXCLUDING MYOCARDIUM)	10/1/2010	12/31/2382	1
OPH	C8911	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY THE CONTRAST	10/1/2010	12/31/2382	1
OPH	C8912	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, LOWER EXTREMITY	4/1/2012	12/31/2382	1
OPH	C8913	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, LOWER EXTREMITY	4/1/2012	12/31/2382	1
OPH	C8914	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, LOWER EXTREMITY	4/1/2012	12/31/2382	1
OPH	C8918	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, PELVIS	10/1/2010	12/31/2382	1
OPH	C8919	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, PELVIS	10/1/2010	12/31/2382	1
OPH	C8920	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST, PELVIS	10/1/2010	12/31/2382	1
OPH	C8921	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, FOR CONGENITAL	10/1/2010	12/31/2382	1
OPH	C8922	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2010	12/31/2382	1
OPH	C8923	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,REAL-TIME WITH I	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C8924	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME IMAGE	10/1/2010	12/31/2382	1
OPH	C8925	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2010	12/31/2382	1
OPH	C8926	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE)WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,	10/1/2010	12/31/2382	1
OPH	C8927	TRANSESOPHAGEAL ECHOCARDIOGRAPHY (TEE) WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWING BY WITH CONTRAST,	10/1/2010	12/31/2382	1
OPH	C8928	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST,OR WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST, REAL-TIME	10/1/2010	12/31/2382	1
OPH	C8929	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY	10/1/2010	12/31/2382	1
OPH	C8930	TRANSTHORACIC ECHOCARDIOGRAPHY WITH CONTRAST, OR WITHOUT CONTRAST FOLLOWED BY	10/1/2010	12/31/2382	1
OPH	C8931	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,SPINAL CANAL AND CONTENTS	4/1/2011	12/31/2382	1
OPH	C8932	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, SPINAL CANAL AND CONTENTS	4/1/2011	12/31/2382	1
OPH	C8933	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST FOLLOWED BY WITH CONTRAST,SPINAL CANAL AND CONTENTS	4/1/2011	12/31/2382	1
OPH	C8934	MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST, UPPER EXTREMITY	4/1/2011	12/31/2382	2
OPH	C8935	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, UPPER EXTREMITY	4/1/2011	12/31/2382	2
OPH	C8936	MAGNETIC RESONANCE ANGIOGRAPHY WITHOUT CONTRAST, FOLLOWED BY WITH CONTRAST,UPPER EXTREM	4/1/2011	12/31/2382	2
OPH	C8937	COMPUTER-AIDED DETECTION, INCLUDING COMPUTER ALGORITHM ANALYSIS OF BREAST MRI IMAGE DATA FOR LESION DETECTION/CHARACTERIZATION, PHARMACOKINETIC ANALYSIS, WITH FURTHER PHYSICIAN REVIEW FOR INTERPRETATION	7/1/2019	12/31/2382	2
OPH	C8957	INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSIS; INITIATION OF PROLONGED INFUSION	10/1/2014	12/31/2382	2
OPH	C9046	COCAINE HYDROCHLORIDE NASAL SOLUTION FOR TOPICAL ADMINISTRATION, 1 MG	10/1/2019	12/31/2382	160
OPH	C9047	INJECTION, CAPLACIZUMAB-YHDP, 1 MG	10/1/2020	12/31/2382	22
OPH	C9054	INJECTION, LEFAMULIN (XENLETA), 1 MG	7/1/2020	12/31/2382	300
OPH	C9067	GALLIUM GA-68, DOTATOC, DIAGNOSTIC, 0.01 MCI	4/1/2021	12/31/2382	500

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C9113	INJECTION, PANTOPRAZOLE SODIUM, PER VIAL	4/1/2016	12/31/2382	10
OPH	C9132	PROTHROMBIN COMPLEX CONCENTRATE (HUMAN), KCENTRA, PER I.U. OF FACTOR IX ACTIVITY	1/1/2015	6/30/2022	5500
OPH	C9248	INJECTION, CLEVIDIPINE BUTYRATE, 1 MG	4/1/2016	12/31/2382	25
OPH	C9250	HUMAN PLASMA FIBRIN SEALANTS, VAPOR-HEATED, SOLVENT-DETERGENT (SRTISS), 2 ML	10/1/2015	12/31/2382	5
OPH	C9254	INJECTION, LACOSAMIDE, 1 MG	10/1/2016	12/31/2382	400
OPH	C9257	INJECTION, BEVACIZUMAB, 0.25 MG	1/1/2021	12/31/2382	10
OPH	C9290	NON SMALL CELL LUNG CANCER BIOPSY AND CYTOLOGY SPECIMEN REPORT DOES NOT DOCUMENT CLASSIFICATION	7/1/2014	12/31/2382	266
OPH	C9293	PATHOLOGY REPORT DOES NOT INCLUDE THE PT CATEGORY AND A STATEMENT ON THICKNESS AND ULCERATION	10/1/2014	12/31/2382	700
OPH	C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE (NEURAGEN NERVE GUIDE),PER CENTIMETER LENGTH	7/1/2014	12/31/2382	3
OPH	C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE (NEURAWRAP NERVE PROTECTOR), PER CENTIMETER LENGTH	4/1/2015	12/31/2382	4
OPH	C9354	ACELLULAR PERICARDIAL TISSUE MATRIX OF NONHUMAN ORIGION (VERTAS,PER SQUARE CENTIMETER	4/1/2015	12/31/2382	300
OPH	C9355	COLLAGEN NERVE CUFF (NEUROMATRIX),PER 0.5 CENTIMETER LENGTH	7/1/2014	12/31/2382	3
OPH	C9356	TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN AND GLYCOSAMINOGLYCAN MATRIX	4/1/2015	12/31/2382	125
OPH	C9358	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, FETAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX), PER.5	4/1/2015	12/31/2382	800
OPH	C9359	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER	4/1/2015	12/31/2382	30
OPH	C9360	DERMAL SUBSTITUTE, NATIVE, NON-DENATURED COLLAGEN, NEONATAL BOVINE ORIGIN (SURGIMEND COLLAGEN MATRIX)	4/1/2015	12/31/2382	300
OPH	C9361	COLLAGEN MATRIX NERVE WRAP (NEUROMEND COLLAGEN NERVE WRAP), PER 0.5 CENTIMETER LENGTH	4/1/2015	12/31/2382	10
OPH	C9362	POROUS PURIFIED COLLAGEN MATRIX BONE VOID FILLER (INTEGRA MOZAIK OSTEOCONDUCTIVE SCAFFOLD STRIP)	4/1/2015	12/31/2382	60
OPH	C9363	SKIN SUBSTITUTE, INTEGRA MESHED BILAYER WOUND MATRIX, PER SQUARE CENTIMETER	4/1/2015	12/31/2382	500
OPH	C9364	PORCINE IMPLANT, PERMACOL, PER SQUARE CENTIMETER	4/1/2015	12/31/2382	600
OPH	C9460	INJECTION, CANGRELOR, 1 MG	7/1/2016	12/31/2382	100
OPH	C9462	INJECTION, DELAFLOXACIN, 1 MG	10/1/2018	12/31/2382	600

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OPH	C9482	INJECTION, SOTALOL HYDROCHLORIDE, 1 MG	7/1/2018	12/31/2382	300
OPH	C9600	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY	10/1/2014	12/31/2382	3
OPH	C9601	PERCUTANEOUS TRANSCATHETER PLACEMENT OF DRUG ELUTING INTRACORONARY STENT(S), WITH CORONARY	7/1/2013	12/31/2382	2
OPH	C9602	PERCUTANEOUS TRANSLUMINAL CORONARY ARTERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT	7/1/2016	12/31/2382	2
OPH	C9603	PERCUTANEOUS TRANSLUMINAL CORONARY ARTERECTOMY, WITH DRUG ELUTING INTRACORONARY STENT	7/1/2013	12/31/2382	2
OPH	C9604	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION	7/1/2016	12/31/2382	2
OPH	C9605	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF OR THROUGH CORONARY ARTERY BYPASS GRAFT, ANY COMBINATION	7/1/2016	12/31/2382	2
OPH	C9607	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY	7/1/2021	12/31/2382	2
OPH	C9608	PERCUTANEOUS TRANSLUMINAL REVASCULARIZATION OF CHRONIC TOTAL OCCLUSION, CORONARY ARTERY	10/1/2014	12/31/2382	2
OPH	C9725	PLACEMENT OF ENDORECTAL INTRACAVITARY APPLICATOR FOR HIGH INTENSITY BRACHYTHERAPY	10/1/2010	12/31/2382	1
OPH	C9726	PLACEMENT AND REMOVAL (IF PERFORMED) OF APPLICATOR INTO BREAST FOR RADIATION THERAPY	10/1/2010	12/31/2382	2
OPH	C9727	INSERTION OF IMPLANTS INTO THE SOFT PALATE; MINIMUM OF THREE IMPLANTS	10/1/2010	12/31/2382	1
OPH	C9728	PLACEMENT OF INTERSTITIAL DEVICE(S) FOR RADIATION THERAPY/SURGERY GUIDANCE (EG FIDUCIAL MARKERS, DOSIMETER),	10/1/2010	12/31/2382	1
OPH	C9751	BRONCHOSCOPY, RIGID OR FLEXIBLE, TRANSBRONCHIAL ABLATION OF LESION(S) BY MICROWAVE ENERGY, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN PERFORMED, WITH COMPUTED TOMOGRAPHY ACQUISITION(S) AND 3-D RENDERING,	7/1/2019	12/31/2382	1
OPH	C9752	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, FIRST TWO VERTEBRAL BODIES, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), LUMBAR/SACRUM	7/1/2019	6/30/2022	1
OPH	C9753	DESTRUCTION OF INTRAOSSEOUS BASIVERTEBRAL NERVE, EACH ADDITIONAL VERTEBRAL BODY, INCLUDING IMAGING GUIDANCE (E.G., FLUOROSCOPY), LUMBAR/SACRUM (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7/1/2019	6/30/2022	3

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OPH	C9756	INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE LYMPHATIC MAPPING OF LYMPH NODE(S) (SENTINEL OR TUMOR DRAINING) WITH ADMINISTRATION OF INDOCYANINE GREEN (ICG) (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	10/1/2020	12/31/2382	1
OPH	C9757	LAMINOTOMY (HEMILAMINECTOMY), WITH DECOMPRESSION OF NERVE ROOT(S), INCLUDING PARTIAL FACETECTOMY, FORAMINOTOMY AND EXCISION OF HERNIATED INTERVERTEBRAL DISC, AND REPAIR OF ANNULAR DEFECT WITH IMPLANTATION OF BONE ANCHORED ANNULAR	7/1/2020	12/31/2382	2
OPH	C9758	BLINDED PROCEDURE FOR NYHA CLASS III/IV HEART FAILURE; TRANSCATHETER IMPLANTATION OF INTERATRIAL SHUNT OR PLACEBO CONTROL, INCLUDING RIGHT HEART CATHETERIZATION, TRANS-ESOPHAGEAL ECHOCARDIOGRAPHY (TEE)	7/1/2020	12/31/2382	1
OPH	C9759	TRANSCATHETER INTRAOPERATIVE BLOOD VESSEL MICROINFUSION(S) (E.G., INTRALUMINAL, VASCULAR WALL AND/OR PERIVASCULAR) THERAPY, ANY VESSEL, INCLUDING RADIOLOGICAL SUPERVISION AND INTERPRETATION, WHEN PERFORMED	1/1/2021	12/31/2382	1
OPH	C9760	NONRANDOMIZED, NONBLINDED PROCEDURE FOR NYHA CLASS II, III, IV HEART FAILURE; TRANSCATHETER IMPLANTATION OF INTERATRIAL SHUNT, INCLUDING RIGHT AND LEFT HEART CATHETERIZATION, TRANSEPTAL PUNCTURE, TRANSESOPHAGEAL ECHOCARDIOGRAPHY	1/1/2021	12/31/2382	1
OPH	C9761	CYSTOURETHROSCOPY, WITH URETEROSCOPY AND/OR PYELOSCOPY, WITH LITHOTRIPSY (URETERAL CATHETERIZATION IS INCLUDED) AND VACUUM ASPIRATION OF THE KIDNEY, COLLECTING SYSTEM AND URETHRA, IF APPLICABLE	7/1/2021	12/31/2382	2
OPH	C9762	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRAIN IMAGING	1/1/2021	12/31/2382	1
OPH	C9763	CARDIAC MAGNETIC RESONANCE IMAGING FOR MORPHOLOGY AND FUNCTION, QUANTIFICATION OF SEGMENTAL DYSFUNCTION; WITH STRESS IMAGING	1/1/2021	12/31/2382	1
OPH	C9764	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIPSY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	1/1/2021	12/31/2382	2
OPH	C9765	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIPSY, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	1/1/2021	12/31/2382	2
OPH	C9766	REVASCLARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIPSY AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	1/1/2021	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C9767	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, ANY VESSEL(S); WITH INTRAVASCULAR LITHOTRIpsy AND TRANSLUMINAL STENT PLACEMENT(S), AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	1/1/2021	12/31/2382	2
OPH	C9768	ENDOSCOPIC ULTRASOUND-GUIDED DIRECT MEASUREMENT OF HEPATIC PORTOSYSTEMIC PRESSURE GRADIENT BY ANY METHOD (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE)	7/1/2021	12/31/2382	1
OPH	C9769	CYSTOURETHROSCOPY, WITH INSERTION OF TEMPORARY PROSTATIC IMPLANT/STENT WITH FIXATION/ANCHOR AND INCISIONAL STRUTS	7/1/2021	12/31/2382	1
OPH	C9770	VITRECTOMY, MECHANICAL, PARS PLANA APPROACH, WITH SUBRETINAL INJECTION OF PHARMACOLOGIC/BIOLOGIC AGENT	10/1/2021	12/31/2382	2
OPH	C9771	NASAL/SINUS ENDOSCOPY, CRYOABLATION NASAL TISSUE(S) AND/OR NERVE(S), UNILATERAL OR BILATERAL	10/1/2021	12/31/2382	1
OPH	C9772	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES), WITH INTRAVASCULAR LITHOTRIpsy, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL (S), WHEN PERFORMED	10/1/2021	12/31/2382	2
OPH	C9773	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy, AND TRANSLUMINAL STENT PLACEMENT(S), INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL(S), WHEN PERFORMED	10/1/2021	12/31/2382	2
OPH	C9774	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE SAME VESSEL (S), WHEN PERFORMED	10/1/2021	12/31/2382	2
OPH	C9775	REVASCULARIZATION, ENDOVASCULAR, OPEN OR PERCUTANEOUS, TIBIAL/PERONEAL ARTERY(IES); WITH INTRAVASCULAR LITHOTRIpsy AND TRANSLUMINAL STENT PLACEMENT(S), AND ATHERECTOMY, INCLUDES ANGIOPLASTY WITHIN THE	10/1/2021	12/31/2382	2
OPH	C9776	INTRAOPERATIVE NEAR-INFRARED FLUORESCENCE IMAGING OF MAJOR EXTRA-HEPATIC BILE DUCT(S) (E.G., CYSTIC DUCT, COMMON BILE DUCT AND COMMON HEPATIC DUCT) WITH INTRAVENOUS ADMINISTRATION OF INDOCYANINE GREEN (ICG) (LIST SEPARATELY IN ADD	1/1/2022	12/31/2382	1
OPH	C9777	ESOPHAGEAL MUCOSAL INTEGRITY TESTING BY ELECTRICAL IMPEDANCE, TRANSORAL, INCLUDES ESOPHAGOSCOPY OR ESOPHAGOGASTRODUODENOSCOPY	1/1/2022	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	C9803	HOSPITAL OUTPATIENT CLINIC VISIT SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE)	10/1/2020	12/31/2382	2
OPH	C9898	RADIOLABELED PRODUCT PROVIDED DURING A HOSPITAL INPATIENT STAY	10/1/2010	12/31/2382	1
OPH	D0150	COMPREHENSIVE ORAL EVALUATION	4/1/2019	12/31/2382	1
OPH	D0240	INTRAORAL-OCCLUSAL FILM	4/1/2019	12/31/2382	1
OPH	D0250	EXTRAORAL-FIRST FILM	4/1/2019	12/31/2382	2
OPH	D0270	BITEWING-SINGLE FILM	4/1/2019	12/31/2382	1
OPH	D0272	BITEWINGS-TWO FILMS	4/1/2019	12/31/2382	1
OPH	D0274	BITEWINGS-FOUR FILMS	4/1/2019	12/31/2382	1
OPH	D0277	VERTICAL BITEWINGS- 7-8 FILMS	4/1/2019	12/31/2382	1
OPH	D0416	VIRAL CULTURE	4/1/2019	12/31/2382	1
OPH	D0431	ADJUNCTIVE PRE-DIAGNOSTIC TEST THAT AIDS IN DETECTION OF MUCOSAL ABNORMALITIES	4/1/2019	12/31/2382	1
OPH	D0460	PULP VITALITY TESTS	4/1/2019	12/31/2382	1
OPH	D0484	CONSULTATION ON SLIDES PREPARED ELSEWHERE	4/1/2019	12/31/2382	1
OPH	D0485	CONSULTATION, INCLUDING PREPARATION OF SLIDES FROM BIOPSY MATERIAL SUPPLIED BY	4/1/2019	12/31/2382	1
OPH	D0601	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF LOW RISK	4/1/2019	12/31/2382	1
OPH	D0602	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF MODERATE RISK	4/1/2019	12/31/2382	1
OPH	D0603	CARIES RISK ASSESSMENT AND DOCUMENTATION, WITH A FINDING OF HIGH RISK	4/1/2019	12/31/2382	1
OPH	D1510	SPACE MAINTAINER-FIXED UNILATERAL	4/1/2019	12/31/2382	2
OPH	D1516	SPACE MAINTAINER - FIXED - BILATERAL, MAXILLARY	7/1/2019	12/31/2382	1
OPH	D1517	SPACE MAINTAINER - FIXED - BILATERAL, MANDIBULAR	7/1/2019	12/31/2382	1
OPH	D1520	SPACE MAINTAINER-REMOVABLE UNILATERAL	4/1/2019	12/31/2382	2
OPH	D1526	SPACE MAINTAINER - REMOVABLE - BILATERAL, MAXILLARY	7/1/2019	12/31/2382	1
OPH	D1527	SPACE MAINTAINER - REMOVABLE - BILATERAL, MANDIBULAR	7/1/2019	12/31/2382	1
OPH	D1551	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER – MAXILLARY	7/1/2020	12/31/2382	1
OPH	D1552	RE-CEMENT OR RE-BOND BILATERAL SPACE MAINTAINER - MANDIBULAR	7/1/2020	12/31/2382	1
OPH	D1553	RE-CEMENT OR RE-BOND UNILATERAL SPACE MAINTAINER – PER QUADRANT	7/1/2020	12/31/2382	2
OPH	D4260	OSSEOUS SURGERY (INCLUDING FLAP ENTRY AND CLOSURE)-PER QUADRANT	4/1/2019	12/31/2382	4
OPH	D4263	BONE REPLACEMENT GRAFT-FIRST SITE IN QUADRANT	4/1/2019	12/31/2382	4
OPH	D4264	BONE REPLACEMENT GRAFT-EACH ADDITIONAL SITE IN QUADRANT	4/1/2019	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	D4270	PEDICLE SOFT TISSUE GRAFT PROCEDURE	4/1/2019	12/31/2382	4
OPH	D4273	SUBEPITHELIAL CONNECTIVE TISSUE GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY)	4/1/2019	12/31/2382	1
OPH	D4277	FREE SOFT GRAFT PROCEDURE (INCLUDING DONOR SITE SURGERY), FIRST TOOTH OR EDENTULOUS TOOTH POSITION IN GRAFT	4/1/2019	12/31/2382	1
OPH	D4278	FREE SOFT TISSUE GRAFT PROCEDURE, EACH ADDITIONAL CONTIGUOUS TOOTH OR EDENTULOUS TOOTH POSITION	4/1/2019	12/31/2382	3
OPH	D4355	FULL MOUTH DEBRIDEMENT TO ENABLE COMPREHENSIVE PERIDONTAL EVALUATION AND DIAGNOSIS	4/1/2019	12/31/2382	1
OPH	D4381	LOCALIZED DELIVERY OF CHEMOTHERAPEUTIC AGENTS VIA A CONTROLLED RELEASE VEHICLE INTO DISEASED CREVICULAR TIS	4/1/2019	12/31/2382	12
OPH	D5911	FACIAL MOULAGE (SECTIONAL)	4/1/2019	12/31/2382	1
OPH	D5912	FACIAL MOULAGE (COMPLETE)	4/1/2019	12/31/2382	1
OPH	D5983	RADIATION CARRIER	4/1/2019	12/31/2382	1
OPH	D5984	RADIATION SHIELD	4/1/2019	12/31/2382	1
OPH	D5985	RADIATION CONE LOCATOR	4/1/2019	12/31/2382	1
OPH	D7111	CORONAL REMNANTS-DECIDUOUS TOOTH	4/1/2019	12/31/2382	20
OPH	D7140	EXTRACTION, ERUPTED TOOTH OR EXPOSED ROOT (ELEVATION AND/OR FORCEPS REMOVAL)	4/1/2019	12/31/2382	32
OPH	D7210	SURGICAL REMOVAL OF ERUPTED TOOTH REQUIRING ELEVATION OF MUCOPERIOSTEAL FLAP AND REMOVAL OF BONE AND/OR SECTIO	4/1/2019	12/31/2382	32
OPH	D7241	REMOVAL OF IMPACTED TOOTH-COMpletely BONY, WITH UNUSUAL SURGICAL COMPLICATIONS	4/1/2019	12/31/2382	6
OPH	D7250	SURGICAL REMOVAL OF RESIDUAL TOOTH ROOTS (CUTTING PROCEDURE)	4/1/2019	12/31/2382	32
OPH	D7260	ORAL ANTRAL FISTULA CLOSURE	4/1/2019	12/31/2382	1
OPH	D7261	PRIMARY CLOSURE OF A SINUS PERFORATION	4/1/2019	12/31/2382	1
OPH	D7283	PLACEMENT OF DEVICE TO FACILITATE ERUPTION OF IMPACTED TOOTH	4/1/2019	12/31/2382	4
OPH	D7288	BRUSH BIOPSY - TRANSEPIHELIAL SAMPLE COLLECTION	4/1/2019	12/31/2382	2
OPH	D7321	ALVEOLOPLASTY NOT IN CONJUNCTION WITH EXTRACTIONS - ONE TO THREE TEETH OR TOOTH	4/1/2019	12/31/2382	4
OPH	D9110	PALLIATIVE (EMERGENCY) TREATMENT OF DENTAL PAIN-MINOR PROCEDURES	4/1/2019	12/31/2382	1
OPH	D9230	ANALGESIA, ANXIOLYSIS, INHALATION OF NITROUS OXIDE	4/1/2019	12/31/2382	1
OPH	D9248	NON-INTRA VENOUS CONSCIOUS SEDATION	4/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	D9930	TREATMENT OF COMPLICATIONS (POSTSURGICAL) - UNUSUAL CIRCUMSTANCES, BY REPORT	4/1/2019	12/31/2382	1
OPH	D9944	OCCLUSAL GUARD - HARD APPLIANCE, FULL ARCH	7/1/2019	12/31/2382	2
OPH	D9945	OCCLUSAL GUARD - SOFT APPLIANCE, FULL ARCH	7/1/2019	12/31/2382	2
OPH	D9946	OCCLUSAL GUARD - HARD APPLIANCE, PARTIAL ARCH	7/1/2019	12/31/2382	2
OPH	D9950	OCCLUSION ANALYSIS-MOUNTED CASE	4/1/2019	12/31/2382	1
OPH	D9951	OCCLUSAL ADJUSTMENT-LIMITED	4/1/2019	12/31/2382	1
OPH	D9952	OCCLUSAL ADJUSTMENT-COMPLETE	4/1/2019	12/31/2382	1
OPH	E0100	CANE, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIP	1/1/2012	12/31/2382	1
OPH	E0105	CANE, QUAD OR THREE PRONG, INCLUDES CANES OF ALL MATERIALS, ADJUSTABLE OR FIXED, WITH TIPS	1/1/2012	12/31/2382	1
OPH	E0110	CRUTCHES, FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, PAIR, COMPLETE WITH TIPS AND H	1/1/2012	12/31/2382	1
OPH	E0111	CRUTCH FOREARM, INCLUDES CRUTCHES OF VARIOUS MATERIALS, ADJUSTABLE OR FIXED, EACH, WITH TIP AND HANDGRIPS	1/1/2012	12/31/2382	2
OPH	E0112	CRUTCHES UNDERARM, WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	1/1/2012	12/31/2382	1
OPH	E0113	CRUTCH UNDERARM, WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	1/1/2012	12/31/2382	2
OPH	E0114	CRUTCHES UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, PAIR, WITH PADS, TIPS AND HANDGRIPS	1/1/2012	12/31/2382	1
OPH	E0116	CRUTCH UNDERARM, OTHER THAN WOOD, ADJUSTABLE OR FIXED, EACH, WITH PAD, TIP AND HANDGRIP	1/1/2012	12/31/2382	2
OPH	E0117	CRUTCH, UNDERARM, ARTICULATION, SPRING ASSISTED, EACH	1/1/2012	12/31/2382	2
OPH	E0118	CRUTCH SUBSTITUTE, LOWER LEG PLATFORM, WITH OR WITHOUT WHEELS, EACH	7/1/2012	12/31/2382	1
OPH	E0130	WALKER, RIGID (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1/1/2012	12/31/2382	1
OPH	E0135	WALKER, FOLDING (PICKUP), ADJUSTABLE OR FIXED HEIGHT	1/1/2012	12/31/2382	1
OPH	E0140	WALKER, WITH TRUNK SUPPORT, ADJUSTABLE OR FIXED HEIGHT, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0141	RIGID WALKER, WHEELED, WITHOUT SEAT	1/1/2012	12/31/2382	1
OPH	E0143	FOLDING WALKER, WHEELED, WITHOUT SEAT	1/1/2012	12/31/2382	1
OPH	E0144	ENCLOSED, FRAMED FOLDING WALKER, WHEELED, WITH POSTERIOR SEAT	1/1/2012	12/31/2382	1
OPH	E0147	HEAVY DUTY, MULTIPLE BREAKING SYSTEM, VARIABLE WHEEL RESISTANCE WALKER	1/1/2012	12/31/2382	1
OPH	E0148	WALKER, HEAVY DUTY, WITHOUT WHEELS, RIGID OR FOLDING, ANY TYPE, EACH	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0149	WALKER, HEAVY DUTY, WHEELED, RIGID OR FOLDING, ANY TYPE,EACH	1/1/2012	12/31/2382	1
OPH	E0153	PLATFORM ATTACHMENT, FOREARM CRUTCH, EACH	1/1/2012	12/31/2382	2
OPH	E0154	PLATFORM ATTACHMENT, WALKER, EACH	1/1/2012	12/31/2382	2
OPH	E0155	WHEEL ATTACHMENT, RIGID PICK-UP WALKER, PER PAIR	1/1/2012	12/31/2382	1
OPH	E0156	SEAT ATTACHMENT, WALKER	1/1/2012	12/31/2382	1
OPH	E0157	CRUTCH ATTACHMENT, WALKER, EACH	1/1/2012	12/31/2382	2
OPH	E0158	LEG EXTENSIONS FOR WALKER, PER SET OF FOUR (4)	1/1/2012	12/31/2382	1
OPH	E0159	BRAKE ATTACHMENT FOR WHEELED WALKER, REPLACEMENT, EACH	4/1/2014	12/31/2382	2
OPH	E0160	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE	1/1/2014	12/31/2382	1
OPH	E0161	SITZ TYPE BATH OR EQUIPMENT, PORTABLE, USED WITH OR WITHOUT COMMODE, WITH FAUCET ATTACHMENTS	1/1/2014	12/31/2382	1
OPH	E0162	SITZ BATH CHAIR	1/1/2014	12/31/2382	1
OPH	E0163	COMMODE CHAIR, STATIONARY, WITH FIXED ARMS	1/1/2012	12/31/2382	1
OPH	E0165	COMMODE CHAIR, STATIONARY, WITH DETACHABLE ARMS	1/1/2012	12/31/2382	1
OPH	E0167	PAIL OR PAN FOR USE WITH COMMODE CHAIR	1/1/2012	12/31/2382	1
OPH	E0168	COMMODE CHAIR, EXTRA WIDE AND/OR HEAVY DUTY, STATIONARY OR MOBILE,WITH OR WITHOUT ARMS, ANY TYPE, EACH	1/1/2012	12/31/2382	1
OPH	E0170	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, ELECTRIC, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0171	COMMODE CHAIR WITH INTERGRATED SEAT LIFT MECHANISM, NON-ELECTRIC, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0172	SEAT LIFT MECHANISM PLACED OVER OR ON TOP OF TOILET, ANY TYPE	1/1/2014	12/31/2382	1
OPH	E0175	FOOT REST, FOR USE WITH COMMODE CHAIR, EACH	1/1/2012	12/31/2382	2
OPH	E0181	PRESSURE PAD, ALTERNATING WITH PUMP, HEAVY DUTY	1/1/2012	12/31/2382	1
OPH	E0182	PUMP FOR ALTERNATING PRESSURE PAD	1/1/2012	12/31/2382	1
OPH	E0184	DRY PRESSURE MATTRESS	1/1/2012	12/31/2382	1
OPH	E0185	GEL OR GEL-LIKE PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0186	AIR PRESSURE MATTRESS	1/1/2012	12/31/2382	1
OPH	E0187	WATER PRESSURE MATTRESS	1/1/2012	12/31/2382	1
OPH	E0188	SYNTHETIC SHEEPSKIN PAD	1/1/2012	12/31/2382	1
OPH	E0189	LAMBSWOOL SHEEPSKIN PAD, ANY SIZE	1/1/2012	12/31/2382	1
OPH	E0190	POSITIONING CUSHION, PILLOW, WEDGE, ANY SHAPE OR SIZE	10/1/2014	12/31/2382	1
OPH	E0191	HEEL OR ELBOW PROTECTOR, EACH	1/1/2014	12/31/2382	4
OPH	E0193	POWERED AIR FLOTATION BED (LOW AIR LOSS THERAPY)	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0194	AIR FLUIDIZED BED	1/1/2012	12/31/2382	1
OPH	E0196	GEL PRESSURE MATTRESS	1/1/2012	12/31/2382	1
OPH	E0197	AIR PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0198	WATER PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0199	DRY PRESSURE PAD FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0200	HEAT LAMP, WITHOUT STAND (TABLE MODEL), INCLUDES BULB, OR INFRARED ELEMENT	1/1/2012	12/31/2382	1
OPH	E0202	PHOTOTHERAPY (BILIRUBIN) LIGHT WITH PHOTOMETER	1/1/2012	12/31/2382	1
OPH	E0203	THERAPEUTIC LIGHTBOX, MINIMUM 10,000 LUX, TABLE TOP MODEL	1/1/2014	12/31/2382	1
OPH	E0205	HEAT LAMP, WITH STAND, INCLUDES BULB, OR INFRARED ELEMENT	1/1/2012	12/31/2382	1
OPH	E0210	ELECTRIC HEAT PAD, STANDARD	1/1/2012	12/31/2382	1
OPH	E0215	ELECTRIC HEAT PAD, MOIST	1/1/2012	12/31/2382	1
OPH	E0217	WATER CIRCULATING HEAT PAD WITH PUMP	1/1/2012	12/31/2382	1
OPH	E0218	WATER CIRCULATING COLD PAD WITH PUMP	1/1/2012	12/31/2382	1
OPH	E0221	INFRARED HEATING PAD SYSTEM	1/1/2014	12/31/2382	1
OPH	E0225	HYDROCOLLATOR UNIT, INCLUDES PADS	1/1/2012	12/31/2382	1
OPH	E0231	NON-CONTACT WOUND WARMING DEVICE (TEMPERATURE CONTROL UNIT, AC ADAPTER AND POWER CORD) FOR USE WITH WARMING	1/1/2014	12/31/2382	1
OPH	E0232	WARMING CARD FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND NON-CONTACT WOUND WARMING WOUND COVER	1/1/2014	12/31/2382	1
OPH	E0235	PARAFFIN BATH UNIT, PORTABLE (SEE MEDICAL SUPPLY CODE A4265 FOR PARAFFIN)	1/1/2012	12/31/2382	1
OPH	E0236	PUMP FOR WATER CIRCULATING PAD	1/1/2012	12/31/2382	1
OPH	E0239	HYDROCOLLATOR UNIT, PORTABLE	1/1/2012	12/31/2382	1
OPH	E0240	BATH, SHOWER CHAIR, WITH OR WITHOUT WHEELS, ANY SIZE	1/1/2014	12/31/2382	1
OPH	E0241	BATH TUB WALL RAIL, EACH	10/1/2014	12/31/2382	2
OPH	E0242	BATH TUB RAIL, FLOOR BASE	1/1/2019	12/31/2382	1
OPH	E0243	TOILET RAIL, EACH	10/1/2014	12/31/2382	2
OPH	E0244	RAISED TOILET SEAT	1/1/2014	12/31/2382	1
OPH	E0245	TUB STOOL OR BENCH	1/1/2014	12/31/2382	1
OPH	E0246	TRANSFER TUB RAIL ATTACHMENT	10/1/2014	12/31/2382	2
OPH	E0247	TRANSFER BENCH FOR TUB OR TOILET WITH OR WITHOUT COMMUNE OPENING	1/1/2014	12/31/2382	1
OPH	E0248	TRANSFER BENCH, HEAVY DUTY, FOR TUB OR TOILET WITH OR WITHOUT COMMUNE OPENING	1/1/2014	12/31/2382	1
OPH	E0249	PAD FOR WATER CIRCULATING HEAT UNIT, FOR REPLACEMENT ONLY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0250	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0251	HOSPITAL BED, FIXED HEIGHT, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	4/1/2012	12/31/2382	1
OPH	E0255	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0256	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	4/1/2012	12/31/2382	1
OPH	E0260	HOSPITAL BED, SEIMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0261	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	4/1/2012	12/31/2382	1
OPH	E0265	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0266	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITH ANY TYPE SIDE RAILS, WITHOUT MATTRESS	4/1/2012	12/31/2382	1
OPH	E0270	HOSPITAL BED, INSTITUTIONAL TYPE INCLUDES: OSCILLATING, CIRCULATING AND STRYKER FRAME, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0271	MATTRESS, INNERSPRING	4/1/2012	12/31/2382	1
OPH	E0272	MATTRESS, FOAM RUBBER	4/1/2012	12/31/2382	1
OPH	E0273	BED BOARD	1/1/2014	12/31/2382	1
OPH	E0274	OVER-BED TABLE	1/1/2014	12/31/2382	1
OPH	E0275	BED PAN, STANDARD, METAL OR PLASTIC	1/1/2012	12/31/2382	1
OPH	E0276	BED PAN, FRACTURE, METAL OR PLASTIC	1/1/2012	12/31/2382	1
OPH	E0277	POWERED PRESSURE-REDUCING AIR MATTRESS	1/1/2012	12/31/2382	1
OPH	E0280	BED CRADLE, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0290	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0291	HOSPITAL BED, FIXED HEIGHT, WITHOUT SIDE RAILS, WITHOUT MATTRESS	1/1/2012	12/31/2382	1
OPH	E0292	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0293	HOSPITAL BED, VARIABLE HEIGHT, HI-LO, WITHOUT SIDE RAILS, WITHOUT MATTRESS	1/1/2012	12/31/2382	1
OPH	E0294	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1
OPH	E0295	HOSPITAL BED, SEMI-ELECTRIC (HEAD AND FOOT ADJUSTMENT), WITHOUT SIDE RAILS, WITHOUT MATTRESS	1/1/2012	12/31/2382	1
OPH	E0296	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS). WITHOUT SIDE RAILS, WITH MATTRESS	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0297	HOSPITAL BED, TOTAL ELECTRIC (HEAD, FOOT AND HEIGHT ADJUSTMENTS), WITHOUT SIDE RAILS, WITHOUT MATTRESS	1/1/2012	12/31/2382	1
OPH	E0300	PEDIATRIC CRIB, HOSPITAL GRADE, FULLY ENCLOSED	1/1/2012	12/31/2382	1
OPH	E0301	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	1/1/2012	12/31/2382	1
OPH	E0302	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	1/1/2012	12/31/2382	1
OPH	E0303	HOSPITAL BED, HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 350 POUNDS, BUT LESS THAN OR EQUAL TO	4/1/2012	12/31/2382	1
OPH	E0304	HOSPITAL BED, EXTRA HEAVY DUTY, EXTRA WIDE, WITH WEIGHT CAPACITY GREATER THAN 600 POUNDS, WITH ANY TYPE SIDE	4/1/2012	12/31/2382	1
OPH	E0305	BED SIDE RAILS, HALF LENGTH	4/1/2014	12/31/2382	2
OPH	E0310	BED SIDE RAILS, FULL LENGTH	4/1/2012	12/31/2382	2
OPH	E0316	SAFETY ENCLOSURE FRAME/CANOPY FOR USE WITH HOSPITAL BED, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0325	URINAL; MALE, JUG-TYPE, ANY MATERIAL	1/1/2012	12/31/2382	1
OPH	E0326	URINAL; FEMALE, JUG-TYPE, ANY MATERIAL	1/1/2012	12/31/2382	1
OPH	E0328	HOSPITAL BED, PEDIATRIC, MANUAL, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD AND SIDE RAILS	4/1/2012	12/31/2382	1
OPH	E0329	HOSPITAL BED, PEDIATRIC, ELECTRIC OR SEMI-ELECTRIC, 360 DEGREE SIDE ENCLOSURES, TOP OF HEADBOARD, FOOTBOARD	4/1/2012	12/31/2382	1
OPH	E0350	CONTROL UNIT FOR ELECTRONIC BOWEL IRRIGATION/ EVACUATION SYSTEM	4/1/2012	12/31/2382	1
OPH	E0352	DISPOSABLE PACK (WATER RESERVOIR BAG, SPECULUM , VALVING MECHANISM AND COLLECTION BAG/BOX) FOR USE WITH THE	7/1/2014	12/31/2382	30
OPH	E0370	AIR PRESSURE ELEVATOR FOR HEEL	1/1/2014	12/31/2382	2
OPH	E0371	NONPOWERED ADVANCED PRESSURE REDUCING OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0372	POWERED AIR OVERLAY FOR MATTRESS, STANDARD MATTRESS LENGTH AND WIDTH	1/1/2012	12/31/2382	1
OPH	E0373	NONPOWERED ADVANCED PRESSURE REDUCING MATTRESS	1/1/2012	12/31/2382	1
OPH	E0424	STATIONARY COMPRESSED GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES CONTENTS (PER UNIT), REGULATOR, FLOWMETER, HUMID	1/1/2012	12/31/2382	1
OPH	E0425	STATIONARY COMPRESSED GAS SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, NEBULIZER, CANNULA OR M	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0430	PORTABLE GASEOUS OXYGEN SYSTEM, PURCHASE; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBI	1/1/2014	12/31/2382	1
OPH	E0431	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; INCLUDES REGULATOR, FLOWMETER, HUMIDIFIER, CANNULA OR MASK, AND TUBING	1/1/2012	12/31/2382	1
OPH	E0433	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; HOME LIQUEFIER USED TO FILL PORTABLE LIQUID OXYGEN CONTAINERS, INCLUDES	10/1/2010	12/31/2382	1
OPH	E0434	PORTABLE LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, HUMIDIFIER, FLOWMETER, R	1/1/2012	12/31/2382	1
OPH	E0435	PORTABLE LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES PORTABLE CONTAINER, SUPPLY RESERVOIR, FLOWMETER, HUMIDIFIER,	1/1/2014	12/31/2382	1
OPH	E0439	STATIONARY LIQUID OXYGEN SYSTEM, RENTAL; INCLUDES USE OF RESERVOIR, CONTENTS (PER UNIT), REGULATOR, FLOWMETER,	1/1/2012	12/31/2382	1
OPH	E0440	STATIONARY LIQUID OXYGEN SYSTEM, PURCHASE; INCLUDES USR OF RESERVOIR, CONTENTS INDICATOR, REGULATOR, FLOWMETER	1/1/2014	12/31/2382	1
OPH	E0441	STATIONARY OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	1/1/2012	12/31/2382	1
OPH	E0442	STATIONARY OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	1/1/2012	12/31/2382	1
OPH	E0443	PORTABLE OXYGEN CONTENTS, GASEOUS,1 MONTH'S SUPPLY=1 UNIT	1/1/2012	12/31/2382	1
OPH	E0444	PORTABLE OXYGEN CONTENTS, LIQUID,1 MONTH'S SUPPLY=1 UNIT	1/1/2012	12/31/2382	1
OPH	E0445	OXIMETER DEVICE FOR MEASURING BLOOD OXYGEN LEVELS NON- INVASIVELY	1/1/2014	12/31/2382	1
OPH	E0446	TOPICAL OXYGEN DELIVERY SYSTEM, NOT OTHERWISE SPECIFIED, INCLUDES ALL SUPPLIES AND ACCESSORIES	1/1/2014	12/31/2382	1
OPH	E0447	PORTABLE OXYGEN CONTENTS, LIQUID, 1 MONTH'S SUPPLY = 1 UNIT, PRESCRIBED AMOUNT AT REST OR NIGHTTIME EXCEEDS 4 LITERS PER MINUTE (LPM)	7/1/2019	12/31/2382	1
OPH	E0455	OXYGEN TENT, EXCLUDING CROUP OR PEDIATRIC TENTS	1/1/2012	12/31/2382	1
OPH	E0457	CHEST SHELL (CUIRASS)	1/1/2012	12/31/2382	1
OPH	E0459	CHEST WRAP	1/1/2012	12/31/2382	1
OPH	E0462	ROCKING BED WITH OR WITHOUT SIDE RAILS	1/1/2012	12/31/2382	1
OPH	E0465	HOME VENTILATOR, ANY TYPE, USED WITH INVASIVE INTERFACE (E.G. TRACHEOSTOMY TUBE)	7/1/2016	12/31/2382	2
OPH	E0466	HOME VENTILATOR, ANY TYPE, USED WITH NON-INVASIVE INTERFACE (E.G., MASK, CHEST SHELL)	7/1/2016	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0467	HOME VENTILATOR, MULTI-FUNCTION RESPIRATORY DEVICE, ALSO PERFORMS ANY OR ALL OF THE ADDITIONAL FUNCTIONS OF OXYGEN CONCENTRATION, DRUG NEBULIZATION, ASPIRATION, AND COUGH STIMULATION, INCLUDES ALL ACCESSORIES, COMPONENTS AND	1/1/2021	12/31/2382	2
OPH	E0470	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITHOUT BACKUP RATE FEATURE, USED WITH NONINVASICE	1/1/2012	12/31/2382	1
OPH	E0471	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH NONINVASIVE	1/1/2012	12/31/2382	1
OPH	E0472	RESPIRATORY ASSIST DEVICE, BI LEVEL PRESSURE CAPABILITY, WITH BACKUP RATE FEATURE, USED WITH INVASIVE	1/1/2012	12/31/2382	1
OPH	E0480	PERCUSSOR, ELECTRIC OR PNEUMATIC, HOME MODEL	1/1/2012	12/31/2382	1
OPH	E0481	INTRAPULMONARY PERCUSSIVE VENTILATION SYSTEM AND RELATED ACCESSORIES	4/1/2012	12/31/2382	1
OPH	E0482	COUGH STIMULATING DEVICE, ALTERNATION POSITIVE AND NEGATIVE AIRWAY PRESSURE	1/1/2012	12/31/2382	1
OPH	E0483	HIGH FREQUENCY CHEST WALL OSCILLATION AIR PULSE GENERATOR SYSTEM, (INCLUDES HOSES AND VEST), EACH	1/1/2012	12/31/2382	1
OPH	E0484	OSCILLATORY POSITIVE EXPIRATORY PRESSURE DEVICE, NON-ELECTRIC, ANY TYPE, EACH	1/1/2012	12/31/2382	1
OPH	E0485	ORAL DEVICE/ APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, PREFABRICATED	1/1/2012	12/31/2382	1
OPH	E0486	ORAL DEVICE/APPLIANCE USED TO REDUCE UPPER AIRWAY COLLAPSIBILITY, ADJUSTABLE OR NON-ADJUSTABLE, CUSTOM	1/1/2012	12/31/2382	1
OPH	E0487	SPIROMETER,ELECTRONIC,INCLUDES ALL ACCESSORIES	1/1/2014	12/31/2382	1
OPH	E0500	IPPB MACHINE, ALL TYPES, WITH BUILT-IN NEBULIZATION; MANUAL OR AUTOMATIC VALVES; INTERNAL OR EXTERNAL POWER SO	1/1/2012	12/31/2382	1
OPH	E0550	HUMIDIFIER, DURABLE FOR EXTENSIVE SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENTS OR OXYGEN DELIVERY	1/1/2012	12/31/2382	1
OPH	E0555	HUMIDIFIER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	1/1/2012	12/31/2382	1
OPH	E0560	HUMIDIFIER, DURABLE FOR SUPPLEMENTAL HUMIDIFICATION DURING IPPB TREATMENT OR OXYGEN DELIVERY	1/1/2012	12/31/2382	1
OPH	E0561	HUMIDIFIER, NON HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2012	12/31/2382	1
OPH	E0562	HUMIDIFIER, HEATED, USED WITH POSITIVE AIRWAY PRESSURE DEVICE	1/1/2012	12/31/2382	1
OPH	E0565	COMPRESSOR, AIR POWER SOURCE FOR EQUIPMENT WHICH IS NOT SELF- CONTAINED OR CYLINDER DRIVEN	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0570	NEBULIZER, WITH COMPRESSOR	1/1/2012	12/31/2382	1
OPH	E0572	AEROSOL COMPRESSOR, ADJUSTABLE PRESSURE, LIGHT DUTY FOR INTERMITTENT USE	1/1/2012	12/31/2382	1
OPH	E0574	ULTRASONIC GENERATOR WITH SMALL VOLUME ULTRASONIC NEBULIZER	1/1/2012	12/31/2382	1
OPH	E0575	NEBULIZER; ULTRASONIC	1/1/2012	12/31/2382	1
OPH	E0580	NEBULIZER, DURABLE, GLASS OR AUTOCLAVABLE PLASTIC, BOTTLE TYPE, FOR USE WITH REGULATOR OR FLOWMETER	1/1/2012	12/31/2382	1
OPH	E0585	NUBULIZER, WITH COMPRESSOR AND HEATER	1/1/2012	12/31/2382	1
OPH	E0600	SUCTION PUMP, HOME MODEL, PORTABLE	1/1/2012	12/31/2382	1
OPH	E0601	CONTINUOUS AIRWAY PRESSURE (CPAP) DEVICE	1/1/2012	12/31/2382	1
OPH	E0602	BREAST PUMP, MANUAL, ANY TYPE	1/1/2014	12/31/2382	1
OPH	E0603	BREAST PUMP, ELECTRIC (AC AND/OR DC), ANY TYPE	1/1/2014	12/31/2382	1
OPH	E0604	BREAST PUMP, HEAVY DUTY, HOSPITAL GRADE, PISTON OPERATED PULSATILE VACUUM SUCTION/RELEASE CYCLES, VACUUM REGUL	1/1/2014	12/31/2382	1
OPH	E0605	VAPORIZER, ROOM TYPE	1/1/2012	12/31/2382	1
OPH	E0606	POSTURAL DRAINAGE BOARD	1/1/2012	12/31/2382	1
OPH	E0607	HOME BLOOD GLUCOSE MONITOR	1/1/2012	12/31/2382	1
OPH	E0610	PACEMAKER MONITOR, SELF-CONTAINED, (CHECKS BATTERY DEPLETION, INCLUDES AUDIBLE AND VISIBLE CHECK SYSTEMS)	1/1/2012	12/31/2382	1
OPH	E0615	PACEMAKER MONITOR, SELF CONTAINED, CHECKS BATTERY DEPLETION AND OTHER PACEMAKER COMPONENTS, INCLUDES DIGITAL/V	1/1/2012	12/31/2382	1
OPH	E0616	IMPLANTABLE CARDIAC EVENT RECORDER WITH MEMORY, ACTIVATOR AND PROGRAMMER	10/1/2010	12/31/2382	1
OPH	E0617	EXTERNAL DEFIBRILLATOR WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS	1/1/2012	12/31/2382	1
OPH	E0618	APNEA MONITOR, WITHOUT RECORDING FEATURE	10/1/2010	12/31/2382	1
OPH	E0619	APNEA MONITOR, WITH RECORDING FEATURE	10/1/2010	12/31/2382	1
OPH	E0620	SKIN PIERCING DEVICE FOR COLLECTION OF CAPILLARY BLOOD, LASER, EACH	1/1/2012	12/31/2382	1
OPH	E0621	SLING OR SEAT, PATIENT LIFT, CANVAS OR NYLON	1/1/2012	12/31/2382	1
OPH	E0627	SEAT LIFT MECHANISM INCORPORATED INTO A COMBINATION LIFT-CHAIR MECHANISM	1/1/2012	12/31/2382	1
OPH	E0629	SEPARATE SEAT LIFT MECHANISM FOR USE WITH PATIENT OWNED FURNITURE-NON-ELECTRIC	1/1/2012	12/31/2382	1
OPH	E0630	PATIENT LIFT, HYDRAULIC, WITH SEAT OR SLING	1/1/2012	12/31/2382	1
OPH	E0635	PATIENT LIFT, ELECTRIC WITH SEAT OR SLING	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0636	MULTIPOSITIONAL PATIENT SUPPORT SYSTEM, WITH INTEGRATED LIFT, PATIENT ACCESSIBLE CONTROLS	1/1/2012	12/31/2382	1
OPH	E0637	COMBINATION SIT TO STAND SYSTEM, ANY SIZE, WITH SEAT LIFT FEATURE, WITH OR WITHOUT WHEELS	4/1/2012	12/31/2382	1
OPH	E0638	STANDING FRAME SYSTEM, ANY SIZE, WITH OR WITHOUT WHEELS	4/1/2012	12/31/2382	1
OPH	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,	4/1/2012	12/31/2382	1
OPH	E0640	PATIENT LIFT, FIXED SYSTEM, INCLUDES ALL COMPONENTS/ACCESSORIES	4/1/2012	12/31/2382	1
OPH	E0641	STANDING FRAME SYSTEM, MULTI-POSITION, ANY SIZE INCLUDING PEDIATRIC, WITH OR WITHOUT WHEELS	4/1/2012	12/31/2382	1
OPH	E0642	STANDING FRAME SYSTEM, MOBILE (DYNAMIC STANDER), ANY SIZE INCLUDING PEDIATRIC	4/1/2012	12/31/2382	1
OPH	E0650	PNEUMATIC COMPRESSOR, NON-SEGMENTAL HOME MODEL, (LYMPHEDEMA PUMP)	1/1/2012	12/31/2382	1
OPH	E0651	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITHOUT CALIBRATED GRADIENT PRESSURE	1/1/2012	12/31/2382	1
OPH	E0652	PNEUMATIC COMPRESSOR, SEGMENTAL HOME MODEL (LYMPHEDEMA PUMP) WITH CALIBRATED GRADIENT PRESSURE	1/1/2012	12/31/2382	1
OPH	E0655	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF ARM	1/1/2012	12/31/2382	2
OPH	E0656	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, TRUNK	10/1/2010	12/31/2382	1
OPH	E0657	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, CHEST	10/1/2010	12/31/2382	1
OPH	E0660	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL LEG	1/1/2012	12/31/2382	2
OPH	E0665	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, FULL ARM	1/1/2012	12/31/2382	2
OPH	E0666	PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	1/1/2012	12/31/2382	2
OPH	E0667	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, LEG	1/1/2012	12/31/2382	2
OPH	E0668	PNEUMATIC APPLIANCE FOR USE WITH SEGMENTAL PNEUMATIC COMPRESSOR, ARM	1/1/2012	12/31/2382	2
OPH	E0669	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, HALF LEG	1/1/2012	12/31/2382	2
OPH	E0670	SEGMENTAL PNEUMATIC APPLIANCE FOR USE WITH PNEUMATIC COMPRESSOR, INTERGRATED, 2 FULL LEGS AND TRUNK	7/1/2013	12/31/2382	1
OPH	E0671	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL LEG	1/1/2012	12/31/2382	2
OPH	E0672	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, FULL ARM	1/1/2012	12/31/2382	2
OPH	E0673	SEGMENTAL GRADIENT PRESSURE PNEUMATIC APPLIANCE, HALF LEG	1/1/2012	12/31/2382	2
OPH	E0675	PNEUMATIC COMPRESSION DEVICE, HIGH PRESSURE, RAPID INFLATION, DEFLATION CYCLE, FOR ARTERIAL INSUFFICIENCY	1/1/2012	12/31/2382	1
OPH	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0691	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTECTION; TREATMENT AREA 2 SQUAR	1/1/2012	12/31/2382	1
OPH	E0692	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, FOUR FOOT PANEL	1/1/2012	12/31/2382	1
OPH	E0693	ULTRAVIOLET LIGHT THERAPY SYSTEM PANEL, INCLUDES BULBS/ LAMPS, TIMER AND EYE PROTECTION, SIX FOOT PANEL	1/1/2012	12/31/2382	1
OPH	E0694	ULTRAVIOLET MULTIDIRECTIONAL LIGHT THERAPY SYSTEM IN 6 FOOT CABINET, INCLUDES BULBS/LAMPS, TIMER AND EYE PROTE	1/1/2012	12/31/2382	1
OPH	E0705	TRANSFER BOARD OR DEVICE, ANY TYPE, EACH	1/1/2012	12/31/2382	1
OPH	E0720	TENS, TWO LEAD, LOCALIZED STIMULATION	1/1/2012	12/31/2382	1
OPH	E0730	TENS, FOUR LEAD, LARGER AREA/MULTIPLE NERVE STIMULATION	1/1/2012	12/31/2382	1
OPH	E0731	FORM FITTING CONDUCTIVE GARMENT FOR DELIVERY OF TENS OR NMES (WITH CONDUCTIVE FIBERS SEPARATED FROM THE PATIEN	1/1/2012	12/31/2382	1
OPH	E0740	REPLACEMENT BATTERY FOR TENS	1/1/2012	12/31/2382	1
OPH	E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	1/1/2012	12/31/2382	1
OPH	E0745	NEUROMUSCULAR STIMULATOR, ELECTRONIC SHOCK UNIT	1/1/2012	12/31/2382	1
OPH	E0746	ELECTROMYOGRAPHY (EMG), BIOFEEDBACK DEVICE	10/1/2010	12/31/2382	1
OPH	E0747	OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL APPLICATIONS	1/1/2012	12/31/2382	1
OPH	E0748	OSTEOGENIC STIMULATOR, ELECTRICAL, NONIVASIVE, SPINAL APPLICATIONS	1/1/2012	12/31/2382	1
OPH	E0749	OSTEOGENESIS STIMULATOR, ELECTRICAL, SURGICALLY IMPLANTED	10/1/2010	12/31/2382	1
OPH	E0755	ELECTRONIC SALIVARY REFLEX STIMULATOR (INTRA-ORAL/NON-INVASIVE)	4/1/2012	12/31/2382	1
OPH	E0760	OSTEOGENESIS STIMULATOR, LOW INTENSITY ULTRASOUND, NON-INVASIVE	1/1/2012	12/31/2382	1
OPH	E0761	NON-THERMAL PULSED HIGH FREQUENCY RADIOWAVES, HIGH PEAK POWER ELECTROMAGNETIC ENERGY TREATMENT DEVICE	1/1/2014	12/31/2382	1
OPH	E0762	TRANSCUTANEOUS ELECTRICAL JOINT STIMULATION DEVICE SYSTEM, INCLUDES ACCESSORIES	1/1/2012	12/31/2382	1
OPH	E0764	FUNCTIONAL NEUROMUSCULAR STIMULATOR, TRANSCUTANEOUS STIMULATION OF MUSCLES OF AMBULATION WITH COMPUTER	1/1/2012	12/31/2382	1
OPH	E0765	FDA APPROVED NERVE STIMULATOR, WITH REPLACEABLE BATTERIES, FOR TREATMENT OF NAUSEA AND VOMITING	1/1/2012	12/31/2382	1
OPH	E0766	ELECTRICAL STIMULATION DEVICE USED FOR CANCER TREATMENT, INCLUDES ALL ACCESSORIES, ANY TYPE	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0770	FUNCTIONAL ELECTRICAL STIMULATOR,TRANSCUTANEOUS STIMULATION OF NERVE AND/OR MUSCLE GROUPS,ANY TYPE,	7/1/2014	12/31/2382	1
OPH	E0776	IV POLE	1/1/2012	12/31/2382	1
OPH	E0779	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION 8 HOURS OR GREATER	1/1/2012	12/31/2382	1
OPH	E0780	AMBULATORY INFUSION PUMP, MECHANICAL, REUSABLE, FOR INFUSION LESS THAN 8 HOURS	1/1/2012	12/31/2382	1
OPH	E0781	AMBULATORY INFUSION PUMP, SINGLE OR MULTIPLE CHANNELS, ELECTRIC OR BATTERY	1/1/2012	12/31/2382	1
OPH	E0782	INFUSION PUMP, IMPLANTABLE	10/1/2010	12/31/2382	1
OPH	E0783	INFUSION PUMP SYSTEM, IMPLANTABLE, PROGRAMMABLE (INCLUDES ALL COMPONENTS, E.G., PUMP, CATHETER, CONNECTORS,	10/1/2010	12/31/2382	1
OPH	E0784	EXTERNAL AMBULATORY INFUSION PUMP; INSULIN	1/1/2012	12/31/2382	1
OPH	E0785	IMPLANTABLE INTRASPINAL (EPIDURAL/INTRATHECAL) CATHETER USED WITH IMPLANTABLE INFUSION PUMP, REPLACEMENT	10/1/2010	12/31/2382	1
OPH	E0786	IMPLANTABLE PROGRAMMABLE INFUSION PUMP, REPLACEMENT (EXCLUDES IMPLANTABLE INTRASPINAL CATHETER	1/1/2012	12/31/2382	1
OPH	E0787	EXTERNAL AMBULATORY INFUSION PUMP, INSULIN, DOSAGE RATE ADJUSTMENT USING THERAPEUTIC CONTINUOUS GLUCOSE SENSING	7/1/2020	12/31/2382	1
OPH	E0791	PARENTERAL INFUSION PUMP, STATIONARY, SINGLE OR MULTI-CHANNEL	1/1/2012	12/31/2382	1
OPH	E0830	AMBULATORY TRACTION DEVICE, ALL TYPES, EACH	1/1/2014	12/31/2382	1
OPH	E0840	TRACTION FRAME, ATTACHED TO HEADBOARD, SIMPLE CERVICAL TRACTION	1/1/2012	12/31/2382	1
OPH	E0849	TRACTION EQUIPMENT, CERVICAL, FREE-STANDING STAND/FRAME, PNEUMATIC, APPLYING	1/1/2012	12/31/2382	1
OPH	E0850	TRACTION STAND, FREE STANDING, SIMPLE CERVICAL TRACTION	1/1/2012	12/31/2382	1
OPH	E0855	CERVICAL TRACTION EQUIPMENT NOT REQUIRING ADDITIONAL STAND OR FRAME	1/1/2012	12/31/2382	1
OPH	E0856	CERVICAL TRACTION DEVICE, CERVICAL COLLAR WITH INFLATABLE AIR BLADDER	10/1/2010	12/31/2382	1
OPH	E0860	TRACTION EQUIPMENT, OVERDOOR, CERVICAL	1/1/2012	12/31/2382	1
OPH	E0870	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE EXTREMITY TRACTION, (E.G. BUCK'S)	1/1/2012	12/31/2382	1
OPH	E0880	TRACTION STAND, FREE STANDING, SIMPLE EXTREMITY TRACTION, (E.G., BUCK'S)	1/1/2012	12/31/2382	1
OPH	E0890	TRACTION FRAME, ATTACHED TO FOOTBOARD, SIMPLE PELVIC TRACTION	1/1/2012	12/31/2382	1
OPH	E0900	TRACTION STAND, FREE STANDING, SIMPLE PELVIC TRACTION, (E.G., BUCK'S)	1/1/2012	12/31/2382	1
OPH	E0910	TRAPEZE BARS, A/K/A PATIENT HELPER, ATTACHED TO BED, WITH GRAB BAR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0911	TRAPEZE BAR, HEAVY DUTY, FOR PATIENT WEIGHT CAPACITY GREATER THAN 250 POUNDS, ATTACHED TO BED WITH GRAB BAR	1/1/2012	12/31/2382	1
OPH	E0912	TRAPEZE BAR, HEAVY DUTY FOR PATIENT WEIGHT CAPACITY GREATER THAT 250 POUNDS, FREE STANDING, COMPLETE WITH GRAB	1/1/2012	12/31/2382	1
OPH	E0920	FRACTURE FRAME, ATTACHED TO BED, INCLUDES WEIGHTS	1/1/2012	12/31/2382	1
OPH	E0930	FRACTURE FRAME, FREE STANDING, INCLUDES WEIGHTS	1/1/2012	12/31/2382	1
OPH	E0935	PASSIVE MOTION EXERCISE DEVICE	7/1/2017	12/31/2382	1
OPH	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE	7/1/2017	12/31/2382	1
OPH	E0940	TRAPEZE BAR, FREE STANDING, COMPLETE WITH GRAB BAR	1/1/2012	12/31/2382	1
OPH	E0941	GRAVITY ASSISTED TRACTION DEVICE, ANY TYPE	1/1/2012	12/31/2382	1
OPH	E0942	CERVICAL HEAD HARNESS/HALTER	1/1/2012	12/31/2382	1
OPH	E0944	PELVIC BELT/HARNESS/BOOT	1/1/2012	12/31/2382	1
OPH	E0945	EXTREMITY BELT/HARNESS	1/1/2012	12/31/2382	2
OPH	E0946	FRACTURE, FRAME, DUAL WITH CROSS BARS, ATTACHED TO BED, (E.G. BALKEN, 4 POSTER)	1/1/2012	12/31/2382	1
OPH	E0947	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX PELVIC TRACTION	1/1/2012	12/31/2382	1
OPH	E0948	FRACTURE FRAME, ATTACHMENTS FOR COMPLEX CERVICAL TRACTION	1/1/2012	12/31/2382	1
OPH	E0950	TRAY, WHEELCHAIR	10/1/2010	12/31/2382	1
OPH	E0951	LOOP HEEL, EACH	10/1/2010	12/31/2382	2
OPH	E0952	LOOP TOE, EACH	10/1/2010	12/31/2382	2
OPH	E0953	WHEELCHAIR ACCESSORY, LATERAL THIGH OR KNEE SUPPORT, ANY TYPE INCLUDING FIXED MOUNTING HARDWARE, EACH	7/1/2018	12/31/2382	4
OPH	E0954	WHEELCHAIR ACCESSORY, FOOT BOX, ANY TYPE, INCLUDES ATTACHMENT AND MOUNTING HARDWARE, EACH FOOT	7/1/2018	12/31/2382	2
OPH	E0955	WHEELCHAIR ACCESSORY, HEADSET, CUSHIONED, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	1/1/2012	12/31/2382	1
OPH	E0956	WHEELCHAIR ACCESSORY, LATERAL TRUNK OR HIP SUPPORT, PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	10/1/2016	12/31/2382	4
OPH	E0957	WHEELCHAIR ACCESSORY, MEDIAL THIGH SUPPORT. PREFABRICATED, INCLUDING FIXED MOUNTING HARDWARE, EACH	1/1/2012	12/31/2382	2
OPH	E0958	WHEELCHAIR ATTACHMENT TO CONVERT ANY WHEELCHAIR TO ONE ARM DRIVE	10/1/2014	12/31/2382	1
OPH	E0959	AMPUTEE ADAPTER (DEVICE USED TO COMPENSATE FOR TRANSFER OF WEIGHT DUE TO LOST LIMBS TO MAINTAIN PROPER BALANCE	1/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E0960	WHEELCHAIR ACCESSORY, SHOULDER, HARNESS STRAPS OR CHEST STRAP, INCLUDING ANY TYPE MOUNTING HARDWARE	1/1/2012	12/31/2382	2
OPH	E0961	BRAKE EXTENSION, FOR WHEELCHAIR	1/1/2012	12/31/2382	2
OPH	E0966	HOOK ON HEAD REST EXTENSION	1/1/2012	12/31/2382	1
OPH	E0967	WHEELCHAIR HAND RIM WITH PROJECTIONS, ANY TYPE, EACH	1/1/2012	12/31/2382	2
OPH	E0968	COMMODE SEAT, WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E0969	NARROWING DEVICE, WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	E0970	NO.2 FOOTPLATES, EXCEPT FOR ELEVATING LEG REST	4/1/2012	12/31/2382	2
OPH	E0971	ANTI-TIPPING DEVICE WHEELCHAIRS	1/1/2012	12/31/2382	2
OPH	E0973	ADJUSTABLE HEIGHT DETACHABLE ARMS, DESK OR FULL LENGTH, WHEELCHAIR	1/1/2012	12/31/2382	2
OPH	E0974	"GRADE-AID" (DEVICE TO PREVENT ROLLING BACK ON AN INCLINE) FOR WHEELCHAIR	1/1/2012	12/31/2382	2
OPH	E0978	BELT, SAFETY WITH AIRPLANE BUCKLE, WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E0980	SAFETY VEST, WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	E0981	WHEELCHAIR ACCESSORY, SEAT UPHOLSTREY, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	1
OPH	E0982	WHEELCHAIR ACCESSORY, BACK UPHOLSTERY, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	1
OPH	E0983	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, JOYSTICK	1/1/2012	12/31/2382	1
OPH	E0984	MANUAL WHEELCHAIR ACCESSORY, POWER ADD ON TO CONVERT MANUAL WHEELCHAIR TO MOTORIZED WHEELCHAIR, TILLER CONTROL	1/1/2012	12/31/2382	1
OPH	E0985	WHEELCHAIR ACCESSORY, SEAT LIFT MECHANISM	1/1/2012	12/31/2382	1
OPH	E0986	MANUAL WHEELCHAIR ACCESSORY, OUSH RIM ACTIVATED POWER ASSIST, EACH	1/1/2012	12/31/2382	1
OPH	E0988	MANUEL WHEELCHAIR ACCESSORY,LEVER-ACTIVATED,WHEEL DRIVE,PAIR	7/1/2012	12/31/2382	1
OPH	E0990	ELEVATING LEG REST, EACH	1/1/2012	12/31/2382	2
OPH	E0992	SOLID SEAT INSERT	1/1/2012	12/31/2382	1
OPH	E0994	ARM REST, EACH	1/1/2012	12/31/2382	2
OPH	E0995	CALF REST, EACH	1/1/2012	12/31/2382	2
OPH	E1002	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, TILT ONLY	1/1/2012	12/31/2382	1
OPH	E1003	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITHOUT SHEAR REDUCTION	1/1/2012	12/31/2382	1
OPH	E1004	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH MECHANICAL SHEAR REDUCTION	1/1/2012	12/31/2382	1
OPH	E1005	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, RECLINE ONLY, WITH POWER SHEAR REDUCTION	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1006	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITHOUT SHEAR REDUCTION	1/1/2012	12/31/2382	1
OPH	E1007	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH MECHANICAL SHEAR REDUCTION	1/1/2012	12/31/2382	1
OPH	E1008	WHEELCHAIR ACCESSORY, POWER SEATING SYSTEM, COMBINATION TILT AND RECLINE, WITH POWER SHEAR REDUCTION	1/1/2012	12/31/2382	1
OPH	E1009	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, MECHANICALLY LINKED LEG ELEVATION SYSTEM, INCLUDING	4/1/2012	12/31/2382	2
OPH	E1010	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, POWER LEG ELEVATION SYSTEM, INCLUDING LEG REST, EACH	1/1/2012	12/31/2382	1
OPH	E1011	MODIFICATION TO PEDIATRIC WHEELCHAIR, WIDTH ADJUSTMENT PACKAGE (NOT TO BE DISPENSED WITH INITIAL CHAIR	1/1/2012	12/31/2382	1
OPH	E1012	WHEELCHAIR ACCESSORY, ADDITION TO POWER SEATING SYSTEM, CENTER MOUNT POWER ELEVATING LEG REST/PLATFORM, COMPLETE	7/1/2016	12/31/2382	1
OPH	E1014	RECLINING BACK, ADDITION TO PEDIATRIC WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E1015	SHOCK ABSORBER FOR MANUAL WHEELCHAIR, EACH	1/1/2012	12/31/2382	2
OPH	E1016	SHOCK ABSORBER FOR POWER WHEELCHAIR, EACH	1/1/2012	12/31/2382	2
OPH	E1017	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEEL CHAIR, EACH	1/1/2012	12/31/2382	2
OPH	E1018	HEAVY DUTY SHOCK ABSORBER FOR HEAVY DUTY OR EXTRA HEAVY DUTY POWER WHEELCHAIR, EACH	1/1/2012	12/31/2382	2
OPH	E1020	RESIDUAL LIMB SUPPORT SYSTEM FOR WHEELCHAIR	1/1/2012	12/31/2382	2
OPH	E1028	WHEELCHAIR ACCESSORY, MANUAL SWINGAWAY, RETRACTABLE OR REMOVABLE MOUNTING HARDWARE FOR JOYSTICK, OTHER CONTRL	4/1/2015	12/31/2382	6
OPH	E1029	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, FIXED	1/1/2012	12/31/2382	1
OPH	E1030	WHEELCHAIR ACCESSORY, VENTILATOR TRAY, GIMBALED	1/1/2012	12/31/2382	1
OPH	E1031	ROLLABOUT CHAIR, ANY AND ALL TYPES WITH CASTORS 5" OR GREATER	1/1/2012	12/31/2382	1
OPH	E1035	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, WITH INTEGRATED SEAT, OPERATED BY CARE GIVER,PATIENT	1/1/2012	12/31/2382	1
OPH	E1036	MULTI-POSITIONAL PATIENT TRANSFER SYSTEM, EXTRA WIDE, WITH INTEGRATED SEAT, OPERATED BY CAREGIVER, PATIENT	10/1/2010	12/31/2382	1
OPH	E1037	TRANSPORT CHAIR, PEDIATRIC SIZE	1/1/2012	12/31/2382	1
OPH	E1038	TRANSPORT CHAIR, ADULT SIZE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1039	TRANSPORT CHAIR, ADULT SIZE, HEAVY DUTY, PATIENT WEIGHT CAPACITY 250 POUNDS OR	1/1/2012	12/31/2382	1
OPH	E1050	FULLY-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
OPH	E1060	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1070	FULLY-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1083	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG REST	10/1/2010	12/31/2382	1
OPH	E1084	HEMI-WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
OPH	E1085	HEMI-WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOT RESTS	10/1/2010	12/31/2382	1
OPH	E1086	HEMI-WHEELCHAIR DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1087	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
OPH	E1088	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG	10/1/2010	12/31/2382	1
OPH	E1089	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, FIXED LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1090	HIGH STRENGTH LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOT RESTS	10/1/2010	12/31/2382	1
OPH	E1092	WIDE HEAVY DUTY WHEEL CHAIR, DETACHABLE ARMS DESK OF FULL LENGTH, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
OPH	E1093	WIDE HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS DESK OR FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1100	SEMI-RECLINING WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEG RESTS	10/1/2010	12/31/2382	1
OPH	E1110	SEMI-RECLINING WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEG REST	10/1/2010	12/31/2382	1
OPH	E1130	STANDARD WHEELCHAIR, FIXED FULL LENGTH ARMS, FIXED OR SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1140	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH, SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1150	WHEELCHAIR, DETACHABLE ARMS, DESK OR FULL LENGTH SWING AWAY DETACHABLE ELEVATING LEGRESTS	1/1/2012	12/31/2382	1
OPH	E1160	WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1161	MANUAL ADULT SIZE WHEELCHAIR, INCLUDES TILT IN SPACE	10/1/2010	12/31/2382	1
OPH	E1170	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1171	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
OPH	E1172	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) WITHOUT FOOTRESTS OR LEGREST	10/1/2010	12/31/2382	1
OPH	E1180	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1190	AMPUTEE WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1195	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1200	AMPUTEE WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1220	WHEELCHAIR; SPECIALLY SIZED OR CONSTRUCTED, (INDICATE BRAND NAME, MODEL NUMBER, IF ANY) AND JUSTIFICATION	10/1/2010	12/31/2382	1
OPH	E1221	WHEELCHAIR WITH FIXED ARM, FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1222	WHEELCHAIR WITH FIXED ARM, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1223	WHEELCHAIR WITH DETACHABLE ARMS, FOOTRESTS	10/1/2010	12/31/2382	1
OPH	E1224	WHEELCHAIR WITH DETACHABLE ARMS, ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1225	SEMI-RECLINING BACK FOR CUSTOMIZED WHEEL CHAIR	1/1/2012	12/31/2382	1
OPH	E1226	FULL RECLINING BACK FOR CUSTOMIZED WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E1227	SPECIAL HEIGHT ARMS FOR WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	E1228	SPECIAL BACK HEIGHT FOR WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E1229	WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	7/1/2013	12/31/2382	1
OPH	E1230	POWER OPERATED VEHICLE (THREE OR FOUR WHEEL NONHIGHWAY) SPECIFY BRAND NAME AND MODEL NUMBER	1/1/2012	12/31/2382	1
OPH	E1231	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1232	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1233	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, RIGID, ADJUSTABLE WITHOUT SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1234	WHEELCHAIR, PEDIATRIC SIZE, TILT-IN-SPACE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1235	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITH SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1236	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITH SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1237	WHEELCHAIR, PEDIATRIC SIZE, RIGID, ADJUSTABLE, WITHOUT SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1238	WHEELCHAIR, PEDIATRIC SIZE, FOLDING, ADJUSTABLE, WITHOUT SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E1239	POWER WHEELCHAIR, PEDIATRIC SIZE, NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
OPH	E1240	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS, (DESK OR FULL LENGTH) SWING AWAY DETACHABLE, ELEVATING LEGREST	10/1/2010	12/31/2382	1
OPH	E1250	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1260	LIGHTWEIGHT WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1270	LIGHTWEIGHT WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1280	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) ELEVATING LEGRESTS	10/1/2010	12/31/2382	1
OPH	E1285	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1290	HEAVY DUTY WHEELCHAIR, DETACHABLE ARMS (DESK OR FULL LENGTH) SWING AWAY DETACHABLE FOOTREST	10/1/2010	12/31/2382	1
OPH	E1295	HEAVY DUTY WHEELCHAIR, FIXED FULL LENGTH ARMS, ELEVATING LEGREST	10/1/2010	12/31/2382	1
OPH	E1296	SPECIAL WHEELCHAIR SEAT HEIGHT FROM FLOOR	1/1/2014	12/31/2382	1
OPH	E1297	SPECIAL WHEELCHAIR SEAT DEPTH, BY UPHOLSTERY	1/1/2014	12/31/2382	1
OPH	E1298	SPECIAL WHEELCHAIR SEAT DEPTH AND/OR WIDTH, BY CONSTRUCTION	1/1/2014	12/31/2382	1
OPH	E1300	WHIRLPOOL, PORTABLE (OVERTUB TYPE)	1/1/2014	12/31/2382	1
OPH	E1310	WHIRLPOOL, NON-PORTABLE (BUILT-IN TYPE)	1/1/2012	12/31/2382	1
OPH	E1352	OXYGEN ACCESORY, FLOW REGULATOR CAPABLE OF POSITIVE INSPIRATORY PRESSURE	7/1/2014	12/31/2382	1
OPH	E1353	REGULATOR	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1354	OXYGEN ACCESSORY,WHEELED CART FOR PORTABLE CYLINDER OR PORTABLE CONCENTRATOR, ANY TYPE	10/1/2013	12/31/2382	1
OPH	E1355	STAND/RACK	1/1/2012	12/31/2382	1
OPH	E1356	OXYGEN ACCESSORY,BATTERY PACK/CARTRIDGE FOR PORTABLE CONCENTRATOR,ANY TYPE,REPLACEMENT ONLY	1/1/2014	12/31/2382	1
OPH	E1357	OXYGEN ACCESSORY, BATTERY CHARGER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY	1/1/2014	12/31/2382	1
OPH	E1358	OXYGEN ACCESSORY,DC POWER ADAPTER FOR PORTABLE CONCENTRATOR, ANY TYPE, REPLACEMENT ONLY,EACH	1/1/2014	12/31/2382	1
OPH	E1372	IMMERSION EXTERNAL HEATER FOR NEBULIZER	1/1/2012	12/31/2382	1
OPH	E1390	OXYGEN CONCENTRATOR (EQUIVALENT TO 732 CUBIC FEET/1993)CAPABLE OF DELIVERING>OR = 85% OXYGEN CONCENT. (2000)	1/1/2012	12/31/2382	1
OPH	E1391	OXYGEN CONCENTRATOR, DUAL DELIVERY PORT, CAPABLE OF DELIVIERING 85 PERCENT OR GREATER OXYGEN CONCENTRATION AT	1/1/2012	12/31/2382	1
OPH	E1392	PORTABLE OXYGEN CONCENTRATOR, RENTAL	1/1/2012	12/31/2382	1
OPH	E1405	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITH HEATED DELIVERY	1/1/2012	12/31/2382	1
OPH	E1406	OXYGEN AND WATER VAPOR ENRICHING SYSTEM WITHOUT HEATED DELIVERY	1/1/2012	12/31/2382	1
OPH	E1500	CENTRIFUGE, FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1510	KIDNEY, DIALYSATE DELIVERY SYST. KIDNEY MACHINE, PUMP RECIRCULAT- ING, AIR REMOVAL SYST, FLOWRATE METER, POWER	10/1/2010	12/31/2382	1
OPH	E1520	HEPARIN INFUSION PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1530	AIR BUBBLE DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1540	PRESSURE ALARM FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1550	BATH CONDUCTIVITY METER FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1560	BLOOD LEAK DETECTOR FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1570	ADJUSTABLE CHAIR, FOR ESRD PATIENTS	10/1/2010	12/31/2382	1
OPH	E1580	UNIPUNCTURE CONTROL SYSTEM FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1590	HEMODIALYSIS MACHINE	10/1/2010	12/31/2382	1
OPH	E1592	AUTOMATIC INTERMITTENT PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1
OPH	E1594	CYCLER DIALYSIS MACHINE FOR PERITONEAL DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1600	DELIVERY AND/OR INSTALLATION CHARGES FOR RENAL DIALYSIS EQUIPMENT	10/1/2010	12/31/2382	1
OPH	E1610	REVERSE OSMOSIS WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1
OPH	E1615	DEIONIZER WATER PURIFICATION SYSTEM	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1620	BLOOD PUMP FOR DIALYSIS	10/1/2010	12/31/2382	1
OPH	E1625	WATER SOFTENING SYSTEM	10/1/2010	12/31/2382	1
OPH	E1630	RECIPROCATING PERITONEAL DIALYSIS SYSTEM	10/1/2010	12/31/2382	1
OPH	E1635	COMPACT (PORTABLE) TRAVEL HEMODIALYZER SYSTEM	10/1/2010	12/31/2382	1
OPH	E1639	SCALE, FOR DIALYSIS, EACH	10/1/2010	12/31/2382	1
OPH	E1700	JAW MOTION REHABILITATION SYSTEM	1/1/2012	12/31/2382	1
OPH	E1701	REPLACEMENT CUSHIONS FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 6	10/1/2014	12/31/2382	3
OPH	E1702	REPLACEMENT MEASURING SCALES FOR JAW MOTION REHABILITATION SYSTEM, PKG. OF 200	1/1/2014	12/31/2382	1
OPH	E1800	DYNAMIC ADJUSTABLE ELBOW EXTENSION/FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1801	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ELBOW DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	1/1/2012	12/31/2382	2
OPH	E1802	DYNAMIC ADJUSTABLE FOREARM PRONATION/SUPINATION DEVICE INCLUDES SOFT INTERFACE MATERIAL	1/1/2012	12/31/2382	2
OPH	E1805	DYNAMIC ADJUSTABLE WRIST EXTENSION/FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1806	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH WRIST DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFF	1/1/2012	12/31/2382	2
OPH	E1810	DYNAMIC ADJUSTABLE KNEE EXTENSION/FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1811	BI-DIRECTIONAL PROGRESSIVE STRETCH KNEE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	1/1/2012	12/31/2382	2
OPH	E1812	DYNAMIC KNEE, EXTENSION/FLEXION DEVICE WITH ACTIVE RESISTANCE CONTROL	1/1/2012	12/31/2382	2
OPH	E1815	DYNAMIC ADJUSTABLE ANKLE EXTENSION/FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1816	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH ANKLE DEVICE WITH RANGE OF MOTION ADJUSTMENT, INCLUDES CUFFS	1/1/2012	12/31/2382	2
OPH	E1818	BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH FOREARM PRONATION/SUPINATION DEVICE WITH RANGE OF MOTION ADJUSTMENT	1/1/2012	12/31/2382	2
OPH	E1820	SOFT INTERFACE MATERIAL, DYNAMIC ADJUSTABLE EXTENSION/ FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1821	REPLACEMENT SOFT INTERFACE MATERIAL/CUFFS FOR BI-DIRECTIONAL STATIC PROGRESSIVE STRETCH DEVICE	1/1/2012	12/31/2382	1
OPH	E1825	DYNAMIC ADJUSTABLE FINGER EXTENSION/FLEXION DEVICE	7/1/2014	12/31/2382	3
OPH	E1830	DYNAMIC ADJUSTABLE TOE EXTENSION/FLEXION DEVICE	1/1/2012	12/31/2382	2
OPH	E1831	STATIC PROGRESSIVE STRETCH TOE DEVICE, EXTENTION AND/OR FLEXION, WITH OR WITHOUT RANGE OF MOTION	4/1/2011	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E1840	DYNAMIC ADJUSTABLE SHOULDER FLEXION/ABDUCTION/ROTATION DEVICE , INCLUDES SOFT INTERFACE MATERIAL	1/1/2012	12/31/2382	2
OPH	E1841	MULTI-DIRECTIONAL STATIC PROGRESSIVE STRETCH SHOULDER DEVICE, WITH RANGE OF	1/1/2012	12/31/2382	2
OPH	E1902	COMMUNICATION BOARD, NON-ELECTRONIC AUGMENTATIVE OR ALTERNATIVE COMMUNICATION DEVICE	10/1/2010	12/31/2382	1
OPH	E2000	GASTRIC SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC	1/1/2012	12/31/2382	1
OPH	E2100	BLOOD GLUCOSE MONITOR WITH INTEGRATED VOICE SYNTHESIZER	1/1/2012	12/31/2382	1
OPH	E2101	BLOOD GLUCOSE MONITOR WITH INTEGRATED LANCING/BLOOD SAMPLE	1/1/2012	12/31/2382	1
OPH	E2120	PULSE GENERATOR SYSTEM FOR TYMPANIC TREATMENT OF INNER EAR ENDOLYMPHATIC FLUID	1/1/2012	12/31/2382	1
OPH	E2201	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME, WIDTH GREATER THAN OR EQUAL TO 20 INCHES AND LESS THAN 24	1/1/2012	12/31/2382	1
OPH	E2202	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	1/1/2012	12/31/2382	1
OPH	E2203	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 20 TO LESS THAN 22 INCHES	1/1/2012	12/31/2382	1
OPH	E2204	MANUAL WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH, 22 TO 25 INCHES	1/1/2012	12/31/2382	1
OPH	E2205	MANUAL WHEELCHAIR ACCESSORY, HANDRIM WITHOUT PROJECTIONS, ANY TYPE, REPLACEMENT	1/1/2012	12/31/2382	2
OPH	E2206	MANUAL WHEELCHAIR ACCESSORY, WHEEL LOCK ASSEMBLY, COMPLETE, EACH	1/1/2012	12/31/2382	2
OPH	E2207	WHEELCHAIR ACCESSORY, CRUTCH AND CANE HOLDER, EACH	1/1/2012	12/31/2382	2
OPH	E2208	WHEELCHAIR ACCESSORY, CYLINDER TANK CARRIER, EACH	1/1/2012	12/31/2382	1
OPH	E2209	WHEELCHAIR ACCESSORY, ARM TROUGH, EACH	1/1/2012	12/31/2382	2
OPH	E2210	WHEELCHAIR ACCESSORY, BEARINGS, ANY TYPE REPLACEMENT ONLY, EACH	10/1/2016	12/31/2382	12
OPH	E2211	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC PROPULSION TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2212	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC PROPULSION TIRE, ANY SIZE	1/1/2012	12/31/2382	2
OPH	E2213	MANUAL WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC PROPULSION TIRE (REMOVABLE), ANY TYPE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2214	MANUAL WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE EACH	1/1/2012	12/31/2382	2
OPH	E2215	MANUAL WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2216	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED PROPULSION TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2217	MANUAL WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2218	MANUAL WHEELCHAIR ACCESSORY, FOAM PROPULSION TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2219	MANUAL WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2220	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC), PROPULSION TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2221	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE EACH	1/1/2012	12/31/2382	2
OPH	E2222	MANUAL WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED WHEEL, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2224	MANUAL WHEELCHAIR ACCESSORY, PROPULSION WHEEL EXCLUDES TIRE, ANY SIZE, EACH	1/1/2012	12/31/2382	2
OPH	E2225	MANUAL WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	2
OPH	E2226	MANUAL WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	2
OPH	E2227	MANUAL WHEELCHAIR ACCESSORY, GEAR REDUCTION DRIVE WHEEL, EACH	1/1/2012	12/31/2382	2
OPH	E2228	MANUAL WHEELCHAIR ACCESSORY, WHEEL BRAKING SYSTEM AND LOCK, COMPLETE, EACH	1/1/2012	12/31/2382	2
OPH	E2230	MANUAL WHEELCHAIR ACCESSORY, MANUAL STANDING SYSTEM	1/1/2014	12/31/2382	1
OPH	E2231	MANUAL WHEELCHAIR ACCESSORY, SOLID SEAT SUPPORT BASE (REPLACES SLING SEAT),INCLUDES ANY TYPE MOUNTING HARDWARE	10/1/2010	12/31/2382	1
OPH	E2291	BACK, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
OPH	E2292	SEAT, PLANAR, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING HARDWARE	7/1/2014	12/31/2382	1
OPH	E2293	BACK, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
OPH	E2294	SEAT, CONTOURED, FOR PEDIATRIC SIZE WHEELCHAIR INCLUDING FIXED ATTACHING	7/1/2014	12/31/2382	1
OPH	E2295	MANUAL WHEELCHAIR ACCESSORY, FOR PEDIATRIC SIZE WHEELCHAIR, DYNAMIC SEATING FRAME, ALLOWS	10/1/2010	12/31/2382	1
OPH	E2300	POWER WHEELCHAIR ACCESSORY, POWER SEAT ELEVATION SYSTEM	1/1/2012	12/31/2382	1
OPH	E2301	POWER WHEELCHAIR ACCESSORY, POWER STANDING SYSTEM	1/1/2012	12/31/2382	1
OPH	E2310	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND ONE POWER SEATING SYSTEM	1/1/2012	12/31/2382	1
OPH	E2311	POWER WHEELCHAIR ACCESSORY, ELECTRONIC CONNECTION BETWEEN WHEELCHAIR CONTROLLER AND TWO OR MORE POWER SEATING	1/1/2012	12/31/2382	1
OPH	E2312	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL REMOTE JOYSTICK, PROPORTIONAL	1/1/2012	12/31/2382	1
OPH	E2313	POWER WHEELCHAIR ACCESSORY, HARNESS FOR UPGRADE TO EXPANDABLE CONTROLLER, INCLUDING ALL FASTENERS, CONNECTORS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2321	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, REMOTE JOYSTICK, NON PROPORTIONAL, INCLUDING ALL RELATED	1/1/2012	12/31/2382	1
OPH	E2322	POWER WHEELCHAIR ACCESSORY, HAND CONTROL INTERFACE, MULTIPLE MECHANICAL SWITCHES, NONPROPORTIONAL, INCLUDING	1/1/2012	12/31/2382	1
OPH	E2323	POWER WHEELCHAIR ACCESSORY, SPECIALITY JOYSTICK HANDLE FOR HAND CONTROL INTERFACE, PREFABRICATED	1/1/2012	12/31/2382	1
OPH	E2324	POWER WHEELCHAIR ACCESSORY, CHIN UP FOR CHIN CONTROL INTERFACE	1/1/2012	12/31/2382	1
OPH	E2325	POWER WHEELCHAIR ACCESSORY, SIP AND PUFF INTERFACE, NONPROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS,	1/1/2012	12/31/2382	1
OPH	E2326	POWER WHEELCHAIR ACCESSORY, BREATH TUBE KIT FOR SIP AND PUFF INTERFACE	1/1/2012	12/31/2382	1
OPH	E2327	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, MECHANICAL, PROPORTIONAL, INCLUDING ALL RELATED	1/1/2012	12/31/2382	1
OPH	E2328	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL OR EXREMITY CONTROL INTERFACE, ELECTRONIC, PROPORTIONAL, INCLUDING	1/1/2012	12/31/2382	1
OPH	E2329	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, CONTACT SWITCH MECHANISM, NONPROPORTIONAL	1/1/2012	12/31/2382	1
OPH	E2330	POWER WHEELCHAIR ACCESSORY, HEAD CONTROL INTERFACE, PROXIMITY SWITCH MECHANISM, NONPROPORTIONAL, INCLUDING ALL	1/1/2012	12/31/2382	1
OPH	E2331	POWER WHEELCHAIR ACCESSORY, ATTENDANT CONTROL, PROPORTIONAL, INCLUDING ALL RELATED ELECTRONICS AND FIXED	1/1/2012	12/31/2382	1
OPH	E2340	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 20-23 INCHES	1/1/2012	12/31/2382	1
OPH	E2341	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME WIDTH 24-27 INCHES	1/1/2012	12/31/2382	1
OPH	E2342	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 20-21 INCHES	1/1/2012	12/31/2382	1
OPH	E2343	POWER WHEELCHAIR ACCESSORY, NONSTANDARD SEAT FRAME DEPTH 22-25 INCHES	1/1/2012	12/31/2382	1
OPH	E2351	POWER WHEELCHAIR ACCESSORY, ELECTRONIC INTERFACE TO OPERATE SPEECH GENERATING DEVICE USING POWER WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	E2358	POWER WHEELCHAIR ACCESSORY, GROUP 34 NON-SEALED LEAD ACID BATTERY, EACH	7/1/2012	12/31/2382	2
OPH	E2359	POWER WHEELCHAIR ACCESSORY, GROUP 34 SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASSMAT)	7/1/2012	12/31/2382	2
OPH	E2360	POWER WHEELCHAIR ACCESSORY, 22 NF NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
OPH	E2361	POWER WHEELCHAIR ACCESSORY, 22 NF SEALED LEAD ACID BATTERY, EACH	1/1/2012	12/31/2382	2
OPH	E2362	POWER WHEELCHAIR ACCESSORY, 24 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
OPH	E2363	POWER WHEELCHAIR ACCESSORY, GROUP 24 SEALED LEAD ACID BATTERY, EACH	1/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2364	POWER WHEELCHAIR ACCESSORY, U 1 NON SEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
OPH	E2365	POWER WHEELCHAIR ACCESSORY, U 1 SEALED LEAD ACID BATTERY, EACH	1/1/2012	12/31/2382	2
OPH	E2366	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, SINGLE MODE FOR USE WITH ONLY ONE BATTERY TYPE	1/1/2012	12/31/2382	1
OPH	E2367	POWER WHEELCHAIR ACCESSORY, BATTERY CHARGER, DUAL MODE, FOR USE WITH EITHER BATTERY TYPE, SEALED OR NON SEAL	1/1/2012	12/31/2382	1
OPH	E2368	POWER WHEELCHAIR COMPONENT, MOTOR, REPLACEMENT ONLY	1/1/2012	12/31/2382	2
OPH	E2369	POWER WHEELCHAIR COMPONENT, GEAR BOX, REPLACEMENT ONLY	1/1/2012	12/31/2382	2
OPH	E2370	POWER WHEELCHAIR COMPONENT, MOTOR AND GEAR BOX COMBINATION, REPLACEMENT ONLY	1/1/2012	12/31/2382	2
OPH	E2371	POWER WHEELCHAIR ACCESSORY, GROUP 27 SEALED LEAD ACID BATTERY, (E.G. GEL CELL, ABSORBED GLASSMAT), EACH	1/1/2012	12/31/2382	2
OPH	E2372	POWER WHEELCHAIR ACCESSORY. GROUP 27 NONSEALED LEAD ACID BATTERY, EACH	1/1/2014	12/31/2382	2
OPH	E2373	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, MINI-PROPORTIONAL, COMPACT, OR SHORT THROW REMOTE	4/1/2012	12/31/2382	1
OPH	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE JOYSTICK (NOT INCLUDING CONTROLLER)	4/1/2012	12/31/2382	1
OPH	E2375	POWER WHEELCHAIR ACCESSORY, NONEXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS	1/1/2012	12/31/2382	1
OPH	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1
OPH	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED ELECTRONICS AND MOUNTING	4/1/2012	12/31/2382	1
OPH	E2378	POWER WHEELCHAIR COMPONENT, ACTUATOR; REPLACEMENT ONLY	7/1/2013	12/31/2382	2
OPH	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	2
OPH	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	2
OPH	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL (REMOVABLE), ANY TYPE, ANY SIZE, REPLACEMENT ONLY	1/1/2012	12/31/2382	2
OPH	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
OPH	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
OPH	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
OPH	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTERGRATED WHEEL, ANY SIZE, REPLACEMENT	1/1/2012	12/31/2382	4
OPH	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE REPLACEMENT ONLY, EACH	4/1/2012	12/31/2382	2
OPH	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH	1/1/2012	12/31/2382	4
OPH	E2397	POWER WHEELCHAIR ACCESSORY, LITHIUM-BASED BATTERY, EACH	10/1/2010	12/31/2382	1
OPH	E2398	WHEELCHAIR ACCESSORY, DYNAMIC POSITIONING HARDWARE FOR BACK	7/1/2020	12/31/2382	1
OPH	E2402	NEGATIVE PRESSURE WOUND THERAPY ELECTRICAL PUMP, STATIONARY OR PORTABLE	1/1/2012	12/31/2382	1
OPH	E2500	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, LESS THAN OR EQUAL TO 8 MINUTES	1/1/2012	12/31/2382	1
OPH	E2502	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 8 MINUTES BUT LESS	1/1/2012	12/31/2382	1
OPH	E2504	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 20 MINUTES BUT LESS THAN	1/1/2012	12/31/2382	1
OPH	E2506	SPEECH GENERATING DEVICE, DIGITIZED SPEECH, USING PRE RECORDED MESSAGES, GREATER THAN 40 MINUTES RECORDING	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2508	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, REQUIRING MESSAGE FORMULATION BY SPELLING AND ACCESS BY PHYSICAL	1/1/2012	12/31/2382	1
OPH	E2510	SPEECH GENERATING DEVICE, SYNTHESIZED SPEECH, PERMITTING MULTIPLE METHODS OF MESSAGE FORMULATION AND MULTIPLE	1/1/2012	12/31/2382	1
OPH	E2511	SPEECH GENERATING SOFTWARE PROGRAM, FOR PERSONAL COMPUTER OR PERSONAL DIGITAL ASSISTANT	1/1/2012	12/31/2382	1
OPH	E2512	ACCESSORY FOR SPEECH GENERATING DEVICE, MOUNTING SYSTEM	1/1/2012	12/31/2382	1
OPH	E2601	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2602	GENERAL USE WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2603	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2604	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2605	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22 INCHES, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2606	POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR GREATER, ANY DEPTH	1/1/2012	12/31/2382	1
OPH	E2607	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH LESS THAN 22	1/1/2012	12/31/2382	1
OPH	E2608	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, WIDTH 22 INCHES OR	1/1/2012	12/31/2382	1
OPH	E2609	CUSTOM FABRICATED WHEELCHAIR SEAT CUSHION, ANY SIZE	10/1/2010	12/31/2382	1
OPH	E2610	WHEELCHAIR SEAT CUSHION, POWERED	1/1/2014	12/31/2382	1
OPH	E2611	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH LESS THAN 22 INCHES, ANY HEIGHT,	1/1/2012	12/31/2382	1
OPH	E2612	GENERAL USE WHEELCHAIR BACK CUSHION, WIDTH 22 INCHES OR GREATER, ANY HEIGHT,	1/1/2012	12/31/2382	1
OPH	E2613	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH LESS THAN 22 INCHES, ANY	1/1/2012	12/31/2382	1
OPH	E2614	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR, WIDTH 22 INCHES OR GREATER, ANY	1/1/2012	12/31/2382	1
OPH	E2615	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH LESS THAN 22	1/1/2012	12/31/2382	1
OPH	E2616	POSITIONING WHEELCHAIR BACK CUSHION, POSTERIOR-LATERAL, WIDTH 22 INCHES OR	1/1/2012	12/31/2382	1
OPH	E2617	CUSTOM FABRICATED WHEELCHAIR BACK CUSHION, ANY SIZE, INCLUDING ANY TYPE	10/1/2010	12/31/2382	1
OPH	E2619	REPLACEMENT COVER FOR WHEELCHAIR SEAT CUSHION OR BACK CUSHION, EACH	1/1/2012	12/31/2382	2
OPH	E2620	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	1/1/2012	12/31/2382	1
OPH	E2621	POSITIONING WHEELCHAIR BACK CUSHION, PLANAR BACK WITH LATERAL SUPPORTS, WIDTH	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	E2622	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
OPH	E2623	SKIN PROTECTION WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH THAN 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
OPH	E2624	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH LESS THAN 22 INCHES, ANY DEPTH	4/1/2011	12/31/2382	1
OPH	E2625	SKIN PROTECTION AND POSITIONING WHEELCHAIR SEAT CUSHION, ADJUSTABLE, WIDTH 22 INCHES OR GREATER, ANY DEPTH	4/1/2011	12/31/2382	1
OPH	E2626	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR, BALANCED,ADJUSTABLE	7/1/2012	12/31/2382	2
OPH	E2627	WHEELCHAIR ACCESSORY,SHOULDER,ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,ADJUSTABLE RANCHO TYPE	7/1/2012	12/31/2382	2
OPH	E2628	WHEELCHAIR ACCESSORY,SHOULDER,ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,RECLINING	7/1/2012	12/31/2382	2
OPH	E2629	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT ATTACHED TO WHEELCHAIR,BALANCED,FRICITION ARM	7/1/2012	12/31/2382	2
OPH	E2630	WHEELCHAIR ACCESSORY,SHOULDER ELBOW,MOBILE ARM SUPPORT,MONOSUSPENSION ARM AND HAND	7/1/2012	12/31/2382	2
OPH	E2631	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,ELEVATING PROXIMAL ARM	7/1/2012	12/31/2382	2
OPH	E2632	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,OFFSET OR LATERAL ROCKER ARM WITH ELASTIC BALANCE CONTROL	7/1/2012	12/31/2382	2
OPH	E2633	WHEELCHAIR ACCESSORY,ADDITION TO MOBILE ARM SUPPORT,SUPINATOR	7/1/2012	12/31/2382	2
OPH	E8000	GAIT TRAINER, PEDIATRIC SIZE, POSTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
OPH	E8001	GAIT TRAINER, PEDIATRIC SIZE, UPRIGHT SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
OPH	E8002	GAIT TRAINER, PEDIATRIC SIZE, ANTERIOR SUPPORT, INCLUDES ALL ACCESSORIES AND	1/1/2014	12/31/2382	1
OPH	G0008	ADMINISTRATION OF INFLUENZA VIRUS VACCINE	10/1/2010	12/31/2382	1
OPH	G0009	ADMINISTRATION OF PNEUMOCOCCAL VACCINE	10/1/2010	12/31/2382	1
OPH	G0010	ADMINISTRATION OF HEPATITIS B VACCINE	1/1/2015	12/31/2382	1
OPH	G0027	SEMEN ANALYSIS; PRESENCE AND/OR MOTILITY OF SPERM EXCLUDING HUHNER	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0068	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF ANTI-INFECTIVE, PAIN MANAGEMENT, CHELATION, PULMONARY HYPERTENSION, AND/OR INOTROPIC INFUSION DRUG(S) FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME	7/1/2019	12/31/2382	16
OPH	G0069	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF SUBCUTANEOUS IMMUNOTHERAPY FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MINUTES	7/1/2019	12/31/2382	16
OPH	G0070	PROFESSIONAL SERVICES FOR THE ADMINISTRATION OF CHEMOTHERAPY FOR EACH INFUSION DRUG ADMINISTRATION CALENDAR DAY IN THE INDIVIDUAL'S HOME, EACH 15 MINUTES	7/1/2019	12/31/2382	16
OPH	G0071	PAYMENT FOR COMMUNICATION TECHNOLOGY-BASED SERVICES FOR 5 MINUTES OR MORE OF A VIRTUAL (NON-FACE-TO-FACE) COMMUNICATION BETWEEN AN RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) PRACTITIONER AND RHC OR FQHC	7/1/2019	12/31/2382	1
OPH	G0076	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY, REST HOME, ASSISTED LIVING	7/1/2019	12/31/2382	1
OPH	G0077	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME,	7/1/2019	12/31/2382	1
OPH	G0078	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY	7/1/2019	12/31/2382	1
OPH	G0079	INDIVIDUAL PSYCHOTHERAPY, INTERACTIVE IN AN OFFICE OR OUTPATIENT FACILITY, APPROX. 45 TO 50 MIN FACE-TO-FAC	7/1/2019	12/31/2382	1
OPH	G0080	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR A NEW PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0081	BRIEF (20 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0082	LIMITED (30 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0083	MODERATE (45 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0084	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0085	EXTENSIVE (75 MINUTES) CARE MANAGEMENT HOME VISIT FOR AN EXISTING PATIENT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0086	LIMITED (30 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0087	COMPREHENSIVE (60 MINUTES) CARE MANAGEMENT HOME CARE PLAN OVERSIGHT. FOR USE ONLY IN A MEDICARE-APPROVED CMMI MODEL. (SERVICES MUST BE FURNISHED WITHIN A BENEFICIARY'S HOME, DOMICILIARY,	7/1/2019	12/31/2382	1
OPH	G0101	CERVICAL OR VAGINAL CANCER SCREENING; PELVIC AND CLINICAL BREAST EXAMINATION	10/1/2010	12/31/2382	1
OPH	G0102	PROSTATE CANCER SCREENING; DIGITAL RECTAL EXAMINATION	10/1/2010	12/31/2382	1
OPH	G0103	PROSTATE CANCER SCREENING; PROSTATE SPECIFIC ANTIGEN TEST (PSA), TOTAL	10/1/2010	12/31/2382	1
OPH	G0104	COLORECTAL CANCER SCREENING; FLEXIBLE SIGMOIDOSCOPY	10/1/2010	12/31/2382	1
OPH	G0105	COLORECTAL CANCER SCREENING; COLONOSCOPY OF INDIVIDUAL AT HIGH RISK	10/1/2010	12/31/2382	1
OPH	G0106	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0104, SCREENING SIGMOIDOSCOPY, BARIUM ENEMA	10/1/2010	12/31/2382	1
OPH	G0108	DIABETES OUTPATIENT SELF-MANAGEMENT TRAINING SERVICE INDIVIDUAL, PER SESSION	10/1/2020	12/31/2382	8
OPH	G0109	DIABETES SELF-MANAGEMENT TRAINING SERVICES, GROUP SESSION, PER INDIVIDUAL	10/1/2020	12/31/2382	12
OPH	G0117	GLAUCOMA SCREENING FOR HIGH RISK PATIENTS FURNISHED BY AN OPTOMETRIST OR OPHTHALMOLOGIST	10/1/2010	12/31/2382	1
OPH	G0118	GLAUCOMA SCREENING FOR HIGH RISK PATIENT FURNISHED UNDER THE DIRECT SUPERVISION OF AN OPTOMETRIST OR	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0120	COLORECTAL CANCER SCREENING; ALTERNATIVE TO G0105, SCREENING COLONOSCOPY, BARIUM ENEMA	10/1/2010	12/31/2382	1
OPH	G0121	COLORECTAL CANCER SCREENING; COLONOSCOPY ON INDIVIDUAL NOT MEETING CRITERIA FOR HIGH RISK	10/1/2010	12/31/2382	1
OPH	G0122	COLORECTAL CANCER SCREENING; BARIUM ENEMA	1/1/2014	12/31/2382	1
OPH	G0123	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL	10/1/2010	12/31/2382	1
OPH	G0124	SCREENING CYTOPATHOLOGY CERVICAL OR VAGINAL	10/1/2010	12/31/2382	1
OPH	G0127	TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER	10/1/2010	12/31/2382	1
OPH	G0128	DIRECT (FACE-TO-FACE WITH PATIENT) SKILLED NURSING SERVICES OF A REGISTERED NURSE PROVIDED IN A COMPREHENSIVE	10/1/2010	12/31/2382	1
OPH	G0129	OCCUPATIONAL THERAPY REQUIRING THE SKILLS OF A QUALIFIED OCCUPATIONAL THERAPIST, FURNISHED AS A	10/1/2010	12/31/2382	3
OPH	G0130	SINGLE ENERGY X-RAY ABSORPTIOMETRY BONE DENSITY STUDY, ONE OR MORE SITES; APPENDICULAR SKELETON	10/1/2010	12/31/2382	1
OPH	G0141	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM, WITH MANUAL RESCREENING	1/1/2012	12/31/2382	1
OPH	G0143	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER PREP	10/1/2010	12/31/2382	1
OPH	G0144	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL (ANY REPORTING SYSTEM), COLLECTED IN PRESERVATION FLUID,	10/1/2010	12/31/2382	1
OPH	G0145	SCREENING CYTOPATHOLOGY, CERVICAL OR VAGINAL, COLLECTED IN PRESERVATIVE FLUID, AUTOMATED THIN LAYER	10/1/2010	12/31/2382	1
OPH	G0147	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM UNDER PHYSICIAN	10/1/2010	12/31/2382	1
OPH	G0148	SCREENING CYTOPATHOLOGY SMEARS, CERVICAL OR VAGINAL, PERFORMED BY AUTOMATED SYSTEM WITH	10/1/2010	12/31/2382	1
OPH	G0166	EXTERNAL COUNTERPULSATION, PER TREATMENT SESSION	10/1/2010	12/31/2382	2
OPH	G0168	WOUND CLOSURE UTILIZING TISSUE ADHESIVE(S) ONLY	10/1/2010	12/31/2382	2
OPH	G0175	SCHEDULED INTERDISCIPLINARY TEAM CONFERENCE WITH PATIENT PRESENT	10/1/2010	12/31/2382	1
OPH	G0176	ACTIVITY THERAPY, SUCH AS MUSIC, DANCE, ART OR PLAY THERAPIES NOT FOR RECREATION, RELATED TO THE CARE AND	10/1/2010	12/31/2382	5
OPH	G0177	TRAINING AND EDUCATIONAL SERVICES RELATED TO THE CARE AND TREATMENT OF PATIENT'S DISABLING MENTAL HEALTH	7/1/2014	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0179	PHYSICIAN RECERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES, PROVIDED BY A PARTICIPATING HOME HEALTH	10/1/2012	12/31/2382	1
OPH	G0180	PHYSICIAN CERTIFICATION SERVICES FOR MEDICARE-COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEALTH AGENCY	10/1/2012	12/31/2382	1
OPH	G0181	PHYSICIAN SUPERVISION OF A PATIENT RECEIVING MEDICARE- COVERED SERVICES PROVIDED BY A PARTICIPATING HOME HEAL	10/1/2012	12/31/2382	1
OPH	G0182	PHYSICIAN SUPERVISION OF A PATIENT UNDER A MEDICARE-APPROVED HOSPICE REQUIRING COMPLEX AND MULTIDISCIPLINARY	10/1/2012	12/31/2382	1
OPH	G0186	DESTRUCTION OF LOCALIZED LESION OF CHOROID (FOR EXAMPLE, CHOROIDAL NEOVASCULARIZATION);	10/1/2010	12/31/2382	1
OPH	G0219	PET IMAGING WHOLE BODY; FULL AND PARTIAL RING PET SCANNERS ONLY, NON COVERED INDIVIDUAL	1/1/2014	12/31/2382	1
OPH	G0235	PET IMAGING, ANY SITE, NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
OPH	G0237	THERAPEUTIC PROCEDURES TO INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY MUSCLES, FACE TO FACE, ONE ON ONE,	4/1/2015	12/31/2382	8
OPH	G0238	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION, OTHER THAN DESCRIBED BY G0237, ONE ON ONE,	4/1/2015	12/31/2382	8
OPH	G0239	THERAPEUTIC PROCEDURES TO IMPROVE RESPIRATORY FUNCTION OR INCREASE STRENGTH OR ENDURANCE OF RESPIRATORY	10/1/2010	12/31/2382	2
OPH	G0245	INITIAL PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY	10/1/2010	12/31/2382	1
OPH	G0246	FOLLOW-UP PHYSICIAN EVALUATION AND MANAGEMENT OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING	10/1/2010	12/31/2382	1
OPH	G0247	ROUTINE FOOT CARE BY A PHYSICIAN OF A DIABETIC PATIENT WITH DIABETIC SENSORY NEUROPATHY RESULTING IN A LOSS OF	10/1/2010	12/31/2382	1
OPH	G0248	DEMONSTRATION, AT INITIAL USE, OF HOME INR MONITORING FOR PATIENT WITH MECHANICAL HEART VALVE(S) WHO MEETS MED	10/1/2010	12/31/2382	1
OPH	G0249	PROVISION OF TEST MATERIALS AND EQUIPMENT FOR HOME INR MONITORING TO PATIENT WITH MECHANICAL HEART VALVE(S)	1/1/2014	12/31/2382	1
OPH	G0250	PHYSICIAN REVIEW, INTERPRETATION AND PATIENT MANAGEMENT OF HOME INR TESTING FOR A PATIENT WITH MECHANICAL HEAR	10/1/2012	12/31/2382	1
OPH	G0252	PET IMAGING, FULL AND PARTIAL-RING PET SCANNERS ONLY, FOR INITIAL DIAGNOSIS OF BREAST CANCER AND/OR SURGICAL	1/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0255	CURRENT PERCEPTION THRESHOLD/SENSORY NERVE CONDUCTION TEST, (SNCT)PER LIMB, ANY NERVE	1/1/2014	12/31/2382	4
OPH	G0257	UNSCHEDULED OR EMERGENCY DIALYSIS TREATMENT FOR AN ESRD PATIENT IN A HOSPITAL OUTPATIENT DEPARTMENT THAT IS NO	1/1/2015	12/31/2382	1
OPH	G0259	INJECTION PROCEDURE FOR SACROILIAC JOINT; ARTHROGRAPY	10/1/2014	12/31/2382	2
OPH	G0260	INJECTION PROCEDURE FOR SACROILIAC JOINT; PROVISION OF ANESTHETIC, STEROID AND/OR OTHER THERAPEUTIC AGENT AND	10/1/2014	12/31/2382	2
OPH	G0268	REMOVAL OF IMPACTED CERUMEN (ONE OR BOTH EARS) BY PHYSICIAN ON SAME DATE OF SERVICE AS AUDIOLOGIC FUNCTION TES	10/1/2010	12/31/2382	1
OPH	G0269	PLACEMENT OF OCCLUSIVE DEVICE INTO EITHER A VENOUS OR ARTERIAL ACCESS SITE, POST SURGICAL OR INTERVENTIONAL	1/1/2015	12/31/2382	2
OPH	G0270	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION(S) FOLLOWING 2ND REFERRAL IN SAME YEAR FOR	10/1/2020	12/31/2382	8
OPH	G0271	MEDICAL NUTRITION THERAPY; REASSESSMENT AND SUBSEQUENT INTERVENTION, GROUP, EACH ADDITIONAL 30 MINUTES	1/1/2015	12/31/2382	4
OPH	G0276	BLINDED PROCEDURE FOR LUMBAR STENOSIS, PERCUTANEOUS IMAGE-GUIDED LUMBAR DECOMPRESSION	7/1/2017	12/31/2382	1
OPH	G0277	HYPERBARIC OXYGEN UNDER PRESSURE, FULL BODY CHAMBER, PER 30 MINUTE INTERVAL	4/1/2015	12/31/2382	5
OPH	G0278	ILIAC ARTERY ANGIOGRAPHY PERFORMED AT THE SAME TIME OF CARDIAC CATHETERIZATION, INCLUDES CATHETER PLACEMENT, I	10/1/2010	12/31/2382	1
OPH	G0279	DIAGNOSTIC DIGITAL BREAST TOMOSYNTHESIS, UNILATERAL OR BILATERAL (LIST SEPARATELY IN ADDITION TO 77065 OR 77066)	4/1/2018	12/31/2382	1
OPH	G0281	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS, FOR CHRONIC STAGE III AND STAGE IV PRESSURE ULCERS	10/1/2010	12/31/2382	1
OPH	G0282	ELECTRICAL STIMULATION, (UNATTENDED), TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0281	10/1/2013	12/31/2382	1
OPH	G0283	ELECTRICAL STIMULATION,(UNATTENDED), TO ONE OR MORE AREAS FOR INDICATION(S), OTHER THAN WOUND CARE, AS PART	10/1/2010	12/31/2382	1
OPH	G0288	RECONSTRUCTION, COMPUTED TOMOGRAPHIC ANGIOGRAPHY OF AORTA FOR SURGICAL PLANNING FOR VASCULAR SURGERY	10/1/2010	12/31/2382	1
OPH	G0289	ARTHROSCOPY, KNEE,SURGICAL, FOR REMOVAL OF LOOSE BODY, FOREIGN BODY,DEBRIDEMENT/SHAVING OF ARTICULAR CARTILAGE	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0293	NONCOVERED SURGICAL PROCEDURE(S) USING CONSCIOUS SEDATION, REGIONAL, GENERAL OR SPINAL ANESTHESIA IN A MEDICARE	10/1/2010	12/31/2382	1
OPH	G0294	NONCOVERED PROCEDURE(S) USING EITHER NO ANESTHESIA OR LOCAL ANESTHESIA ONLY, IN A MEDICARE QUALIFYING CLINICA	10/1/2010	12/31/2382	1
OPH	G0295	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS, FOR WOUND CARE OTHER THAN DESCRIBED IN G0239 OR	1/1/2014	12/31/2382	1
OPH	G0296	COUNSELING VISIT TO DISCUSS NEED FOR LUNG CANCER SCREENING USING LOW DOSE CT SCAN	10/1/2020	12/31/2382	1
OPH	G0302	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, COMPLETE COURSE OF SERVICES, TO INCLUDE	10/1/2010	12/31/2382	1
OPH	G0303	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 10 TO 15 DAYS OF SERVICES	10/1/2010	12/31/2382	1
OPH	G0304	PRE-OPERATIVE PULMONARY SURGERY SERVICES FOR PREPARATION FOR LVRS, 1 TO 9 DAYS OF SERVICE	10/1/2010	12/31/2382	1
OPH	G0305	POST-DISCHARGE PULMONARY SURGERY SERVICES AFTER LVRS, MINIMUM OF 6 DAYS OF SERVICE	10/1/2010	12/31/2382	1
OPH	G0306	COMPLETE CBC, AUTOMATED (HGB, HCT, RBC, WBC, WITHOUT PLATELET COUNT) AND AUTOMATED WBC DIFFERENTIAL COUNT	1/1/2015	12/31/2382	4
OPH	G0307	COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC; WITHOUT PLATELET COUNT)	1/1/2015	12/31/2382	4
OPH	G0327	ESRD RELATED SERVICES FOR HOME DIALYSIS (LESS THAN FULL MONTH), PER DAY; FOR PATIENTS 20 YEARS OF AGE AND	1/1/2022	12/31/2382	1
OPH	G0328	COLORECTAL CANCER SCREENING; FECAL-OCCULT BLOOD TEST, IMMUNOASSAY, 1-3 SIMULTANEOUS DETERMINATIONS	10/1/2010	12/31/2382	1
OPH	G0329	ELECTROMAGNETIC THERAPY, TO ONE OR MORE AREAS FOR CHRONIC STAGE III AND STAGE	10/1/2010	12/31/2382	1
OPH	G0333	PHARMACY DISPENSING FEE FOR INHALATION DRUG(S); INITIAL 30 DAY SUPPLY AS A BENEFICIARY	4/1/2012	12/31/2382	1
OPH	G0337	HOSPICE EVALUATION AND COUNSELING SERVICES, PRE-ELECTION	10/1/2010	12/31/2382	1
OPH	G0339	IMAGE GUIDED ROBOTIC LINEAR ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, COMPLETE COURSE OF THERAPY IN ONE	10/1/2010	12/31/2382	1
OPH	G0340	IMAGE-GUIDED ROBOTIC LINEAR-ACCELERATOR-BASED STEREOTACTIC RADIOSURGERY, DELIVERY INCLUDING COLLIMATOR CHANGE	10/1/2018	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0372	PHYSICIAN SERVICE REQUIRED TO ESTABLISH AND DOCUMENT THE NEED FOR A POWER MOBILITY DEVICE	10/1/2012	12/31/2382	1
OPH	G0378	HOSPITAL OBSERVATION SERVICE, PER HOUR	1/1/2015	12/31/2382	72
OPH	G0379	DIRECT ADMISSION OF PATIENT FOR HOSPITAL OBSERVATION CARE	7/1/2013	12/31/2382	1
OPH	G0380	LEVEL1 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2010	12/31/2382	2
OPH	G0381	LEVEL 2 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2010	12/31/2382	2
OPH	G0382	LEVEL 3 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2010	12/31/2382	2
OPH	G0383	LEVEL 4 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2010	12/31/2382	2
OPH	G0384	LEVEL 5 HOSPITAL EMERGENCY VISIT PROVIDED IN A TYPE B DEPARTMENT OR FACILITY OF THE HOSPITAL	10/1/2010	12/31/2382	2
OPH	G0390	TRAUMA RESPONSE TEAM ASSOCIATED WITH HOSPITAL CRITICAL CARE SERVICES	10/1/2010	12/31/2382	1
OPH	G0396	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G, AUDIT, DAST), AND BRIEF	10/1/2020	12/31/2382	1
OPH	G0397	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G, AUDIT, DAST), AND BRIEF	10/1/2020	12/31/2382	1
OPH	G0398	HOME SLEEP STUDY TEST (HST) WITH TYPE II PORTABLE MONITOR, UNATTENDED; MINIMUM	10/1/2010	12/31/2382	1
OPH	G0399	HOME SLEEP TEST (HST) WITH TYPE III PORTABLE MONITOR, UNATTENDED; MINIMUM OF 4	10/1/2010	12/31/2382	1
OPH	G0400	HOME SLEEP TEST (HST) WITH TYPE IV PORTABLE MONITOR, UNATTENDED; MINIMUM OF 3	10/1/2010	12/31/2382	1
OPH	G0402	INITIAL PREVENTIVE PHYSICAL EXAMINATION; FACE-TO-FACE VISIT, SERVICES LIMITED TO NEW BENEFICIARY DURING	7/1/2012	12/31/2382	1
OPH	G0403	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; PERFORMED AS A SCREENING FOR THE INITIAL PREVENTIVE PHYSICAL	10/1/2012	12/31/2382	1
OPH	G0404	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; TRACING ONLY, WITHOUT INTERPRETATION AND REPORT, PERFORMED AS A	7/1/2012	12/31/2382	1
OPH	G0405	ELECTROCARDIOGRAM, ROUTINE ECG WITH 12 LEADS; INTERPRETATION AND REPORT ONLY, PERFORMED AS A	7/1/2012	12/31/2382	1
OPH	G0406	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, LIMITED, PHYSICIANS TYPICALLY SPEND 15 MINUTES COMMUNICATING	10/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0407	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, INTERMEDIATE, PHYSICIANS TYPICALLY SPEND 25 MINUTES COMMUNICATING	10/1/2020	12/31/2382	1
OPH	G0408	FOLLOW-UP INPATIENT TELEHEALTH CONSULTATION, COMPLEX, PHYSICIANS TYPICALLY SPEND 35 MINUTES OR MORE COMMUNICAT	10/1/2020	12/31/2382	1
OPH	G0410	GROUP PSYCHOTHERAPY OTHER THAN OF A MULTIPLE-FAMILY GROUP, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY	4/1/2015	12/31/2382	6
OPH	G0411	INTERACTIVE GROUP PSYCHOTHERAPY, IN A PARTIAL HOSPITALIZATION SETTING, APPROXIMATELY 45 TO 50 MINUTES	4/1/2015	12/31/2382	6
OPH	G0412	OPEN TREATMENT OF ILIAC SPINE(S), TUBEROSITY AVULSION, OR ILIAC WING FRACTURE(S), UNILATERAL OR BILATERAL FOR	1/1/2021	12/31/2382	1
OPH	G0413	PERCUTANEOUS SKELETAL FIXATION OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS	7/1/2012	12/31/2382	1
OPH	G0414	OPEN TREATMENT OF ANTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION FOR FRACTURE PATTERNS WHICH DISRUPT	1/1/2021	12/31/2382	1
OPH	G0415	OPEN TREATMENT OF POSTERIOR PELVIC BONE FRACTURE AND/OR DISLOCATION, FOR FRACTURE PATTERNS WHICH DISRUPT THE	1/1/2021	12/31/2382	1
OPH	G0416	SURGICAL PATHOLOGY, GROSS AND MICROSCOPIC EXAMINATION FOR PROSTATE NEEDLE SATURATION BIOPSY SAMPLING, 1-20	10/1/2010	12/31/2382	1
OPH	G0420	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; INDIVIDUAL, PER SESSION, PER	10/1/2020	12/31/2382	2
OPH	G0421	FACE-TO-FACE EDUCATIONAL SERVICES RELATED TO THE CARE OF CHRONIC KIDNEY DISEASE; GROUP, PER SESSION, PER HOUR	10/1/2020	12/31/2382	2
OPH	G0422	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITH EXERCISE, PER SESSION	1/1/2015	12/31/2382	6
OPH	G0423	INTENSIVE CARDIAC REHABILITATION; WITH OR WITHOUT CONTINUOUS ECG MONITORING WITHOUT EXERCISE, PER SESS	1/1/2015	12/31/2382	6
OPH	G0424	PULMONARY REHABILITATION, INCLUDING EXERCISE (INCLUDES MONITORING), ONE HOUR , PER SESSION, UP TO TWO SESSIONS	7/1/2012	6/30/2022	2
OPH	G0425	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 30 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	10/1/2020	12/31/2382	1
OPH	G0426	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 50 MINUTES COMMUNICATING WITH THE PATIENT VIA TELEHEALTH	10/1/2020	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G0427	INITIAL INPATIENT TELEHEALTH CONSULTATION, TYPICALLY 70 MINUTES OR MORE COMMUNICATING WITH THE PATIENT VIA	10/1/2020	12/31/2382	1
OPH	G0428	COLLAGEN MENISCUS IMPLANT PROCEDURE FOR FILLING MENISCAL DEFECTS (EG, CMI, COLLAGEN SCAFFOLD, MENAFLEX)	1/1/2014	12/31/2382	2
OPH	G0429	DERMAL FILLER INJECTION(S) FOR THE TREATMENT OF FACIAL LIPODYSTROPHY SYNDROME (LDS) (AS A RESULT OF HIGHLY	10/1/2011	12/31/2382	1
OPH	G0432	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME IMMUNOASSAY (EIA) TECHNIQUE, HIV-1 AND/OR HIV-2, SCREENING	7/1/2011	12/31/2382	1
OPH	G0433	INFECTIOUS AGENT ANTIBODY DETECTION BY ENZYME-LINKED IMMUNOSORBENT ASSAY (ELISA) TECHNIQUE, HIV-1 AND/OR HIV	7/1/2011	12/31/2382	1
OPH	G0435	INFECTIOUS AGENT ANTIBODY DETECTION BY RAPID ANTIBODY TEST, HIV-1 AND/OR HIV-2, SCREENING	7/1/2011	12/31/2382	1
OPH	G0438	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), INITIAL VISIT	7/1/2020	12/31/2382	1
OPH	G0439	ANNUAL WELLNESS VISIT; INCLUDES A PERSONALIZED PREVENTION PLAN OF SERVICE (PPS), SUBSEQUENT VISIT	7/1/2020	12/31/2382	1
OPH	G0442	ANNUAL ALCOHOL MISUSE SCREENING, 15 MINUTES	7/1/2020	12/31/2382	1
OPH	G0444	ANNUAL DEPRESSION SCREENING, 15 MINUTES	7/1/2020	12/31/2382	1
OPH	G0447	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, 15 MINUTES	7/1/2021	12/31/2382	2
OPH	G0448	INSERTION OR REPLACEMENT OF A PERMANENT PACING CARDIOVERTER-DEFIBRILLATOR SYSTEM WITH TRANSVENOUS LEAD(S)	7/1/2012	12/31/2382	1
OPH	G0452	MOLECULAR PATHOLOGY PROCEDURE; PHYSICIAN INTERPRETATION AND REPORT	7/1/2013	12/31/2382	1
OPH	G0453	CONTINUOUS INTRAOPERATIVE NEUROPHYSIOLOGY MONITORING, FROM OUTSIDE THE OPERATING ROOM	1/1/2015	12/31/2382	10
OPH	G0454	PHYSICIAN DOCUMENTATION OF FACE TO FACE VISIT FOR DURABLE MEDICAL EQUIPMENT DETERMINATION PERFORMED	7/1/2013	12/31/2382	1
OPH	G0455	PREPARATION WITH INSTILLATION OF FECAL MICROBIOTA BY ANY METHOD, INCLUDING ASSESMENT OF DONOR	7/1/2013	12/31/2382	1
OPH	G0458	LOW DOSE RATE PROSTATE BRACHYTHERAPY SERVICES, COMPOSITE RATE	7/1/2013	12/31/2382	1
OPH	G0463	HOSPITAL OUTPATIENT CLINIC VISIT FOR THE ASSESSMENT AND MANAGEMENT OF A PATIENT	1/1/2018	12/31/2382	4
OPH	G0466	FEDERALLY QUALIFIED HEALTH CENTER VISIT, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER	7/1/2017	12/31/2382	1

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OPH	G0467	FEDERALLY QUALIFIED HEALTH CENTER VISIT, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUNTER	10/1/2017	12/31/2382	2
OPH	G0468	FEDERALLY QUALIFIED HEALTH CENTER VISIT, IPPE OR AWV; A FQHC VISIT THAT INCLUDES AN INITIAL PREVENTIVE	7/1/2017	12/31/2382	1
OPH	G0469	FEDERALLY QUALIFIED HEALTH CENTER VISIT, MENTAL HEALTH, NEW PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FACE ENCOUN	7/1/2017	12/31/2382	1
OPH	G0470	FEDERALLY QUALIFIED HEALTH CENTER VISIT, MENTAL HEALTH, ESTABLISHED PATIENT; A MEDICALLY-NECESSARY, FACE-TO-FA	10/1/2017	12/31/2382	2
OPH	G0471	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE OR URINE SAMPLE BY CATHETERIZATION FROM INDIVIDUAL	7/1/2017	12/31/2382	2
OPH	G0472	HEPATITIS C ANTIBODY SCREENING, FOR INDIVIDUAL AT HIGH RISK AND OTHER COVERED INDICATION(S)	7/1/2015	12/31/2382	1
OPH	G0473	FACE-TO-FACE BEHAVIORAL COUNSELING FOR OBESITY, GROUP (2-10), 30 MINUTES	10/1/2017	12/31/2382	2
OPH	G0475	HIV ANTIGEN/ANTIBODY, COMBINATION ASSAY, SCREENING	7/1/2016	12/31/2382	1
OPH	G0476	INFECTIOUS AGENT DETECTION BY NUCLEIC ACID (DNA OR RNA); HUMAN PAPILLOMAVIRUS, HIGH RISK TYPES FOR CERVICAL CANCER SCREENING	7/1/2016	12/31/2382	1
OPH	G0480	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
OPH	G0481	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
OPH	G0482	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
OPH	G0483	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS	7/1/2016	12/31/2382	1
OPH	G0490	FACE-TO-FACE HOME HEALTH NURSING VISIT BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) IN AN AREA WITH A SHORTAGE OF HOME HEALTH AGENCIES (SERVICES LIMITED TO RN OR LPN ONLY)	7/1/2017	12/31/2382	2
OPH	G0491	DIALYSIS PROCEDURE AT A MEDICARE CERTIFIED ESRD FACILITY FOR ACUTE KIDNEY INJURY WITHOUT ESRD	7/1/2017	12/31/2382	1
OPH	G0492	DIALYSIS PROCEDURE WITH SINGLE EVALUATION BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL FOR ACUTE KIDNEY INJURY WITHOUT ESRD	7/1/2017	12/31/2382	1

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OPH	G0498	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF INFUSION IN THE OFFICE/CLINIC SETTING USING OFFICE/CLINIC PUMP/SUPPLIES, WITH CONTINUATION OF THE INFUSION IN THE COMMUNITY SETTING	4/1/2017	12/31/2382	1
OPH	G0499	HEPATITIS B SCREENING IN NON-PREGNANT, HIGH RISK INDIVIDUAL INCLUDES HEPATITIS B SURFACE ANTIGEN (HBSAG) FOLLOWED BY A NEUTRALIZING CONFIRMATORY TEST FOR INITIALLY REACTIVE RESULTS,	7/1/2017	12/31/2382	1
OPH	G0500	MODERATE SEDATION SERVICES PROVIDED BY THE SAME PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL PERFORMING A GASTROINTESTINAL ENDOSCOPIC SERVICE THAT SEDATION SUPPORTS, REQUIRING THE PRESENCE OF AN INDEPENDENT TRAINED	4/1/2017	12/31/2382	1
OPH	G0501	RESOURCE-INTENSIVE SERVICES FOR PATIENTS FOR WHOM THE USE OF SPECIALIZED MOBILITY-ASSISTIVE TECHNOLOGY (SUCH AS ADJUSTABLE HEIGHT CHAIRS OR TABLES, PATIENT LIFT, AND ADJUSTABLE PADDED LEG SUPPORTS) IS MEDICALLY NECESSARY AND	7/1/2017	12/31/2382	2
OPH	G0506	COMPREHENSIVE ASSESSMENT OF AND CARE PLANNING FOR PATIENTS REQUIRING CHRONIC CARE MANAGEMENT SERVICES	10/1/2020	12/31/2382	1
OPH	G0508	TELEHEALTH CONSULTATION, CRITICAL CARE, INITIAL , PHYSICIANS TYPICALLY SPEND 60 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH	10/1/2020	12/31/2382	1
OPH	G0509	TELEHEALTH CONSULTATION, CRITICAL CARE, SUBSEQUENT, PHYSICIANS TYPICALLY SPEND 50 MINUTES COMMUNICATING WITH THE PATIENT AND PROVIDERS VIA TELEHEALTH	10/1/2020	12/31/2382	1
OPH	G0659	DRUG TEST(S), DEFINITIVE, UTILIZING DRUG IDENTIFICATION METHODS ABLE TO IDENTIFY INDIVIDUAL DRUGS AND DISTINGUISH BETWEEN STRUCTURAL ISOMERS (BUT NOT NECESSARILY STEREOISOMERS), INCLUDING BUT NOT LIMITED TO,	10/1/2017	12/31/2382	1
OPH	G2000	BLINDED ADMINISTRATION OF CONVULSIVE THERAPY PROCEDURE, EITHER ELECTROCONVULSIVE THERAPY (ECT, CURRENT COVERED GOLD STANDARD) OR MAGNETIC SEIZURE THERAPY (MST, NON-COVERED EXPERIMENTAL THERAPY),	7/1/2019	12/31/2382	1
OPH	G2010	REMOTE EVALUATION OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS, NOT ORIGINATING FROM A RELATED E/M	10/1/2020	12/31/2382	1
OPH	G2011	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO) ABUSE STRUCTURED ASSESSMENT (E.G., AUDIT, DAST), AND BRIEF INTERVENTION, 5-14 MINUTES	7/1/2019	12/31/2382	1

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OPH	G2012	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT, NOT ORIGINATING	10/1/2020	12/31/2382	1
OPH	G2020	SERVICES FOR HIGH INTENSITY CLINICAL SERVICES ASSOCIATED WITH THE INITIAL ENGAGEMENT AND OUTREACH OF BENEFICIARIES ASSIGNED TO THE SIP COMPONENT OF THE PCF MODEL (DO NOT BILL WITH CHRONIC CARE MANAGEMENT CODES)	1/1/2022	12/31/2382	1
OPH	G2023	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), ANY SPECIMEN SOURCE	7/1/2020	12/31/2382	2
OPH	G2024	SPECIMEN COLLECTION FOR SEVERE ACUTE RESPIRATORY SYNDROME CORONAVIRUS 2 (SARS-COV-2) (CORONAVIRUS DISEASE [COVID-19]), FROM AN INDIVIDUAL IN A SKILLED NURSING FACILITY OR BY A LABORATORY ON BEHALF OF A HOME HEALTH AGENCY, ANY	7/1/2020	12/31/2382	2
OPH	G2025	PAYMENT FOR A TELEHEALTH DISTANT SITE SERVICE FURNISHED BY A RURAL HEALTH CLINIC (RHC) OR FEDERALLY QUALIFIED HEALTH CENTER (FQHC) ONLY	1/1/2021	12/31/2382	1
OPH	G2064	COMPREHENSIVE CARE MANAGEMENT SERVICES FOR A SINGLE HIGH-RISK DISEASE, E.G., PRINCIPAL CARE MANAGEMENT, AT LEAST 30 MINUTES OF PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	7/1/2020	6/30/2022	1
OPH	G2065	COMPREHENSIVE CARE MANAGEMENT FOR A SINGLE HIGH-RISK DISEASE SERVICES, E.G. PRINCIPAL CARE MANAGEMENT, AT LEAST 30 MINUTES OF CLINICAL STAFF TIME DIRECTED BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL,	7/1/2020	6/30/2022	1
OPH	G2066	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE CARDIOVASCULAR PHYSIOLOGIC MONITOR SYSTEM, IMPLANTABLE LOOP RECORDER SYSTEM	7/1/2020	12/31/2382	1
OPH	G2067	MEDICATION ASSISTED TREATMENT, METHADONE; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY,	7/1/2020	12/31/2382	1
OPH	G2068	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (ORAL); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY	7/1/2020	12/31/2382	1
OPH	G2069	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (INJECTABLE); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING	7/1/2020	12/31/2382	1

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OPH	G2070	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (IMPLANT INSERTION); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED	7/1/2020	12/31/2382	1
OPH	G2071	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (IMPLANT REMOVAL); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY,	7/1/2020	12/31/2382	1
OPH	G2072	MEDICATION ASSISTED TREATMENT, BUPRENORPHINE (IMPLANT INSERTION AND REMOVAL); WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY	7/1/2020	12/31/2382	1
OPH	G2073	MEDICATION ASSISTED TREATMENT, NALTREXONE; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY	7/1/2020	12/31/2382	1
OPH	G2074	MEDICATION ASSISTED TREATMENT, WEEKLY BUNDLE NOT INCLUDING THE DRUG, INCLUDING SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY, AND TOXICOLOGY TESTING IF PERFORMED	7/1/2020	12/31/2382	1
OPH	G2075	MEDICATION ASSISTED TREATMENT, MEDICATION NOT OTHERWISE SPECIFIED; WEEKLY BUNDLE INCLUDING DISPENSING AND/OR ADMINISTRATION, SUBSTANCE USE COUNSELING, INDIVIDUAL AND GROUP THERAPY	7/1/2020	12/31/2382	1
OPH	G2076	INTAKE ACTIVITIES, INCLUDING INITIAL MEDICAL EXAMINATION THAT IS A COMPLETE, FULLY DOCUMENTED PHYSICAL EVALUATION AND INITIAL ASSESSMENT BY A PROGRAM PHYSICIAN OR A PRIMARY CARE PHYSICIAN,	7/1/2020	12/31/2382	1
OPH	G2078	TAKE-HOME SUPPLY OF METHADONE; UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM	7/1/2020	12/31/2382	1
OPH	G2079	TAKE-HOME SUPPLY OF BUPRENORPHINE (ORAL); UP TO 7 ADDITIONAL DAY SUPPLY (PROVISION OF THE SERVICES BY A MEDICARE-ENROLLED OPIOID TREATMENT PROGRAM);	7/1/2020	12/31/2382	1
OPH	G2081	PATIENTS AGE 66 AND OLDER IN INSTITUTIONAL SPECIAL NEEDS PLANS (SNP) OR RESIDING IN LONG-TERM CARE WITH A POS CODE 32, 33, 34, 54 OR 56 FOR MORE THAN 90 DAYS DURING THE MEASUREMENT PERIOD	7/1/2020	12/31/2382	1
OPH	G2082	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT REQUIRES THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	7/1/2020	12/31/2382	1

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OPH	G2083	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT THAT REQUIRES THE SUPERVISION OF A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL	7/1/2020	12/31/2382	1
OPH	G2086	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING DEVELOPMENT OF THE TREATMENT PLAN, CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY	7/1/2020	12/31/2382	1
OPH	G2087	OFFICE-BASED TREATMENT FOR OPIOID USE DISORDER, INCLUDING CARE COORDINATION, INDIVIDUAL THERAPY AND GROUP THERAPY AND COUNSELING; AT LEAST 60 MINUTES IN A SUBSEQUENT CALENDAR MONTH	7/1/2020	12/31/2382	2
OPH	G2170	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION (AVF), DIRECT, ANY SITE, BY TISSUE APPROXIMATION USING THERMAL RESISTANCE ENERGY, AND SECONDARY PROCEDURES TO REDIRECT BLOOD FLOW (E.G., TRANSLUMINAL BALLOON ANGIOPLASTY, COIL	1/1/2021	12/31/2382	1
OPH	G2171	PERCUTANEOUS ARTERIOVENOUS FISTULA CREATION (AVF), DIRECT, ANY SITE, USING MAGNETIC-GUIDED ARTERIAL AND VENOUS CATHETERS AND RADIOFREQUENCY ENERGY, INCLUDING FLOW-DIRECTING	1/1/2021	12/31/2382	1
OPH	G2172	ALL INCLUSIVE PAYMENT FOR SERVICES RELATED TO HIGHLY COORDINATED AND INTEGRATED OPIOID USE DISORDER (OUD) TREATMENT SERVICES FURNISHED FOR THE DEMONSTRATION PROJECT	1/1/2022	12/31/2382	1
OPH	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE MAXIMUM REQUIRED TIME OF THE PRIMARY PROCEDURE WHICH HAS BEEN SELECTED USING TOTAL TIME ON THE DATE OF THE PRIMARY SERVICE; EACH ADDITIONAL	4/1/2021	6/30/2022	4
OPH	G2212	PROLONGED OFFICE OR OTHER OUTPATIENT EVALUATION AND MANAGEMENT SERVICE(S) BEYOND THE MAXIMUM REQUIRED TIME OF THE PRIMARY PROCEDURE WHICH HAS BEEN SELECTED USING TOTAL TIME ON THE DATE OF THE PRIMARY SERVICE; EACH ADDITIONAL	7/1/2022	12/31/2382	6
OPH	G2213	INITIATION OF MEDICATION FOR THE TREATMENT OF OPIOID USE DISORDER IN THE EMERGENCY DEPARTMENT SETTING, INCLUDING ASSESSMENT, REFERRAL TO ONGOING CARE, AND ARRANGING ACCESS TO SUPPORTIVE SERVICES (LIST SEPARATELY IN ADDITION TO	10/1/2021	12/31/2382	1
OPH	G2214	INITIAL OR SUBSEQUENT PSYCHIATRIC COLLABORATIVE CARE MANAGEMENT, FIRST 30 MINUTES IN A MONTH OF BEHAVIORAL HEALTH CARE MANAGER ACTIVITIES, IN CONSULTATION WITH A PSYCHIATRIC CONSULTANT, AND DIRECTED BY THE TREATING PHYSICIAN OR	10/1/2021	12/31/2382	1

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OPH	G2250	REMOTE ASSESSMENT OF RECORDED VIDEO AND/OR IMAGES SUBMITTED BY AN ESTABLISHED PATIENT (E.G., STORE AND FORWARD), INCLUDING INTERPRETATION WITH FOLLOW-UP WITH THE PATIENT WITHIN 24 BUSINESS HOURS	10/1/2021	12/31/2382	1
OPH	G2251	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A QUALIFIED HEALTH CARE PROFESSIONAL WHO CANNOT REPORT EVALUATION AND MANAGEMENT SERVICES, PROVIDED TO AN ESTABLISHED PATIENT	10/1/2021	12/31/2382	1
OPH	G2252	BRIEF COMMUNICATION TECHNOLOGY-BASED SERVICE, E.G. VIRTUAL CHECK-IN, BY A PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL WHO CAN REPORT EVALUATION AND MANAGEMENT SERVICES,	10/1/2021	12/31/2382	1
OPH	G6001	ULTRASONIC GUIDANCE FOR PLACEMENT OF RADIATION THERAPY FIELDS	10/1/2017	12/31/2382	2
OPH	G6002	STEREOSCOPIC X-RAY GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FR THE DELIVERY OF RADIATION THERAPY	1/1/2015	12/31/2382	2
OPH	G6003	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
OPH	G6004	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
OPH	G6005	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
OPH	G6006	RADIATION TREATMENT DELIVERY, SINGLE TREATMENT AREA, SINGLE PORT OR PARALLEL OPPOSED PORTS, SIMPLE BLOCKS	1/1/2015	12/31/2382	2
OPH	G6007	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
OPH	G6008	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
OPH	G6009	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
OPH	G6010	RADIATION TREATMENT DELIVERY, 2 SEPARATE TREATMENT AREAS, 3 OR MORE PORTS ON A SINGLE TREATMENT AREA,	1/1/2015	12/31/2382	2
OPH	G6011	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
OPH	G6012	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2

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OPH	G6013	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
OPH	G6014	RADIATION TREATMENT DELIVERY, 3 OR MORE SEPARATE TREATMENT AREAS, CUSTOM BLOCKING, TANGENTIAL PORTS	1/1/2015	12/31/2382	2
OPH	G6015	INTENSITY MODULATED TREATMENT DELIVERY. SINGLE OR MULTIPLE FIELDS/ARCS, VIA NARROW SPATIALLY AND TEMPORALLY	1/1/2015	12/31/2382	2
OPH	G6016	COMPENSATOR-BASED BEAM MODULATION TREATMENT DELIVERY OF INVERSE PLANNED TREATMENT USING 3	1/1/2015	12/31/2382	2
OPH	G6017	INFRA-FRACTION LOCALIZATION AND TRACKING OF TARGET OR PATIENT MOTION DURING DELIVERY OF RADIATION	1/1/2015	12/31/2382	2
OPH	G9143	WARFARIN RESPONSIVENESS TESTING BY GENETIC TECHNIQUE USING ANY METHOD, ANY NUMBER OF SPECIMEN(S)	7/1/2014	12/31/2382	1
OPH	G9147	OUTPATIENT INTRAVENOUS INSULIN TREATMENT (OIVIT) EITHER PULSATILE OR CONTINUOUS, BY ANY MEANS	1/1/2014	12/31/2382	1
OPH	G9156	EVALUATION FOR WHEELCHAIR REQUIRING FACE TO FACE VISIT WITH PHYSICIAN	7/1/2012	12/31/2382	1
OPH	G9187	BUNDLED PAYMENTS FOR CARE IMPROVEMENTS INITIATIVE HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY A QUALIFIED	7/1/2014	12/31/2382	1
OPH	G9480	ADMISSION TO MEDICARE CARE CHOICE MODEL PROGRAM	7/1/2016	12/31/2382	1
OPH	G9481	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL,	10/1/2018	12/31/2382	2
OPH	G9482	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9483	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9484	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9486	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G9487	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9488	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9489	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN THE MEDICARE-APPROVED COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL	10/1/2018	12/31/2382	2
OPH	G9490	COMPREHENSIVE CARE FOR JOINT REPLACEMENT MODEL, HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY CLINICAL STAFF FOR AN INDIVIDUAL NOT CONSIDERED HOMEBOUND, INCLUDING,	10/1/2018	12/31/2382	2
OPH	G9678	ONCOLOGY CARE MODEL (OCM) MONTHLY ENHANCED ONCOLOGY SERVICES (MEOS) PAYMENT FOR ENHANCED CARE MANAGEMENT SERVICES FOR OCM BENEFICIARIES.	4/1/2017	12/31/2382	1
OPH	G9685	EVALUATION AND MANAGEMENT OF A BENEFICIARY'S ACUTE CHANGE IN CONDITION IN A NURSING FACILITY	10/1/2020	12/31/2382	1
OPH	G9978	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE, WHICH REQUIRES THESE 3 KEY COMP	4/1/2019	12/31/2382	2
OPH	G9979	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE, WHICH REQUIRES THESE	4/1/2019	12/31/2382	2
OPH	G9980	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE,	4/1/2019	12/31/2382	2
OPH	G9981	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE,	4/1/2019	12/31/2382	2
OPH	G9982	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE,	4/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	G9983	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE	4/1/2019	12/31/2382	2
OPH	G9984	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE,	4/1/2019	12/31/2382	2
OPH	G9985	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE,	4/1/2019	12/31/2382	2
OPH	G9986	REMOTE IN-HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT FOR USE ONLY IN A MEDICARE-APPROVED BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL EPISODE OF CARE	4/1/2019	12/31/2382	2
OPH	G9987	BUNDLED PAYMENTS FOR CARE IMPROVEMENT ADVANCED (BPCI ADVANCED) MODEL HOME VISIT FOR PATIENT ASSESSMENT PERFORMED BY CLINICAL STAFF FOR AN INDIVIDUAL NOT CONSIDERED HOMEBOUND, INCLUDING	4/1/2019	12/31/2382	2
OPH	H0001	ALCOHOL AND/OR DRUG ASSESSMENT	10/1/2012	12/31/2382	1
OPH	H0004	BEHAVIORAL HEALTH COUNSELING AND THERAPY, PER 15 MINUTES	10/1/2012	12/31/2382	8
OPH	H0005	ALCOHOL AND/OR DRUG SERVICES; GROUP COUNSELING BY A CLINICIAN	1/1/2019	12/31/2382	2
OPH	H0006	ALCOHOL AND/OR DRUG SERVICES; CASE MANAGEMENT	1/1/2019	12/31/2382	2
OPH	H0014	ALCOHOL AND/OR DRUG SERVICES; AMBULATORY DETOXIFICATION	10/1/2017	12/31/2382	1
OPH	H0015	ALCOHOL AND/OR DRUG SERVICES; INTENSIVE OUTPATIENT, INCLUDING ASSESSMENT, COUNSELING; CRISIS INTERVENTION	1/1/2019	12/31/2382	1
OPH	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC (MEDICAL INTERVENTION IN AMBULATORY SETTING)	10/1/2012	12/31/2382	1
OPH	H0018	ALCOHOL AND/OR DRUG SERVICES; SHORT TERM RESIDENTIAL- NON HOSPITAL RESIDENTIAL TREATMENT PROGRAM	10/1/2012	12/31/2382	1
OPH	H0019	BEHAVIORAL HEALTH; LONG TERM RESIDENTIAL- NON MEDICAL, NON ACUTE CARE IN RESIDENTIAL TREATMENT PROGRAM WHERE	10/1/2012	12/31/2382	1
OPH	H0020	ALCOHOL AND OR DRUG SERVICES; METHADONE ADMINISTRATION AND OR SERVICE	10/1/2012	12/31/2382	1
OPH	H0022	ALCOHOL AND/OR DRUG INTERVENTION SERVICE (PLANNED FACILITATION)	1/1/2019	12/31/2382	2
OPH	H0023	ALCOHOL AND/OR DRUG OUTREACH SERVICE, PLANNED APPROACH TO REACH A TARGET POPULATION	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	H0025	BEHAVIORAL HEALTH PREVENTION EDUCATION SERVICE (DELIVERY OF SERVICE WITH TARGETED POPULATION TO AFFECT KNOWLEDGE, ATTITUDE AND BEHAVIORS)	1/1/2019	12/31/2382	1
OPH	H0031	MENTAL HEALTH ASSESSMENT, BY NON-PHYSICIAN	1/1/2019	12/31/2382	1
OPH	H0032	MENTAL HEALTH SERVICE PLAN DEVELOPMENT BY NON-PHYSICIAN	1/1/2019	12/31/2382	1
OPH	H0035	MENTAL HEALTH PARTIAL HOSPITALIZATION, TREATMENT, LESS THAN 24 HOURS	1/1/2019	12/31/2382	1
OPH	H0037	COMMUNITY PSYCHIATRIC SUPPORTIVE TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
OPH	H0040	ASSERTIVE COMMUNITY TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
OPH	H0041	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER DIEM	10/1/2012	12/31/2382	1
OPH	H0042	FOSTER CARE, CHILD, NON-THERAPEUTIC, PER MONTH	1/1/2014	12/31/2382	1
OPH	H0043	SUPPORTED HOUSING, PER DIEM	10/1/2012	12/31/2382	1
OPH	H0044	SUPPORTED HOUSING, PER MONTH	10/1/2012	12/31/2382	1
OPH	H0045	RESPIRE CARE SERVICES, NOT IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	H0048	ALCOHOL AND/OR OTHER DRUG TESTING: COLLECTION AND HANDLING ONLY, SPECIMENS OTHER THAN BLOOD	10/1/2012	12/31/2382	1
OPH	H0049	ALCOHOL AND DRUG SCREENING	10/1/2012	12/31/2382	1
OPH	H0050	ALCOHOL AND DRUG SCREENING, BRIEF INTERVENTION, PER 15 MINS	10/1/2012	12/31/2382	1
OPH	H1010	NON-MEDICAL FAMILY PLANNING EDUCATION, PER SESSION	10/1/2013	12/31/2382	1
OPH	H2000	COMPREHENSIVE MULTIDISCIPLINARY EVALUATION	10/1/2012	12/31/2382	1
OPH	H2001	REHABILITATION PROGRAM, PER 1/2 DAY	10/1/2012	12/31/2382	2
OPH	H2010	COMPREHENSIVE MEDICATION SERVICES, PER 15 MINUTES	10/1/2012	12/31/2382	2
OPH	H2016	COMPREHENSIVE COMMUNITY SUPPORT SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	H2018	PSYCHOSOCIAL REHABILITATION SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	H2020	THERAPEUTIC BEHAVIORAL SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	H2022	COMMUNITY BASED WRAP AROUND SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	H2029	ALCOHOL AND/OR DRUG PREVENTION ALTERNATIVE SERVICES (SERVICES FOR POPULATIONS THAT EXCLUDE ALCOHOL AND OTHER	10/1/2012	12/31/2382	1
OPH	H2031	MENTAL HEALTH CLUBHOUSE SERVICES,PER DIEM	1/1/2014	12/31/2382	1
OPH	H2036	ALCOHOL AND/OR OTHER DRUG TREATMENT PROGRAM, PER DIEM	10/1/2012	12/31/2382	1
OPH	J0120	INJECTION, TETRACYCLINE, UP TO 250 MG	4/1/2016	12/31/2382	1
OPH	J0121	INJECTION, OMADACYCLINE, 1 MG	4/1/2020	12/31/2382	200
OPH	J0122	INJECTION, ERAVACYCLINE, 1 MG	4/1/2020	12/31/2382	300
OPH	J0129	INJECTION, ABATACEPT, 10 MG	1/1/2015	12/31/2382	100
OPH	J0130	INJECTION ABCIXIMAB, 10 MG	10/1/2016	12/31/2382	6

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J0131	INJECTION,ACETAMINOPHEN,10 MG	7/1/2014	12/31/2382	400
OPH	J0132	INJECTION, ACETYLCYSTEINE, 100 MG	4/1/2016	12/31/2382	300
OPH	J0133	INJECTION, ACYCLOVIR, 5 MG	7/1/2016	12/31/2382	1200
OPH	J0135	INJECTION, ADALIMMUMAB, 20 MG	4/1/2015	12/31/2382	8
OPH	J0153	ADENOSINE INJ 1 MG	10/1/2015	12/31/2382	180
OPH	J0171	INJECTION, ADRENALIN, EPINEPHRINE, 0.1MG	4/1/2016	12/31/2382	120
OPH	J0178	INJECTION, AFLIBERCEPT, 1 MG	7/1/2014	12/31/2382	4
OPH	J0179	INJECTION, BROLUCIZUMAB-DBLL, 1 MG	7/1/2020	12/31/2382	12
OPH	J0180	INJECTION, AGALSIDASE BETA, 1 MG	10/1/2018	12/31/2382	140
OPH	J0185	INJECTION, APREPITANT, 1 MG	1/1/2019	12/31/2382	130
OPH	J0202	INJECTION, ALEMTUZUMAB, 1 MG	7/1/2016	12/31/2382	12
OPH	J0207	INJECTION, AMIFOSTINE, 500 MG	4/1/2016	12/31/2382	4
OPH	J0210	INJECTION, METHYLDOPATE HCL, UP TO 250 MG	10/1/2016	12/31/2382	16
OPH	J0215	INJECTION, ALEFACEPT, 0.5 MG	10/1/2016	12/31/2382	30
OPH	J0220	INJECTION, ALGUCOSIDASE ALFA, 10 MG	10/1/2016	12/31/2382	20
OPH	J0221	INJECTION,ALGLUCOSIDASE ALFA,(LUMIZYME) 10 MG	10/1/2016	12/31/2382	300
OPH	J0222	INJECTION, PATISIRAN, 0.1 MG	10/1/2019	12/31/2382	300
OPH	J0223	INJ GIVOSIRAN 0.5 MG	10/1/2020	12/31/2382	756
OPH	J0256	INJECTION, ALPHA 1 - PROTEINASE INHIBITOR - HUMAN	10/1/2018	12/31/2382	1600
OPH	J0257	INJECTION,ALPHA 1 PROTEINASE INHIBITOR (HUMAN),(GLASSIA) , 10 MG	7/1/2014	12/31/2382	1400
OPH	J0270	INJECTION, ALPROSTADIL, 1.25 MCG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	4/1/2016	12/31/2382	32
OPH	J0275	ALPROSTADIL URETHRAL SUPPOSITORY,ADMINISTERED UNDER DIRECT PHYSICIAN SUPERVISION, EXCLUDES SELF-ADMINISTRATION	10/1/2016	12/31/2382	1
OPH	J0278	INJECTION, AMIKACIN SULFATE, 100 MG	10/1/2016	12/31/2382	15
OPH	J0280	INJECTION, AMINOPHYLLIN, UP TO 250 MG	10/1/2016	12/31/2382	10
OPH	J0282	INJECTION, AMIODARONE HYDROCHLORIDE, 30 MG	4/1/2016	12/31/2382	70
OPH	J0285	INJECTION, AMPHOTERICIN B, 50 MG	4/1/2019	12/31/2382	5
OPH	J0287	INJECTION, AMPHOTERICIN B LIPID COMPLEX, 10 MG	7/1/2016	12/31/2382	60
OPH	J0289	INJECTION, AMPHOTERICIN B LIPOSOME, 10 MG	7/1/2016	12/31/2382	115
OPH	J0290	INJECTION, AMPICILLIN SODIUM, 500 MG	4/1/2016	12/31/2382	24
OPH	J0291	INJECTION, PLAZOMICIN, 5 MG	10/1/2019	12/31/2382	500
OPH	J0295	INJECTION, AMPICILLIN SODIUM/SULBACTAM SODIUM, 1.5 GRAM	4/1/2016	12/31/2382	12
OPH	J0300	INJECTION, AMOBARBITAL, UP TO 125 MG	10/1/2016	12/31/2382	8

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J0330	INJECTION, SUCCINYLCHOLINE CHLORIDE, UP TO 20 MG	4/1/2016	12/31/2382	50
OPH	J0348	INJECTION, ANIDULAFUNGIN, 1 MG	10/1/2016	12/31/2382	200
OPH	J0360	INJECTION, HYDRALAZINE HCL, UP TO 20 MG	10/1/2016	12/31/2382	6
OPH	J0364	INJECTION, APOMORPHINE HYDROCHLORIDE, 1 MG	10/1/2016	12/31/2382	6
OPH	J0380	INJECTION, METARAMINOL BITARTRATE, PER 10 MG	4/1/2016	12/31/2382	1
OPH	J0400	INJECTION, ARIPIRAZOLE INTRAMUSCULAR, .25 MG	7/1/2015	12/31/2382	120
OPH	J0401	INJECTION, ARIPIRAZOLE, EXTENDED RELEASE, 1MG	4/1/2015	12/31/2382	400
OPH	J0456	INJECTIN, AZITHROMYCIN, 500 MG	10/1/2016	12/31/2382	4
OPH	J0461	INJECTION, ATROPINE SULFATE, 0.01MG	4/1/2016	12/31/2382	800
OPH	J0470	INJECTION, DIMERCAPROL, UP TO 100 MG	4/1/2016	12/31/2382	2
OPH	J0475	INJECTION, BACLOFEN, 10 MG	10/1/2016	12/31/2382	8
OPH	J0476	INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL TRIAL	1/1/2015	12/31/2382	2
OPH	J0480	INJECTION, BASILIXIMAB, 20 MG	1/1/2015	12/31/2382	1
OPH	J0485	INJECTION, BELATACEPT, 1 MG	10/1/2016	12/31/2382	1500
OPH	J0490	INJECTION,BELIMUMAB,10 MG	10/1/2016	12/31/2382	160
OPH	J0500	INJECTION, DICYCLOMINE HCI, UP TO 20 MG	1/1/2015	12/31/2382	4
OPH	J0515	INJECTION, BENZTROPINE MESYLATE, PER 1 MG	4/1/2016	12/31/2382	6
OPH	J0517	INJECTION, BENRALIZUMAB, 1 MG	1/1/2019	12/31/2382	30
OPH	J0558	INJECTION, PENICILLIN G BENZATHINE AND PENICILLIN G PROCAINE, 100,000 UNITS	1/1/2015	12/31/2382	24
OPH	J0561	INJECTION, PENICILLIN G BENZATHINE, 100,000 UNITS	1/1/2015	12/31/2382	24
OPH	J0565	INJECTION, BEZLOTOXUMAB, 10 MG	1/1/2018	12/31/2382	200
OPH	J0570	BUPRENORPHINE IMPLANT 74.2 MG	7/1/2017	12/31/2382	4
OPH	J0583	INJECTION, BIVALIRUDIN, 1 MG	4/1/2016	12/31/2382	1250
OPH	J0584	INJECTION, BUROSUMAB-TWZA 1 MG	7/1/2019	12/31/2382	90
OPH	J0585	INJECTION, ONABOTULINUMTOXINA, 1 UNIT	4/1/2016	12/31/2382	600
OPH	J0586	INJECTION, ABOBOTULINUMTOXINA, 5 UNITS	1/1/2015	12/31/2382	300
OPH	J0587	INJECTION, RIMABOTULINUMTOXINB, 100 UNITS	4/1/2016	12/31/2382	300
OPH	J0588	INJECTION,INCOBOTULINUMTOXIN A, 1 UNIT	1/1/2016	12/31/2382	600
OPH	J0591	INJECTION, DEOXYCHOLIC ACID, 1 MG	1/1/2021	12/31/2382	100
OPH	J0592	INJECTION, BUPRENORPHINE HYDROCHLORIDE, 0.1 MG	4/1/2016	12/31/2382	12
OPH	J0593	INJECTION, LANADELUMAB-FLYO, 1 MG	4/1/2020	12/31/2382	300
OPH	J0594	INJECTION, BUSULFAN, 1 MG	7/1/2015	12/31/2382	320
OPH	J0595	INJECTION, BUTORPHANOL TARTRATE, 1 MG	7/1/2016	12/31/2382	12

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J0596	INJECTION, C1 ESTERASE INHIBITOR (RECOMBINANT), RUCONEST, 10 UNITS	4/1/2016	12/31/2382	840
OPH	J0597	INJECTION, C-1 ESTERASE INHIBITOR (HUMAN), BERINERT, 10 UNITS	10/1/2016	12/31/2382	250
OPH	J0598	INJECTION, C1 ESTERASE INHIBITOR (HUMAN), 10 UNITS	10/1/2015	12/31/2382	100
OPH	J0600	INJECTION, EDETATE CALCIUM DISODIUM, UP TO 1000 MG	1/1/2015	12/31/2382	3
OPH	J0606	INJECTION, ETELCALCETIDE, 0.1 MG	4/1/2018	12/31/2382	150
OPH	J0610	INJECTION, CALCIUM GLUCONATE, PER 10 ML	1/1/2015	12/31/2382	15
OPH	J0620	INJECTION, CALCIUM GLYCEROPHOSPHATE AND CALCIUM LACTATE, UP TO 50 MG	7/1/2015	12/31/2382	1
OPH	J0630	INJECTION, CALCITONIN SALMON, UP TO 400 UNITS	7/1/2016	12/31/2382	8
OPH	J0636	INJECTION, CALCITRIOL, 0.1 MCG	7/1/2016	12/31/2382	100
OPH	J0637	INJECTION, CASPOFUNGIN ACETATE, 5 MG	10/1/2015	12/31/2382	20
OPH	J0638	INJECTION, CANAKINUMAB, 1 MG	7/1/2020	12/31/2382	300
OPH	J0640	INJECTION, LEUCOVORIN CALCIUM, PER 50 MG	10/1/2015	12/31/2382	24
OPH	J0641	INJECTION, LEVOLEUCOVORIN CALCIUM, 0.5 MG	7/1/2016	12/31/2382	1200
OPH	J0642	INJECTION, LEVOLEUCOVORIN (KHAPZORY), 0.5 MG	7/1/2020	12/31/2382	1200
OPH	J0670	INJECTION, MEPIVACAINE HYDROCHLORIDE, PER 10 ML	7/1/2016	12/31/2382	10
OPH	J0690	INJECTION, CEFAZOLIN SODIUM, 500 MG	7/1/2015	12/31/2382	16
OPH	J0691	INJ LEFAMULIN 1 MG	10/1/2020	12/31/2382	300
OPH	J0692	INJECTION, CEFEPIME HCl, 500 MG	7/1/2015	12/31/2382	12
OPH	J0694	INJECTION, CEFOXITIN SODIUM, 1 GM	7/1/2015	12/31/2382	12
OPH	J0695	INJECTION, CEFTOLOZANE TAZOBACTAM, 75 MG (50MG CFT/25MG TAZ)	4/1/2016	12/31/2382	60
OPH	J0696	INJECTION, CEFTRIAXONE SODIUM, PER 250 MG	7/1/2015	12/31/2382	16
OPH	J0697	INJECTION, STERILE CEFUROXIME SODIUM, PER 750 MG	10/1/2016	12/31/2382	12
OPH	J0698	INJECTION, CEFOTAXIME SODIUM, PER GM	7/1/2015	12/31/2382	12
OPH	J0702	INJECTION, BETAMETHASONE ACETATE AND BETAMETHASONE SODIUM PHOSPHATE, PER 3 MG.	7/1/2016	12/31/2382	20
OPH	J0706	INJECTION, CAFFEINE CITRATE, 5 MG	7/1/2018	12/31/2382	16
OPH	J0712	INJECTION, CEFTAROLINE FOSAMIL, 10 MG	10/1/2016	12/31/2382	180
OPH	J0713	INJECTION, CEFTAZIDIME, PER 500 MG	7/1/2015	12/31/2382	12
OPH	J0714	INJECTION, CEFTAZIDIME AND AVIBACTAM, 0.5 G/0.125 G	7/1/2016	12/31/2382	12
OPH	J0716	INJECTION, CENTRUROIDES IMMUNE F9(AB)2, UP TO 120 MILLIGRAMS	1/1/2017	12/31/2382	4
OPH	J0717	INJECTION, CERTOLIZUMAB PEGOL, 1 MG	4/1/2015	12/31/2382	400
OPH	J0720	INJECTION, CHLORAMPHENICOL SODIUM SUCCINATE, UP TO 1 GM	1/1/2015	12/31/2382	15
OPH	J0725	INJECTION, CHORIONIC GONADOTROPIN	7/1/2016	12/31/2382	10

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J0735	INJECTION, CLONIDINE HYDROCHLORIDE, 1 MG	1/1/2015	12/31/2382	50
OPH	J0740	INJECTION CIDOFOVIR, 375 MG	1/1/2015	12/31/2382	2
OPH	J0741	INJ, CABOTE RILPIVIR 2MG 3MG	7/1/2022	12/31/2382	300
OPH	J0742	INJ IMIP 4 CILAS 4 RELEB 2MG	1/1/2021	12/31/2382	500
OPH	J0743	INJECTION, CILASTATIN SODIUM; IMIPENEM, PER 250 MG	7/1/2015	12/31/2382	16
OPH	J0744	INJECTION, CIPROFLOXACIN FOR INTRAVENOUS INFUSION, 200 MG	7/1/2015	12/31/2382	8
OPH	J0745	INJECTION, CODEINE PHOSPHATE	10/1/2016	12/31/2382	8
OPH	J0770	INJECTION, COLISTIMETHATE SODIUM, UP TO 150 MG	10/1/2016	12/31/2382	5
OPH	J0775	INJECTION, COLLAGENASE, CLOSTRIDIUM HISTOLYTICUM, 0.01 MG	4/1/2015	12/31/2382	180
OPH	J0780	INJECTION, PROCHLORPERAZINE, UP TO 10 MG	10/1/2016	12/31/2382	10
OPH	J0791	INJ CRIZANLIZUMAB-TMCA 5MG	1/1/2021	12/31/2382	160
OPH	J0795	INJECTION, CORTICORELIN OVINE TRIFULTATE, 1 MCG	7/1/2016	12/31/2382	100
OPH	J0800	INJECTION, CORTICOTROPIN, UP TO 40 UNITS	10/1/2016	12/31/2382	3
OPH	J0834	INJECTION, COSYNTROPIN, (CORTROSYN), 0.25 MG	1/1/2015	12/31/2382	3
OPH	J0840	INJECTION, CROTALIDAE POLYVALENT IMMUNE FAB (OVINE), UP TO 1 GRAM	1/1/2015	12/31/2382	18
OPH	J0841	INJECTION, CROTALIDAE IMMUNE F(AB') ₂ (EQUINE), 120 MG	7/1/2019	12/31/2382	24
OPH	J0850	INJECTION, CYTOMEGALOVIRUS IMMUNE GLOBULIN INTRAVENOUS (HUMAN), PER VIAL	7/1/2016	12/31/2382	9
OPH	J0875	INJECTION, DALBAVANCIN, 5 MG	7/1/2016	12/31/2382	300
OPH	J0878	INJECTION, DAPTOMYCIN, 1 MG	7/1/2016	12/31/2382	1500
OPH	J0881	INJECTION, DARBEPOETIN ALFA, 1 MCG (NON-ESRD USE)	7/1/2016	12/31/2382	500
OPH	J0882	INJECTION, DARBEPOETIN ALFA, 1 MCG (FOR ESRD ON DIALYSIS)	7/1/2017	12/31/2382	300
OPH	J0883	INJECTION, ARGATROBAN, 1 MG (FOR NON-ESRD USE)	10/1/2017	12/31/2382	1250
OPH	J0884	INJECTION, ARGATROBAN, 1 MG (FOR ESRD ON DIALYSIS)	10/1/2017	12/31/2382	1250
OPH	J0885	INJECTION, EPOETIN ALFA, (FOR NON-ESRD USE), 1000 UNITS	1/1/2017	12/31/2382	60
OPH	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	1/1/2018	12/31/2382	360
OPH	J0887	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR ESRD ON DIALYSIS)	1/1/2018	12/31/2382	90
OPH	J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	1/1/2018	12/31/2382	360
OPH	J0888	INJECTION, EPOETIN BETA, 1 MICROGRAM, (FOR NON ESRD USE)	1/1/2018	12/31/2382	90
OPH	J0894	INJECTION, DECITABINE, 1 MG	7/1/2016	12/31/2382	100
OPH	J0895	INJECTION, DEFEROXAMINE MESYLATE, 500 MG PER 5 CC	7/1/2016	12/31/2382	12
OPH	J0896	INJ LUSPATERCEPT-AAMT 0.25MG	1/1/2021	12/31/2382	1100
OPH	J0897	INJECTION, DENOSUMAB, 1 MG	10/1/2016	12/31/2382	120
OPH	J0945	INJECTION, BROMPHENIRAMINE MALEATE, PER 10 MG	10/1/2016	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J1000	INJECTION, DEPO-ESTRADIOL CYPIONATE, UP TO 5 MG	1/1/2015	12/31/2382	1
OPH	J1020	INJECTION, METHYLPREDNISOLONE ACETATE, 20 MG	7/1/2016	12/31/2382	8
OPH	J1030	INJECTION, METHYLPREDNISOLONE ACETATE, 40 MG	7/1/2016	12/31/2382	8
OPH	J1040	INJECTION, METHYLPREDNISOLONE ACETATE, 80 MG	7/1/2016	12/31/2382	4
OPH	J1050	INJECTION, MEDROXYPROGESTERONE ACETATE, 1 MG	10/1/2016	12/31/2382	1000
OPH	J1071	INJ TESTOSTERONE CYPIONATE, 1MG	10/1/2015	12/31/2382	400
OPH	J1095	INJECTION DEXAMETHASONE ACETATE, PER 8 MG	10/1/2020	12/31/2382	1034
OPH	J1096	DEXAMETHASONE, LACRIMAL OPHTHALMIC INSERT, 0.1 MG	4/1/2021	12/31/2382	8
OPH	J1097	PHENYLEPHRINE 10.16 MG/ML AND KETOROLAC 2.88 MG/ML OPHTHALMIC IRRIGATION SOLUTION, 1 ML	4/1/2020	12/31/2382	4
OPH	J1100	INJECTION, DEXAMETHOSONE SODIUM PHOSPHATE, UP TO 4MG/ML	7/1/2016	12/31/2382	120
OPH	J1110	INJECTION, DIHYDROERGOTAMINE MESYLATE, PER 1 MG	4/1/2015	12/31/2382	3
OPH	J1120	INJECTION, ACETAZOLAMIDE SODIUM, UP TO 500 MG	4/1/2015	12/31/2382	2
OPH	J1130	INJECTION, DICLOFENAC SODIUM, 0.5 MG	7/1/2017	12/31/2382	300
OPH	J1160	INJECTION, DIGOXIN, UP TO 0.5 MG	4/1/2015	12/31/2382	3
OPH	J1162	INJECTION, DIGOXIN IMMUNE FAB (OVINE), PER VIAL	7/1/2018	12/31/2382	10
OPH	J1165	INJECTION, PHENYTOIN SODIUM, PER 50 MG	1/1/2015	12/31/2382	50
OPH	J1170	INJECTION, HYDROMORPHONE, UP TO 4 MG	7/1/2016	12/31/2382	50
OPH	J1190	INJECTION, DEXRAZOXANE HYDROCHLORIDE, PER 250 MG	4/1/2015	12/31/2382	8
OPH	J1200	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	4/1/2015	12/31/2382	8
OPH	J1201	INJ. CETIRIZINE HCL 0.5MG	1/1/2021	12/31/2382	20
OPH	J1205	INJECTION, CHLOROTHIAZIDE SODIUM, PER 500 MG	4/1/2015	12/31/2382	4
OPH	J1212	INJECTION, DMSO, DIMETHYL SULFOXIDE	4/1/2015	12/31/2382	1
OPH	J1230	INJECTION, METHADONE HCL, UP TO 10 MG	7/1/2016	12/31/2382	5
OPH	J1240	INJECTION, DIMENHYDRINATE, UP TO 50 MG	1/1/2015	12/31/2382	6
OPH	J1245	INJECTION, DIPYRIDAMOLE, PER 10 MG	1/1/2021	12/31/2382	10
OPH	J1250	INJECTION, DOBUTAMINE HYDROCHLORIDE, PER 250 MG	7/1/2016	12/31/2382	4
OPH	J1260	INJECTION, DOLASETRON MESYLATE, 10 MG	4/1/2015	12/31/2382	2
OPH	J1265	INJECTION, DOPAMINE HCI, 40 MG	7/1/2016	12/31/2382	100
OPH	J1267	INJECTION, DORIPENEM, 10 MG	10/1/2015	12/31/2382	150
OPH	J1270	INJECTION, DOXERCALCIFEROL, 1 MCG	7/1/2016	12/31/2382	16
OPH	J1290	INJECTION, ECALLANTIDE, 1 MG	7/1/2016	12/31/2382	60
OPH	J1300	INJECTION, ECULIZUMAB, 10 MG	10/1/2015	12/31/2382	120

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J1301	INJECTION, EDARAVONE, 1 MG	1/1/2019	12/31/2382	60
OPH	J1303	INJECTION, RAVULIZUMAB-CWVZ, 10 MG	4/1/2020	12/31/2382	360
OPH	J1322	INJECTION, ELOSULFASE ALFA, 1 MG	1/1/2018	12/31/2382	150
OPH	J1324	INJECTION, ENFUVIRTIDE, 1 MG	7/1/2016	12/31/2382	108
OPH	J1325	INJECTION, EPOPROSTENOL, 0.5 MG	7/1/2016	12/31/2382	18
OPH	J1327	INJECTION, EPTIFIBATIDE, 5 MG	4/1/2015	12/31/2382	99
OPH	J1330	INJECTION, ERGONOVINE MALEATE, UP TO 0.2 MG	7/1/2016	12/31/2382	1
OPH	J1335	INJECTION, ERTAPENEM SODIUM, 500 MG	10/1/2015	12/31/2382	2
OPH	J1364	INJECTION, ERYTHROMYCIN LACTOBIONATE, PER 500 MG	4/1/2015	12/31/2382	8
OPH	J1380	INJECTION, ESTRADIOL VALERATE, UP TO 10 MG	10/1/2015	12/31/2382	4
OPH	J1410	INJECTION, ESTROGEN CONJUGATED, UP TO 2 MG OR 20,000 UNITS	7/1/2016	12/31/2382	4
OPH	J1428	INJECTION, ETEPLIRSEN, 10 MG	1/1/2018	12/31/2382	450
OPH	J1430	INJECTION, ETHANOLAMINE OLEATE, 100 MG	1/1/2015	12/31/2382	10
OPH	J1435	INJECTION, ESTRONE	1/1/2015	12/31/2382	1
OPH	J1437	INJECTION, FERRIC DERISOMALTOSE, 10 MG	7/1/2021	12/31/2382	100
OPH	J1438	INJECTION, ETANERCEPT, 25 MG(CODE MAY BE USED FOR MEDICARE WHEN DRUG ADMINISTERED UNDER THE DIRECT SUPERVISION	7/1/2015	12/31/2382	2
OPH	J1439	INJ FERRIC CARBOXYMALTOS 1 MG	4/1/2021	12/31/2382	1000
OPH	J1442	INJECTION, FILGRASTIM G-CSF,1 MCG	1/1/2019	12/31/2382	1500
OPH	J1443	INJECTION, FERRIC PYROPHOSPHATE CITRATE SOLUTION, 0.1MG OF IRON	7/1/2017	12/31/2382	272
OPH	J1447	INJECTION, TBO- FILGRASTIM 1 MICROGRAM, 1 MCG	7/1/2016	12/31/2382	960
OPH	J1448	INJECTION, TRILACICLIB, 1MG	7/1/2022	12/31/2382	900
OPH	J1450	INJECTION, FLUCONAZOLE, 200 MG	4/1/2015	12/31/2382	4
OPH	J1451	INJECTION, FOMEPIZOLE, 15 MG	4/1/2015	12/31/2382	200
OPH	J1453	INJECTION, FOSAPREPITANT, 1 MG	10/1/2015	12/31/2382	150
OPH	J1454	INJECTION, FOSNETUPITANT 235 MG AND PALONOSETRON 0.25 MG	4/1/2019	12/31/2382	1
OPH	J1455	INJECTION, FOSCARNET SODIUM, PER 1000 MG	7/1/2016	12/31/2382	18
OPH	J1458	INJECTION, GALSULFASE, 1MG	7/1/2016	12/31/2382	100
OPH	J1459	INJECTION, IMMUNE GLOBULIN (PRIVIGEN), INTRAVENOUS, NONLYOPHILIZED (E.G. LIQUID), 500 MG	1/1/2017	12/31/2382	300
OPH	J1460	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, 1 CC	7/1/2016	12/31/2382	10
OPH	J1554	INJECTION, IMMUNE GLOBULIN (ASCENIV), 500 MG	4/1/2021	12/31/2382	240
OPH	J1555	INJECTION, IMMUNE GLOBULIN (CUVITRU), 100 MG	7/1/2018	12/31/2382	480

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J1556	INJECTION, IMMUNE GLOBULIN (BIVIGAM) , 500 MG	7/1/2014	12/31/2382	300
OPH	J1557	INJECTION,IMMUNE GLOBULIN,(GAMMAPLEXO,INTRAVENOUS,NON-LYOPHILIZED (E.G. LIQUID) 500 MG	7/1/2014	12/31/2382	300
OPH	J1558	INJ. XEMBIFY, 100 MG	1/1/2021	12/31/2382	480
OPH	J1559	INJECTION, IMMUNE GLOBULIN (HIZENTRA), 100 MG	4/1/2018	12/31/2382	300
OPH	J1560	INJECTION, GAMMA GLOBULIN, INTRAMUSCULAR, OVER 10 CC	7/1/2016	12/31/2382	1
OPH	J1561	INJECTION, IMMUNE GLOBULIN, (GAMUNEX), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), PER 500 MG.	7/1/2014	12/31/2382	300
OPH	J1566	INJECTION,IMMUNE GLOBULIN, INTRAVENOUS, LYOPHILIZED (E.G., POWDER), 500 MG	1/1/2017	12/31/2382	300
OPH	J1568	INJECTION, IMMUNE GLOBULIN, (OCTAGAM), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
OPH	J1569	INJECTION, IMMUNE GLOBULIN, (GAMMAGARD LIQUID), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID), 500 MG	7/1/2014	12/31/2382	300
OPH	J1570	INJECTION, GANCICLOVIR SODIUM, 50 MG	1/1/2017	12/31/2382	4
OPH	J1571	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAMUSCULAR, 0.5 ML	4/1/2015	12/31/2382	20
OPH	J1572	INJECTION, IMMUNE GLOBULIN, (FLEBOGAMMA), INTRAVENOUS, NON-LYOPHILIZED (E.G. LIQUID). 500 MG	7/1/2014	12/31/2382	300
OPH	J1573	INJECTION, HEPATITIS B IMMUNE GLOBULIN (HEPAGAM B), INTRAVENOUS, 0.5 ML	1/1/2017	12/31/2382	130
OPH	J1575	INJECTION, IMMUNE GLOBULIN/HYALURONIDASE, (HYQVIA), 100 MG IMMUNEGLOBULIN	10/1/2017	12/31/2382	650
OPH	J1580	INJECTION, GARAMYCIN, GENTAMICIN, UP TO 80 MG	7/1/2015	12/31/2382	9
OPH	J1595	INJECTION, GLATIRAMER ACETATE. 20 MG	7/1/2016	12/31/2382	2
OPH	J1599	INJECTION, IMMUNE GLOBULIN, INTRAVENOUS, NON-LYOPHILIZED (EG, LIQUID), NOT OTHERWISE SPECIFIED, 500 MG	1/1/2015	12/31/2382	300
OPH	J1600	INJECTION, GOLD SODIUM THIOALEATE, UP TO 50 MG	1/1/2015	12/31/2382	2
OPH	J1602	INJECTION, GOLIMUMAB, 1 MG, FOR INTRAVENOUS USE	4/1/2015	12/31/2382	300
OPH	J1610	INJECTION, GLUCAGON HYDROCHLORIDE, PER 1 MG	4/1/2015	12/31/2382	3
OPH	J1626	INJECTION, GRANISETRON HYDROCHLORIDE, 100 MCG	7/1/2016	12/31/2382	30
OPH	J1627	INJECTION, GRANISETRON, EXTENDED-RELEASE, 0.1 MG	1/1/2018	12/31/2382	100
OPH	J1630	INJECTION, HALOPERIDOL, UP TO 5 MG.	7/1/2016	12/31/2382	7
OPH	J1631	INJECTION, HALOPERIDOL DECANOATE, 50 MG.	7/1/2015	12/31/2382	9
OPH	J1632	INJECTION, BREXANOLONE, 1 MG	7/1/2021	12/31/2382	700
OPH	J1640	INJECTION, HEMIN, 1 MG	10/1/2018	12/31/2382	672
OPH	J1642	INJECTION, HEPARIN SODIUM, (HEPARIN LOCK FLUSH), PER 10 UNITS	7/1/2016	12/31/2382	150

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J1644	INJECTION, HEPARIN SODIUM, PER 10 UNITS	7/1/2016	12/31/2382	50
OPH	J1645	INJECTION, DALTEPARIN SODIUM, PER 2,500 IU	4/1/2015	12/31/2382	10
OPH	J1650	INJECTION, ENOXAPARIN SODIUM, 10 MG	7/1/2015	12/31/2382	30
OPH	J1652	INJECTION, FONDAPARINUX SODIUM, 0.5 MG	4/1/2015	12/31/2382	20
OPH	J1670	INJECTION, TETANUS IMMUNE GLOBULIN, HUMAN, UP TO 250 UNITS	7/1/2016	12/31/2382	2
OPH	J1720	INJECTION, HYDROCORTISONE SODIUM SUCCINATE, UP TO 100 MG	7/1/2016	12/31/2382	10
OPH	J1726	INJECTION, HYDROXYPROGESTERONE CAPROATE, (MAKENA), 10 MG	1/1/2018	12/31/2382	25
OPH	J1729	INJECTION, HYDROXYPROGESTERONE CAPROATE, NOT OTHERWISE SPECIFIED, 10 MG	4/1/2019	12/31/2382	25
OPH	J1740	INJECTION, IBANDRONATE SODIUM, 1 MG	4/1/2015	12/31/2382	3
OPH	J1741	INJECTION, HYDROXYPROGESTERONE CAPROATE, 250 MG/ML	1/1/2015	12/31/2382	32
OPH	J1742	INJECTION, IBUTILIDE FUMARATE, 1 MG	4/1/2015	12/31/2382	4
OPH	J1743	INJECTION, IDURSULFASE. 1 MG	10/1/2015	12/31/2382	66
OPH	J1744	INJECTION, ICATIBANT, 1 MG	7/1/2014	12/31/2382	90
OPH	J1745	INJECTION, INFlixIMAB, 10MG	4/1/2015	12/31/2382	150
OPH	J1746	INJECTION, IBALIZUMAB-UIYK, 10 MG	7/1/2019	12/31/2382	200
OPH	J1750	INJECTION, IRON DEXTRAN, 50 MG	7/1/2016	12/31/2382	45
OPH	J1756	INJECTION, IRON SUCROSE, 1 MG	7/1/2016	12/31/2382	500
OPH	J1786	INJECTION, IMIGLUCERASE, 10 UNITS	10/1/2018	12/31/2382	680
OPH	J1790	INJECTION, DROPERIDOL, UP TO 5 MG	4/1/2015	12/31/2382	2
OPH	J1800	INJECTION, PROPRANOLOL HCL, UP TO 1 MG	7/1/2016	12/31/2382	12
OPH	J1815	INJECTION, INSULIN, PER 5 UNITS	7/1/2016	12/31/2382	200
OPH	J1823	INJECTION, INEBILIZUMAB-CDON, 1 MG	10/1/2021	12/31/2382	300
OPH	J1826	INJECTION, INTERFERON BETA-1A, 30 MCG	1/1/2018	12/31/2382	1
OPH	J1830	INJECTION INTERFERON BETA-1B, 0.25 MG	7/1/2015	12/31/2382	1
OPH	J1833	INJECTION, ISAVUCONAZONIUM, 1 MG	7/1/2016	12/31/2382	1116
OPH	J1840	INJECTION, KANAMYCIN SULFATE, UP TO 500 MG	1/1/2015	12/31/2382	3
OPH	J1850	INJECTION, KANAMYCIN SULFATE, UP TO 75 MG	7/1/2016	12/31/2382	14
OPH	J1885	INJECTION, KETOROLAC TROMETHAMINE, PER 15 MG	4/1/2015	12/31/2382	8
OPH	J1930	INJECTION, LANREOTIDE, 1 MG	4/1/2015	12/31/2382	120
OPH	J1931	INJECTION, LARONIDASE, 0.1 MG	10/1/2018	12/31/2382	609
OPH	J1940	INJECTION, FUROSEMIDE, UP TO 20 MG	7/1/2016	12/31/2382	10
OPH	J1943	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA INITIO), 1 MG	10/1/2019	12/31/2382	675
OPH	J1944	INJECTION, ARIPIRAZOLE LAUROXIL, (ARISTADA), 1 MG	4/1/2020	12/31/2382	1064

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J1950	INJECTION, LEUPROLIDE ACETATE PER 3.75 MG	7/1/2016	12/31/2382	12
OPH	J1951	INJECTION, LEUPROLIDE ACETATE FOR DEPOT SUSPENSION (FENSOLVI), 0.25 MG	1/1/2022	12/31/2382	180
OPH	J1953	INJECTION, LEVETIRACETAM, 10 MG	4/1/2015	12/31/2382	300
OPH	J1955	INJECTION, LEVOCARNITINE, PER 1 G	1/1/2015	12/31/2382	11
OPH	J1956	INJECTION, LEVOFLOXACIN, 250 MG	7/1/2015	12/31/2382	4
OPH	J1980	INJECTION, HYOSCYAMINE SULFATE, UP TO 0.25 MG	7/1/2016	12/31/2382	8
OPH	J2001	INJECTION, LIDOCAINEHCl FOR INTRAVENOUS INFUSION, 10 MG	1/1/2015	12/31/2382	400
OPH	J2010	INJECTION, LINCOMYCIN HCl, UP TO 300 MG	7/1/2016	12/31/2382	10
OPH	J2020	INJECTION, LINEZOLID, 200 MG	10/1/2015	12/31/2382	6
OPH	J2060	INJECTION, LORAZEPAM, 2 MG.	7/1/2016	12/31/2382	10
OPH	J2150	INJECTION, MANNITOL, 25% IN 50 ML	7/1/2015	12/31/2382	8
OPH	J2170	INJECTION, MECASERMIN, 1 MG	7/1/2016	12/31/2382	8
OPH	J2175	INJECTION, MEPERIDINE	7/1/2015	12/31/2382	6
OPH	J2182	INJECTION, MEPOLIZUMABM, 1 MG	1/1/2018	12/31/2382	300
OPH	J2185	INJECTION, MEROPENEM, 100 MG	7/1/2015	12/31/2382	60
OPH	J2210	INJECTION, METHYLERGONOVINE MALEATE, UP TO 0.2 MG	7/1/2016	12/31/2382	5
OPH	J2212	INJECTION, METHYLNALTREXONE, 0.1 MG	7/1/2014	12/31/2382	240
OPH	J2248	INJECTION, MICAUFUNGIN SODIUM, 1 MG	10/1/2015	12/31/2382	300
OPH	J2250	INJECTION, MIDAZOLAM HYDROCHLORIDE, PER 1 MG	7/1/2016	12/31/2382	30
OPH	J2260	INJECTION, MILRINONE LACTATE, 5 MG	7/1/2016	12/31/2382	16
OPH	J2265	INJECTION, MINOCYCLINE HYDROCHLORIDE, 1 MG	7/1/2014	12/31/2382	400
OPH	J2270	INJECTION, MORPHINE SULFATE, UP TO 10 MG	7/1/2016	12/31/2382	15
OPH	J2274	INJ MORPHINE PRESERVATIVE FREE, 10 MG	7/1/2016	12/31/2382	100
OPH	J2278	INJECTION, ZICONOTIDE, 1 MCG	1/1/2019	12/31/2382	1000
OPH	J2280	INJECTION, MOXIFLOXACIN, 100 MG	10/1/2015	12/31/2382	8
OPH	J2300	INJECTION, NALBUPHINE HYDROCHLORIDE, PER 10 MG.	7/1/2015	12/31/2382	10
OPH	J2310	INJECTION, NALOXONE HCl, PER 1 MG	7/1/2015	12/31/2382	10
OPH	J2315	INJECTION, NALTREXONE, DEPOT FORM, 1 MG	7/1/2015	12/31/2382	380
OPH	J2320	INJECTION, NANDROLONE DECANOATE, UP TO 50 MG	7/1/2015	12/31/2382	4
OPH	J2323	INJECTION, NATALIZUMAB, PER 1 MG	7/1/2015	12/31/2382	300
OPH	J2325	INJECTION, NESIRITIDE, 0.1 MG	7/1/2016	12/31/2382	34
OPH	J2326	INJECTION, NUSINERSEN, 0.1 MG	1/1/2018	12/31/2382	120
OPH	J2350	INJECTION, OCRELIZUMAB, 1 MG	1/1/2018	12/31/2382	600

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J2353	INJECTION, OCTREOTIDE, DEPOT FORM FOR INTRAMUSCULAR INJECTION, 1 MG	7/1/2016	12/31/2382	60
OPH	J2354	INJECTION, OCTREOTIDE, NON-DEPOT FORM FOR SUBCUTANEOUS OR INTRAVENOUS INJECTION, 25 MCG	7/1/2015	12/31/2382	60
OPH	J2355	INJECTION, OPRELVEKIN, 5 MG	7/1/2015	12/31/2382	2
OPH	J2357	INJECTION, OMALIZUMAB, 5 MG	4/1/2021	12/31/2382	120
OPH	J2358	INJECTION, OLANZAPINE, LONG-ACTING, 1 MG	7/1/2015	12/31/2382	405
OPH	J2360	INJECTION, ORPHENADRINE CITRATE, UP TO 60 MG	7/1/2015	12/31/2382	3
OPH	J2370	INJECTION, PHENYLEPHRINE HCL, UP TO 1 ML	7/1/2016	12/31/2382	30
OPH	J2400	INJECTION, CHLOROPROCAINE HYDROCHLORIDE, PER 30 ML	7/1/2016	12/31/2382	4
OPH	J2405	ODANSETRON HYDROCHLORIDE, PER 1 MG	7/1/2015	12/31/2382	64
OPH	J2406	INJECTION, ORITAVANCIN 10 MG	7/1/2022	12/31/2382	120
OPH	J2407	INJECTION, ORITAVANCIN , 10 MG	4/1/2016	12/31/2382	120
OPH	J2410	INJECTION, OXYMORPHONE HCL, UP TO 1 MG	7/1/2016	12/31/2382	2
OPH	J2425	INJECTION, PALIFERMIN, 50 MCG	7/1/2016	12/31/2382	125
OPH	J2426	INJECTION, PALIPERIDONE PALMITATE EXTENDED RELEASE, 1 MG	7/1/2021	12/31/2382	1560
OPH	J2430	INJECTION, PAMIDRONATE DISODIUM, PER 30 MG.	7/1/2015	12/31/2382	3
OPH	J2440	INJECTION, PAPAVERINE HCL, UP TO 60 MG	7/1/2016	12/31/2382	4
OPH	J2469	INJECTION, PALONOSETRON HCI, 25 MCG	10/1/2015	12/31/2382	10
OPH	J2501	INJECTION, PARICALCITOL, 1 MCG	7/1/2016	12/31/2382	25
OPH	J2502	INJECTION, PASIREOTIDE LONG ACTING, 1 MG	1/1/2017	12/31/2382	60
OPH	J2503	INJECTION, PEGAPTANIB SODIUM, 0.3 MG	1/1/2015	12/31/2382	2
OPH	J2504	INJECTION, PEGADEMASE BOVINE, 25 IU	10/1/2016	12/31/2382	15
OPH	J2505	INJECTION, PEGFILGRASTIM, 6 MG	7/1/2015	6/30/2022	1
OPH	J2507	INJECTION,PEGLOTICASE,1 MG	7/1/2014	12/31/2382	8
OPH	J2510	INJECTION, PENICILLIN G PROCAINE, AQUEOUS, UP TO 600,000 UNITS	1/1/2015	12/31/2382	4
OPH	J2513	INJECTION, PENTASTARCH, 10% SOLUTION, 100 ML	7/1/2016	12/31/2382	1
OPH	J2515	INJECTION, PENTOBARBITAL SODIUM, PER 50 MG	7/1/2016	12/31/2382	8
OPH	J2540	INJECTION, PENICILLIN G POTASSIUM, UP TO 600,000 UNITS	7/1/2015	12/31/2382	75
OPH	J2543	INJECTION, PIPERACILLIN SODIUM/TAZOBACTAM SODIUM, 1.125 GRAMS	10/1/2015	12/31/2382	20
OPH	J2545	PENTAMIDINE, FOR AEROSOL INHALER FOR PNEUMOCYSTIS CARINII PNEUMONIA TREATMENT FOR PROPHYLAXIS	7/1/2016	12/31/2382	1
OPH	J2547	INJECTION, PERAMIVIR, 1 MG	4/1/2016	12/31/2382	600
OPH	J2550	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	7/1/2015	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J2560	INJECTION, PHENOBARBITAL SODIUM, UP TO 120 MG	7/1/2016	12/31/2382	16
OPH	J2562	INJECTION, PLERIXAFOR, 1 MG	7/1/2016	12/31/2382	48
OPH	J2590	INJECTION, OXYTOCIN, UP TO 10 UNITS	1/1/2015	12/31/2382	15
OPH	J2597	INJECTION, DESMOPRESSIN ACETATE, UP TO 1 ML	7/1/2015	12/31/2382	45
OPH	J2675	INJECTION, PROGESTERONE, PER 50 MG	7/1/2015	12/31/2382	1
OPH	J2680	INJECTION, FLUPHENAZINE DECANOATE, UP TO 25 MG.	10/1/2015	12/31/2382	4
OPH	J2690	INJECTION, PROCAINAMIDE HCL, UP TO 1 GM	1/1/2015	12/31/2382	4
OPH	J2700	INJECTION, OXACILLIN SODIUM, UP TO 250 MG	7/1/2016	12/31/2382	48
OPH	J2704	INJ, PROPOFOL, 10 MG	7/1/2016	12/31/2382	400
OPH	J2710	INJECTION, NEOSTIGMINE METHYLSULFATE, UP TO 0.5 MG	7/1/2016	12/31/2382	10
OPH	J2720	INJECTION, PROTAMINE SULFATE, UP TO 5 ML	1/1/2015	12/31/2382	10
OPH	J2724	INJECTION, PROTEIN C CONCENTRATE, INTRAVENOUS, HUMAN, 10 IU	10/1/2018	12/31/2382	3500
OPH	J2730	INJECTION, PRALIDOXIME CHLORIDE, UP TO 1 GM	1/1/2015	12/31/2382	2
OPH	J2760	INJECTION, PHENTOLAMINE MESYLATE, UP TO 5 MG	7/1/2015	12/31/2382	2
OPH	J2765	INJECTION, METOCLOPRAMIDE HCL, UP TO 10 MG	7/1/2016	12/31/2382	18
OPH	J2770	INJECTION, QUINUPRISTIN/DALFOPRISTIN, 500 MG (150/350)	1/1/2015	12/31/2382	7
OPH	J2778	INJECTION, RANIBIZUMAB, 0.1 MG	7/1/2015	12/31/2382	10
OPH	J2780	INJECTION, RANITIDINE HYDROCHLORIDE, 25 MG	7/1/2015	12/31/2382	16
OPH	J2783	INJECTION, RASBURICASE, 0.5 MG	7/1/2015	12/31/2382	60
OPH	J2785	INJECTION, REGADENOSON, 0.1 MG	10/1/2015	12/31/2382	4
OPH	J2786	INJECTION, RESLIZUMAB, 1 MG	4/1/2017	12/31/2382	500
OPH	J2788	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, MINIDOSE, 50 MCG	1/1/2015	12/31/2382	1
OPH	J2790	INJECTION, RHO D IMMUNE GLOBULIN, HUMAN, ONE DOSE PACKAGE	1/1/2017	12/31/2382	3
OPH	J2791	INJECTION, RHO(D) IMMUNE GLOBULIN (HUMAN), (RHOPHYLAC), INTRAMUSCULAR OR INTRAVENOUS, 100 IU	1/1/2015	12/31/2382	275
OPH	J2792	INJECTION RHO D IMMUNE GLOBULIN, INTRAVENOUS, HUMAN, SOLVENT DETERGENT 100 I.U.	1/1/2019	12/31/2382	450
OPH	J2793	INJECTION, RILONACEPT, 1 MG	1/1/2015	12/31/2382	320
OPH	J2794	INJECTION, RISPERIDONE, LONG ACTING, 0.5 MG	10/1/2015	12/31/2382	100
OPH	J2795	INJECTION, ROPIVACAINE HYDROCHLORIDE, 1 MG	7/1/2015	12/31/2382	2400
OPH	J2796	INJECTION, ROMIPLOSTIM, 10 MICROGRAMS	10/1/2015	12/31/2382	150
OPH	J2798	INJECTION, RISPERIDONE, (PERSERIS), 0.5 MG	10/1/2019	12/31/2382	240
OPH	J2800	INJECTION, METHOCARBAMOL, UP TO 10 ML	7/1/2015	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J2805	INJECTION, SINACLIDE, 5 MCG	7/1/2015	12/31/2382	3
OPH	J2810	INJECTION, THEOPHYLLINE, UP TO 2 ML	7/1/2016	12/31/2382	20
OPH	J2820	INJECTION, SARGRAMOSTIM (GM-CSF), 50 MCG	7/1/2016	12/31/2382	10
OPH	J2840	INJECTION, SEBELIPASE ALFA, 1 MG	7/1/2018	12/31/2382	160
OPH	J2850	INJECTION, SECRETIN, SYNTHETIC, HUMAN, 1 MCG	7/1/2016	12/31/2382	48
OPH	J2860	INJECTION, SILTUXIMAB, 10 MG	4/1/2016	12/31/2382	170
OPH	J2916	INJECTION, SODIUM FERRIC GLUCONATE COMPLEX IN SUCROSE INJECTION, 12.5 MG	7/1/2016	12/31/2382	20
OPH	J2920	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 40 MG	7/1/2016	12/31/2382	25
OPH	J2930	INJECTION, METHYLPREDNISOLONE SODIUM SUCCINATE, UP TO 125 MG	7/1/2016	12/31/2382	25
OPH	J2941	INJECTION, SOMATROPIN, 1 MG	1/1/2015	12/31/2382	8
OPH	J2993	INJECTION, RETEPLASE, 18.8 MG	1/1/2015	12/31/2382	2
OPH	J2997	INJECTION, ALTEPLASE RECOMBINANT, 1 MG	10/1/2015	12/31/2382	100
OPH	J3000	INJECTION, STREPTOMYCIN, UP TO 1 GM	7/1/2015	12/31/2382	2
OPH	J3010	INJECTION, FENTANYL CITRATE, UP TO 2 ML	7/1/2016	12/31/2382	100
OPH	J3030	INJECTION, SUMATRIPTAN SUCCINATE, 6 MG (CODE MAY BE USED FOR MEDICARE WHEN DRUG	1/1/2015	12/31/2382	2
OPH	J3031	INJECTION, FERRIC PYROPHOSPHATE CITRATE POWDER, 0.1 MG OF IRON	10/1/2019	12/31/2382	675
OPH	J3032	INJECTION, EPTINEZUMAB-JJMR, 1 MG	1/1/2021	12/31/2382	300
OPH	J3060	INJECTION, TALIGLUCERACE ALFA ,10 UNITS	1/1/2018	12/31/2382	760
OPH	J3070	INJECTION, PENTAZOCINE HCL, UP TO 30 MG	7/1/2016	12/31/2382	3
OPH	J3090	INJECTION, TEDIZOLID PHOSPHATE ,10 MG	4/1/2016	12/31/2382	200
OPH	J3095	INJECTION, TELEVANCIN, 10 MG	7/1/2015	12/31/2382	150
OPH	J3101	INJECTION, TENECTESPLASE, 1 MG	10/1/2015	12/31/2382	50
OPH	J3105	INJECTION, TERBUTALINE SULFATE, UP TO 1 MG	7/1/2016	12/31/2382	4
OPH	J3110	INJECTION, TERIPARATIDE, 10 MCG	7/1/2016	12/31/2382	2
OPH	J3111	INJECTION, ROMOSOZUMAB-AQQG, 1 MG	4/1/2020	12/31/2382	210
OPH	J3121	INJ TESTOSTERO ENANTHATE 1 MG	10/1/2015	12/31/2382	400
OPH	J3145	TESTOSTERONE UNDECANOATE 1MG	7/1/2015	12/31/2382	750
OPH	J3230	INJECTION, CHLORPROMAZINE HCL, UP TO 50 MG	7/1/2016	12/31/2382	6
OPH	J3240	INJECTION, THYROTROPIN ALFA, 0.9 MG	10/1/2015	12/31/2382	1
OPH	J3241	INJ. TEPROTUMUMAB-TRBW 10 MG	1/1/2021	12/31/2382	300
OPH	J3243	INJECTION, TIGECYCLINE, 1 MG	10/1/2015	12/31/2382	200
OPH	J3245	INJECTION, TILDRAKIZUMAB, 1 MG	7/1/2019	12/31/2382	100

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J3246	INJECTION, TIROFIBAN HCl, 0.25 MG	10/1/2015	12/31/2382	100
OPH	J3250	INJECTION, TRIMETHOBENZAMIDE HCL, UP TO 200 MG	7/1/2015	12/31/2382	4
OPH	J3260	INJECTION, TOBRAMYCIN SULFATE, UP TO 80 MG	7/1/2016	12/31/2382	12
OPH	J3262	INJECTION, TOCILIZUMAB, 1MG	10/1/2015	12/31/2382	800
OPH	J3285	INJECTION, TREPROSTINIL, 1 MG	7/1/2016	12/31/2382	9
OPH	J3300	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE FREE, 1 MG	10/1/2015	12/31/2382	160
OPH	J3301	INJECTION TRIAMCINOLONE ACETONIDE, PER 10MG	10/1/2015	12/31/2382	16
OPH	J3303	INJECTION TRIAMCINOLONE HEXACETONIDE, PER 5MG	7/1/2016	12/31/2382	24
OPH	J3304	INJECTION, TRIAMCINOLONE ACETONIDE, PRESERVATIVE-FREE, EXTENDED-RELEASE, MICROSPHERE FORMULATION, 1 MG	1/1/2019	12/31/2382	64
OPH	J3315	INJECTION, TRIPTORELIN PAMOATE, 3.75 MG	1/1/2015	12/31/2382	6
OPH	J3355	INJECTION,UROFOLLITROPIN, 75 IU	7/1/2016	12/31/2382	6
OPH	J3357	INJECTION, USTEKINUMAB, 1 MG	10/1/2018	12/31/2382	90
OPH	J3358	USTEKINUMAB, FOR INTRAVENOUS INJECTION, 1 MG	1/1/2018	12/31/2382	520
OPH	J3360	INJECTION, DIAZEPAM, UP TO 5 MG	10/1/2015	12/31/2382	6
OPH	J3370	INJECTION, VANCOMYCIN HCL, 500 MG	10/1/2015	12/31/2382	12
OPH	J3380	INJECTION, VEDOLIZUMAB, 1 MG	4/1/2016	12/31/2382	300
OPH	J3385	INJECTION, VELAGLUCERASE ALFA, 100 UNITS	10/1/2018	12/31/2382	80
OPH	J3396	INJECTION, VERTEPORFIN, 0.1 MG	10/1/2015	12/31/2382	150
OPH	J3410	INJECTION, HYDROXYZINE HCL, UP TO 25 MG	7/1/2015	12/31/2382	16
OPH	J3411	INJECTION, THIAMINE HCl, 100 MG	7/1/2016	12/31/2382	8
OPH	J3415	INJECTION, PYRIDOXINE HCl, 100 MG	7/1/2015	12/31/2382	6
OPH	J3420	INJECTION, VITAMIN B- 12 CYANOCOBALAMIN, UP TO 1000 MCG	10/1/2015	12/31/2382	1
OPH	J3430	INJECTION, PHYTONADIONE (VITAMIN K), PER 1 MG	10/1/2015	12/31/2382	50
OPH	J3465	INJECTION, VORICONAZOLE, 10 MG	7/1/2014	12/31/2382	120
OPH	J3470	INJECTION, HYALURONIDASE, UP TO 150 UNITS	7/1/2016	12/31/2382	3
OPH	J3471	INJECTION, HYALURONIDASE, OVINE,PRESERVATIVE FREE, PER 1 USP UNIT (UP TO 999 USP UNITS)	7/1/2016	12/31/2382	999
OPH	J3472	INJECTION, HYALURONIDASE, OVINE, PRESERVATIVE FREE, PER 1000 USP UNITS	7/1/2016	12/31/2382	2
OPH	J3473	INJECTION, HYALURONIDASE, RECOMBINANT, 1 USP UNIT	1/1/2015	12/31/2382	450
OPH	J3475	INJECTION, MAGNESIUM SULFATE, PER 500 MG.	7/1/2016	12/31/2382	80
OPH	J3480	INJECTION, POTASSIUM CHLORIDE, PER 2 MEQ	7/1/2016	12/31/2382	200
OPH	J3485	INJECTION ZIDOVUDINE, 10 MG	7/1/2016	12/31/2382	160

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J3486	INJECTION, ZIPRASIDONE MESYLATE, 10 MG	7/1/2015	12/31/2382	4
OPH	J3489	INJECTION, ZOLEDRONIC ACID 1 MG	4/1/2015	12/31/2382	5
OPH	J3530	NASAL VACCINE INHALATION	10/1/2017	12/31/2382	1
OPH	J7030	INFUSION, NORMAL SALINE SOLUTION , 1000 CC	4/1/2016	12/31/2382	20
OPH	J7040	INFUSION, NORMAL SALINE SOLUTION, STERILE (500 ML=1 UNIT)	4/1/2016	12/31/2382	12
OPH	J7042	5% DEXTROSE/NORMAL SALINE (500 ML = 1 UNIT)	4/1/2016	12/31/2382	12
OPH	J7050	INFUSION, NORMAL SALINE SOLUTION , 250 CC	4/1/2016	12/31/2382	20
OPH	J7060	5% DEXTROSE/WATER (500 ML = 1 UNIT)	4/1/2016	12/31/2382	10
OPH	J7070	INFUSION, D5W, 1000 CC	4/1/2016	12/31/2382	7
OPH	J7100	INFUSION, DEXTRAN 40, 500 ML	4/1/2016	12/31/2382	2
OPH	J7110	INFUSION, DEXTRAN 75, 500 ML	1/1/2015	12/31/2382	3
OPH	J7120	RINGERS LACTATE INFUSION, UP TO 1000 CC	4/1/2016	12/31/2382	20
OPH	J7121	5% DEXTROSE IN LACTATED RINGERS INFUSION, UP TO 1000 CC	1/1/2018	12/31/2382	5
OPH	J7131	HYPERTONIC SALINE SOLUTION, 1 ML	7/1/2015	12/31/2382	500
OPH	J7170	INJECTION, EMICIZUMAB-KXWH, 0.5 MG	1/1/2019	12/31/2382	900
OPH	J7175	INJECTION, FACTOR X, (HUMAN), 1 I.U.	10/1/2017	12/31/2382	9000
OPH	J7178	INJECTION, HUMAN FIBRINOGEN CONCENTRATE, NOS 1 IU	10/1/2016	12/31/2382	7700
OPH	J7179	INJECTION, VON WILLEBRAND FACTOR (RECOMBINANT), (VONVENDI), 1 I.U. VWF:RCO	4/1/2018	12/31/2382	9600
OPH	J7180	INJECTION,FACTOR XIII (ANTIHEMOPHILIC FACTOR, HUMAN), 1 I.U.	10/1/2016	12/31/2382	6000
OPH	J7181	INJECTION, FACTOR XIII A-SUBUNIT, (RECOMBINANT), PER IU	10/1/2016	12/31/2382	3850
OPH	J7182	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NOVOEIGHT), PER IU	10/1/2016	12/31/2382	22000
OPH	J7183	INJECTION, VON WILLEBRAND FACTOR COMPLEX (HUMAN), WILATE, 1 I.U. VWF:RCO	4/1/2018	12/31/2382	9600
OPH	J7185	INJECTION FACTOR VIII (ANTIHEMOPHILIC FACTOR, RECOMBINANT) (XYNTHA), PER I.U.	10/1/2016	12/31/2382	4000
OPH	J7186	INJECTION, ANTIHEMOPHILIC FACTOR VIII/VON WILLEBRAND FACTOR COMPLEX (HUMAN), PER FACTOR VIII I.U.	4/1/2018	12/31/2382	9600
OPH	J7187	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, RISTOCETIN COFACTOR, PER IU VWF: RCO	7/1/2016	12/31/2382	9600
OPH	J7188	INJECTION, VON WILLEBRAND FACTOR COMPLEX, HUMAN, IU	7/1/2016	12/31/2382	22000
OPH	J7189	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER 1 MCG	10/1/2016	12/31/2382	26000
OPH	J7190	FACTOR VIII, (ANTI-HEMOPHILIC FACTOR (HUMAN))	4/1/2018	12/31/2382	22000
OPH	J7192	FACTOR VIII (ANTIHEMOPHILIC FACTOR,RECOMBINANT), PER I.U., NOT OTHERWISE SPECIFIED	10/1/2016	12/31/2382	22000

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J7193	FACTOR IX (ANTIHEMOPHILIC FACTOR, PURIFIED, NONRECOMBINANT), PER IU	10/1/2016	12/31/2382	20000
OPH	J7194	FACTOR IX, COMPLEX, PER UNIT	10/1/2016	12/31/2382	9000
OPH	J7195	FACTOR IX (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PER IU	10/1/2016	12/31/2382	20000
OPH	J7196	INJECTION, ANTITHROMBIN RECOMBINANT, 50 I.U.	7/1/2014	12/31/2382	175
OPH	J7197	ANTITHROMBIN III (HUMAN), PER I.U.	10/1/2016	12/31/2382	6300
OPH	J7198	ANTI-INHIBITOR, PER I.U.	10/1/2016	12/31/2382	30000
OPH	J7200	FACTOR IX RECOMBINAN RIXUBIS	10/1/2016	12/31/2382	20000
OPH	J7201	FACTOR IX FC FUSION RECOMB	10/1/2016	12/31/2382	9000
OPH	J7202	FACTOR IX IDELVION INJ	10/1/2017	12/31/2382	11550
OPH	J7203	FACTOR IX RECOMB GLY REBINYN, 1 MG	1/1/2019	12/31/2382	12000
OPH	J7204	INJ RECOMBIN ESPEROCT PER IU	1/1/2021	12/31/2382	19500
OPH	J7205	INJECTION, FACTOR VIII FC FUSION (RECOMBINANT), PER IU	10/1/2016	12/31/2382	9750
OPH	J7207	FACTOR VIII PEGYLATED RECOMB	10/1/2020	12/31/2382	22500
OPH	J7208	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), PEGYLATED-AUCL, (JIVI), 1 I.U.	10/1/2019	12/31/2382	18000
OPH	J7209	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (NUWIQ), 1 I.U.	1/1/2017	12/31/2382	7500
OPH	J7210	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (AFSTYLA), 1 I.U.	1/1/2018	12/31/2382	22000
OPH	J7211	INJECTION, FACTOR VIII, (ANTIHEMOPHILIC FACTOR, RECOMBINANT), (KOVALTRY), 1 I.U.	7/1/2018	12/31/2382	22000
OPH	J7212	FACTOR VIIA (ANTIHEMOPHILIC FACTOR, RECOMBINANT)-JNCW (SEVENFACT), 1 MICROGRAM	10/1/2021	12/31/2382	24464
OPH	J7296	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, (KYLEENA), 19.5 MG	1/1/2018	12/31/2382	1
OPH	J7297	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 3 YEAR DURATION	7/1/2016	12/31/2382	1
OPH	J7298	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 52MG 5 YEAR DURATION	7/1/2016	12/31/2382	1
OPH	J7300	INTRAUTERINE COPPER CONTRACEPTIVE	1/1/2014	12/31/2382	1
OPH	J7301	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE SYSTEM, 13.5 MG	7/1/2014	12/31/2382	1
OPH	J7304	CONTRACEPTIVE SUPPLY, HORMONE CONTAINING PATCH, EACH	1/1/2019	12/31/2382	1
OPH	J7306	LEVONORGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANTS AND SUPPLIES	1/1/2019	12/31/2382	1
OPH	J7307	ETONOGESTREL (CONTRACEPTIVE) IMPLANT SYSTEM, INCLUDING IMPLANT AND SUPPLIES	1/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J7308	AMINOLEVULINIC ACID HCl FOR TOPICAL ADMINISTRATION, 20%, SINGLE UNIT DOSAGE FORM (354 MG)	7/1/2016	12/31/2382	3
OPH	J7309	METHYL AMINOLEVULINATE (MAL) FOR TOPICAL ADMINISTRATION, 16.8%, 1 GRAM	7/1/2016	12/31/2382	1
OPH	J7311	FLUCINOLONE ACETONIDE, INTRAVITREAL IMPLANT	10/1/2019	12/31/2382	59
OPH	J7312	INJECTION, DEXAMETHASONE, INTRAVITREAL IMPLANT, 0.1 MG	7/1/2015	12/31/2382	14
OPH	J7313	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT, 0.01 MG	10/1/2020	12/31/2382	38
OPH	J7314	INJECTION, FLUOCINOLONE ACETONIDE, INTRAVITREAL IMPLANT (YUTIQ), 0.01 MG	7/1/2020	12/31/2382	36
OPH	J7315	SODIUM HYALURONATE, 20 MG, FOR INTRA-ARTICULAR INJECTION	1/1/2015	12/31/2382	2
OPH	J7316	INJECTION, OCRIPLASMIN, 0.125 MG	7/1/2018	12/31/2382	3
OPH	J7318	HYALURONAN (SODIUM HYALURONATE) OR DERIVATIVE, INTRA-ARTICULAR INJECTION, 1 MG	4/1/2019	12/31/2382	120
OPH	J7320	HYALURONAN OR DERIVATIVE, GENVISC 850, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2017	12/31/2382	50
OPH	J7321	HYALURONAN OR DERIVATIVE, HYALGAN OR SUPARTZ, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
OPH	J7322	HYALURONAN OR DERIVATIVE, HYMOVIS, FOR INTRA-ARTICULAR INJECTION, 1 MG	1/1/2017	12/31/2382	48
OPH	J7323	HYALURONAN OR DERIVATIVE, EUFLEXXA, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
OPH	J7324	HYALURONAN OR DERIVATIVE, ORTHOVISC, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2015	12/31/2382	2
OPH	J7325	HYALURONAN OR DERIVATIVE, SYNVISC OR SYNVISC-ONE, FOR INTRA-ARTICULAR INJECTION, 1 MG	7/1/2016	12/31/2382	96
OPH	J7326	HYALURONAN OR DERIVATIVE, GEL-ONE, FOR INTRA-ARTICULAR INJECTION, PER DOSE	7/1/2014	12/31/2382	2
OPH	J7327	MONOVISC INJ PER DOSE	10/1/2015	12/31/2382	2
OPH	J7328	HYALURONAN OR DERIVATIVE, GEL-SYN, FOR INTRA-ARTICULAR INJECTION, 0.1MG	7/1/2016	12/31/2382	336
OPH	J7330	AUTOLOGOUS CULTURED CHONDROCYTES, IMPLANT	7/1/2016	12/31/2382	1
OPH	J7331	SYNOJOYNT, INJ., 1 MG	7/1/2020	12/31/2382	40
OPH	J7332	HYALURONAN OR DERIVATIVE, TRILURON, FOR INTRA-ARTICULAR INJECTION, 1 MG	7/1/2020	12/31/2382	40
OPH	J7336	CAPSAICIN 8% PATCH, 1 SQ CM	10/1/2015	12/31/2382	1120
OPH	J7340	CARBIDOPA LEVODOPA ENT 100ML	1/1/2017	12/31/2382	1
OPH	J7342	INSTALLATION, CIPROFLOXACIN OTIC SUSPENSION, 6 MG	4/1/2017	12/31/2382	10
OPH	J7345	AMINOLEVULINIC ACID HCl FOR TOPICAL ADMINISTRATION, 10% GEL, 10 MG	7/1/2018	6/30/2022	3
OPH	J7351	INJ BIMATOPROST ITC IMP1MCG	7/1/2021	12/31/2382	20
OPH	J7352	AFAMELANOTIDE IMPLANT, 1 MG	10/1/2021	12/31/2382	16
OPH	J7402	MOMETASONE FUROATE SINUS IMPLANT, (SINUVA), 10 MCG	1/1/2022	12/31/2382	270
OPH	J7500	AZATHIOPRINE - ORAL, TAB, 50 MG, 100S EA	7/1/2016	12/31/2382	15

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J7501	AZATHIOPRINE - PARENTERAL, VIAL, 100 MG., 20 ML EA	7/1/2016	12/31/2382	8
OPH	J7502	CYCLOSPORINE - ORAL, 100 MG	7/1/2016	12/31/2382	60
OPH	J7503	TACROL ENVARUSUS EX REL ORAL 25MG	7/1/2017	12/31/2382	120
OPH	J7504	LYMPHOCYTE IMMUNE GLOBULIN, ANTITYMOCYTE GLOBULIN - PARENTERAL, AMP, 50MG/ML, 5 ML EA	1/1/2015	12/31/2382	15
OPH	J7505	MONOCLONAL ANTIBODIES - PARENTERAL, 5 MG	4/1/2016	12/31/2382	1
OPH	J7507	TA, ORAL, PER 1 MG	7/1/2016	12/31/2382	40
OPH	J7508	TACROLIMUS, EXTENDED RELEASE, ORAL, PER 0.1 MG	7/1/2016	12/31/2382	300
OPH	J7509	METHYLPREDNISOLONE ORAL, PER 4 MG	7/1/2016	12/31/2382	60
OPH	J7510	PREDNISOLONE ORAL, PER 5 MG	7/1/2016	12/31/2382	60
OPH	J7511	LYMPHOCYTE IMMUNE GLOBULIN, ANTITHYMOCYTE GLOBULIN, RABBIT, PARENTERAL, 25 MG	4/1/2016	12/31/2382	9
OPH	J7512	PREDNISONE, IMMEDIATE RELEASE OR DELAYED RELEASE, ORAL, 1 MG	7/1/2016	12/31/2382	300
OPH	J7515	CYCLOSPORINE, ORAL, 25 MG	7/1/2016	12/31/2382	90
OPH	J7516	CYCLOSPORINE, PARENTERAL, 250 MG	1/1/2015	12/31/2382	4
OPH	J7517	MYCOPHENOLATE MOFETIL, ORAL, 250 MG	7/1/2016	12/31/2382	16
OPH	J7518	MYCOPHENOLIC ACID, ORAL, 180 MG	7/1/2016	12/31/2382	12
OPH	J7520	SIROLIMUS, ORAL, 1 MG	7/1/2016	12/31/2382	40
OPH	J7525	TACROLIMUS, PARENTERAL, 5 MG	7/1/2016	12/31/2382	2
OPH	J7527	EVEROLIMUS, ORAL, .25 MG	7/1/2016	12/31/2382	20
OPH	J7599	IMMUNOSUPPRESSIVE DRUG; NOT OTHERWISE SPECIFIED	4/1/2018	12/31/2382	1
OPH	J7605	ARFORMOTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT	7/1/2016	12/31/2382	2
OPH	J7606	FORMOTEROL FUMARATE, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED	7/1/2016	12/31/2382	2
OPH	J7608	ACETYLCYSTEINE, INHALATION SOLUTION ADMISINSTERED THROUGH DME, UNIT DOSE FORM, PER GRAM	7/1/2016	12/31/2382	3
OPH	J7611	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	10
OPH	J7612	LEVALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	10
OPH	J7613	ALBUTEROL, INHALATION SOLUTION, FDA APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	10

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J7614	LEVALBUTEROL, INHALATION SOLUTION,FA APPROVED FINAL PRODUCT, NON COMPOUNDED, ADMINISTERED THROUGH DME,	7/1/2016	12/31/2382	10
OPH	J7620	ALBUTEROL, UP TO 2.5 MG AND IPRATROPIUM BROMIDE, UP TO 0.5 MG, NON-COMPOUNDED	7/1/2016	12/31/2382	6
OPH	J7626	BUDESONIDE INHALATION SOLUTION, ADMINISTERED THROUGH DME, UNIT DOSE FORM, 0.25 TO 0.50 MG	7/1/2016	12/31/2382	2
OPH	J7631	CROMOLYN SODIUM, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER 10 MILLIGRAMS	7/1/2016	12/31/2382	4
OPH	J7639	DORNASE ALPHA, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	3
OPH	J7644	IPRATROPIUM BROMIDE, INHALATION SOLUTION ADMINISTERED THROUGH DME, UNIT DOSE FORM, PER MILLIGRAM	7/1/2016	12/31/2382	3
OPH	J7674	METHACHOLINE CHLORIDE ADMINISTERED AS INHALATION SOLUTION THROUGH A NEBULIZER,	1/1/2017	12/31/2382	100
OPH	J7677	REVEFENACIN INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, 1 MICROGRAM	10/1/2019	12/31/2382	175
OPH	J7682	TOBRAMYCIN, UNIT DOSE FORM, 300 MG, INHALATION SOLUTION, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	2
OPH	J7686	TREPROSTINIL, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME	7/1/2016	12/31/2382	1
OPH	J7799	NOC DRUGS, OTHER THAN INHALATION DRUGS, ADMINISTERED THROUGH DME	4/1/2018	12/31/2382	2
OPH	J8501	APREPITANT, ORAL, 5 MG	7/1/2016	12/31/2382	25
OPH	J8510	BULSULFAN; ORAL, 2 MG	7/1/2016	12/31/2382	5
OPH	J8515	CABERGOLINE, ORAL, 0.25 MG	1/1/2018	12/31/2382	4
OPH	J8520	CAPECITABINE, ORAL, 150 MG	7/1/2016	12/31/2382	50
OPH	J8521	CAPECITABINE, ORAL, 500 MG	7/1/2016	12/31/2382	15
OPH	J8530	CYCLOPHOSPHAMIDE, ORAL 25 MG.	7/1/2016	12/31/2382	60
OPH	J8540	DEXAMETHASONE, ORAL, .25 MG	7/1/2016	12/31/2382	48
OPH	J8560	ETOPOSIDE, ORAL, 50 MG.	7/1/2016	12/31/2382	6
OPH	J8562	FLUDARABINE PHOSPHATE, ORAL, 10 MG	7/1/2016	12/31/2382	12
OPH	J8565	GEFITINIB, ORAL, 250 MG	1/1/2018	12/31/2382	1
OPH	J8600	MELPHALAN: ORAL, 2 MG	7/1/2016	12/31/2382	40
OPH	J8610	METHOTREXATE ORAL 2.5 MG.	7/1/2016	12/31/2382	20

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J8650	NABILONE,ORAL,1 MG	7/1/2016	12/31/2382	6
OPH	J8655	NETUPITANT 300 MG AND PALONOSETRON 0.5 MGI	7/1/2016	12/31/2382	1
OPH	J8670	ROLAPITANT, ORAL, 1 MG	4/1/2017	12/31/2382	180
OPH	J8700	TEMOZOLMIDE, ORAL, 5 MG	7/1/2016	12/31/2382	120
OPH	J8705	TOPOTECAN, ORAL, 0.25 MG	7/1/2016	12/31/2382	22
OPH	J9000	DOXORUBICIN HCL, 10 MG	7/1/2016	12/31/2382	20
OPH	J9015	ALDESLEUKIN, PER SINGLE USE VIAL	7/1/2016	12/31/2382	1
OPH	J9017	ARSENIC TRIOXIDE 1 MG	7/1/2016	12/31/2382	30
OPH	J9019	INJECTION, ASPARAGINASE (ERWINAZE), 1,000 IU	7/1/2014	12/31/2382	60
OPH	J9022	INJECTION, ATEZOLIZUMAB, 10 MG	4/1/2019	12/31/2382	168
OPH	J9023	INJECTION, AVELUMAB, 10 MG	4/1/2019	12/31/2382	140
OPH	J9025	INJECTION, AZACITIDINE, 1 MG	10/1/2015	12/31/2382	300
OPH	J9027	INJECTION, CLOFARABINE, 1 MG	7/1/2016	12/31/2382	100
OPH	J9030	BCG LIVE INTRAVESICAL INSTILLATION, 1 MG	7/1/2019	12/31/2382	50
OPH	J9032	INJECTION, BELINOSTAT, 10 MG	4/1/2016	12/31/2382	300
OPH	J9033	INJECTION, BENDAMUSTINE HCI, 1 MG	10/1/2015	12/31/2382	300
OPH	J9034	INJECTION, BENDAMUSTINE HCI (BENDEKA), 1 MG	7/1/2017	12/31/2382	360
OPH	J9035	INJECTION, BEVACIZUMAB, 10 MG	10/1/2020	12/31/2382	180
OPH	J9036	INJECTION, BENDAMUSTINE HYDROCHLORIDE, (BELRAPZO/BENDAMUSTINE), 1 MG	10/1/2019	12/31/2382	360
OPH	J9037	INJECTION, BELANTAMAB MAFODONTIN-BLMF, 0.5 MG	1/1/2022	12/31/2382	800
OPH	J9039	INJECTION, BLINATUMOMAB, 1 MICROGRAM	7/1/2017	12/31/2382	210
OPH	J9040	BLEOMYCIN SULFATE, 15 UNITS	1/1/2017	12/31/2382	4
OPH	J9041	INJECTION, BORTEZOMIB, 0.1 MG	7/1/2016	12/31/2382	35
OPH	J9042	INJECTION, BRENTUXIMAB VEDOTIN, 1 MG	7/1/2014	12/31/2382	200
OPH	J9043	INJECTION,CABAZITAXEL, 1 MG	10/1/2015	12/31/2382	60
OPH	J9044	INJECTION, BORTEZOMIB, NOT OTHERWISE SPECIFIED, 0.1 MG	4/1/2019	12/31/2382	35
OPH	J9045	CARBOPLATIN, 50 MG	10/1/2015	12/31/2382	22
OPH	J9047	INJECTION, CARFILZOMIB 1 MG	1/1/2019	12/31/2382	160
OPH	J9050	CARMUSTINE, 100 MG	1/1/2015	12/31/2382	6
OPH	J9055	INJECTION, CETUXIMAB, 10 MG	4/1/2021	12/31/2382	150
OPH	J9060	CISPLATIN, POWDER OR SOLUTION, PER 10 MG	10/1/2015	12/31/2382	24
OPH	J9065	INJECTION, CLADRIBINE, PER 1 MG	1/1/2019	12/31/2382	100
OPH	J9070	CYCLOPHOSPHAMIDE, 100 MG	7/1/2016	12/31/2382	55

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J9098	CYTARABINE LIPOSOME, 10 MG	7/1/2015	12/31/2382	5
OPH	J9100	CYTARABINE 100 MG	7/1/2016	12/31/2382	120
OPH	J9118	INJECTION, CALASPARGASE PEGOL-MKNL, 10 UNITS	7/1/2020	12/31/2382	750
OPH	J9119	INJECTION, CEMIPILIMAB-RWLC, 1 MG	10/1/2019	12/31/2382	350
OPH	J9120	DACTINOMYCIN, 0.5 MG	7/1/2016	12/31/2382	5
OPH	J9130	DACARBAZINE, 100 MG	4/1/2015	12/31/2382	24
OPH	J9144	DARATUMUMAB, HYALURONIDASE	10/1/2021	12/31/2382	180
OPH	J9145	INJECTION, DARATUMUMAB 10MG	4/1/2017	12/31/2382	240
OPH	J9150	DAUNORUBICIN, 10 MG	7/1/2016	12/31/2382	12
OPH	J9151	DAUNORUBICIN CITRATE, LIPOSOMAL FORMULATION, 10 MG	1/1/2019	12/31/2382	12
OPH	J9153	INJECTION, LIPOSOMAL, 1 MG DAUNORUBICIN AND 2.27 MG CYTARABINE	1/1/2019	12/31/2382	132
OPH	J9155	INJECTION, DEGARELIX, 1 MG	7/1/2015	12/31/2382	240
OPH	J9160	DENILEUKIN DIFTITOX, 300 MCG	1/1/2015	12/31/2382	7
OPH	J9171	INJECTION, DOCETAXEL, 1 MG	10/1/2015	12/31/2382	240
OPH	J9173	INJ., DURVALUMAB, 10 MG	1/1/2019	12/31/2382	150
OPH	J9175	INJECTION, ELIOTT'S B SOLUTION, 1 ML	7/1/2016	12/31/2382	10
OPH	J9176	INJECTION, ELOTUZUMAB, 1 MG	1/1/2019	12/31/2382	3000
OPH	J9177	INJ ENFORT VEDO-EJFV 0.25MG	1/1/2021	12/31/2382	520
OPH	J9178	INJECTION, EPIRUBICIN HCl, 2 MG	7/1/2016	12/31/2382	150
OPH	J9179	INJECTION, ERIBULIN MESYLATE, 0.1 MG	7/1/2014	12/31/2382	50
OPH	J9181	ETOPOSIDE, 10 MG	1/1/2017	12/31/2382	100
OPH	J9185	FLUDARABINE PHOSPHATE, 50 MG	1/1/2016	12/31/2382	2
OPH	J9190	FLUOROURACIL, 500 MG	7/1/2016	12/31/2382	20
OPH	J9198	INJECTION, GEMCITABINE HYDROCHLORIDE, (INFUGEM), 100 MG	1/1/2021	12/31/2382	38
OPH	J9199	INJECTION, GEMCITABINE HYDROCHLORIDE (INFUGEM), 200 MG	7/1/2020	12/31/2382	19
OPH	J9200	FLOXURIDINE, 500 MG	7/1/2016	12/31/2382	20
OPH	J9201	GEMCITABINE HCl, 200 MG	1/1/2016	12/31/2382	20
OPH	J9202	GOSERELIN ACETATE IMPLANT, PER 3.6 MG	10/1/2015	12/31/2382	3
OPH	J9203	INJECTION, GEMTUZUMAB OZOGAMICIN, 0.1 MG	7/1/2018	12/31/2382	180
OPH	J9204	INJECTION, MOGAMULIZUMAB-KPKC, 1 MG	10/1/2019	12/31/2382	160
OPH	J9205	INJECTION, IRINOTECAN LIPOSOME, 1 MG	1/1/2017	12/31/2382	215
OPH	J9206	IRINOTECAN, 20 MG	10/1/2015	12/31/2382	42
OPH	J9207	INJECTION, IXABEPILONE, 1 MG	10/1/2016	12/31/2382	90

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J9208	IFOSFAMIDE, 1 GM	10/1/2016	12/31/2382	15
OPH	J9209	MESNA, 200 MG	10/1/2016	12/31/2382	55
OPH	J9210	INJECTION, EMAPALUMAB-LZSG, 1 MG	7/1/2020	12/31/2382	1500
OPH	J9211	IDARUBICIN HYDROCHLORIDE, 5 MG	7/1/2015	12/31/2382	6
OPH	J9213	INTERFERON, ALFA-2A, RECOMBINANT, 3 MILLION UNITS	1/1/2015	12/31/2382	12
OPH	J9214	INTERFERON, ALFA-2B, RECOMBINANT, 1 MILLION UNITS	10/1/2016	12/31/2382	100
OPH	J9216	INTERFERON, GAMMA 1-B, 3 MILLION UNITS	1/1/2015	12/31/2382	2
OPH	J9217	LEUPROLIDE ACETATE (FOR DEPOT SUSPENSION), 7.5 MG	10/1/2015	12/31/2382	6
OPH	J9218	LEUPROLIDE ACETATE, PER 1 MG	1/1/2016	12/31/2382	1
OPH	J9219	LEUPROLIDE ACETATE IMPLANT, 65 MG	1/1/2015	12/31/2382	1
OPH	J9223	INJECTION, LURBINECTEDIN, 0.1 MG	10/1/2021	12/31/2382	120
OPH	J9225	HISTRELIN IMPLANTS, 50 MG	1/1/2015	12/31/2382	1
OPH	J9226	HISTRELIN IMPLANT (SUPPRELIN LA), 50 MG	10/1/2016	12/31/2382	1
OPH	J9227	INJ. ISATUXIMAB-IRFC 10 MG	7/1/2021	12/31/2382	150
OPH	J9228	INJECTION, IPILIMUMAB 1 MG	4/1/2016	12/31/2382	1100
OPH	J9229	INJECTION, INOTUZUMAB OZOGAMICIN, 0.1 MG	1/1/2019	12/31/2382	27
OPH	J9230	MECHLORETHAMINE HYDROCHLORIDE, (NITROGEN MUSTARD), 10 MG	1/1/2015	12/31/2382	5
OPH	J9245	INJECTION, MELPHALAN HCl, 50 MG	10/1/2016	12/31/2382	11
OPH	J9247	INJ, MELPHALAN FLUFENAMI 1MG	7/1/2022	12/31/2382	40
OPH	J9250	METHOTREXATE SODIUM MIX, 2 CC OR 5 MG	10/1/2016	12/31/2382	50
OPH	J9260	METHOTREXATE SODIUM, 50 MG	1/1/2020	12/31/2382	750
OPH	J9261	INJECTION, NELARABINE, 50 MG	10/1/2015	12/31/2382	80
OPH	J9262	INJECTION, OMACETAXINE MEPESUCCINATE, 0.01 MG	4/1/2015	12/31/2382	700
OPH	J9263	INJECTION, OXALIPLATIN, 0.5 MG	10/1/2016	12/31/2382	700
OPH	J9264	INJECTION, PACLITAXEL PROTEIN- BOUND PARTICLES, 1 MG	4/1/2018	12/31/2382	600
OPH	J9266	PEGASPARGASE, PER SINGLE DOSE VIAL	10/1/2015	12/31/2382	2
OPH	J9267	PACLITAXEL INJECTION, 1 MG	10/1/2015	12/31/2382	750
OPH	J9268	PENTOSTATIN, PER 10 MG	10/1/2015	12/31/2382	1
OPH	J9269	INJECTION, TAGRAXOFUSP-ERZS, 10 MICROGRAMS	7/1/2021	12/31/2382	200
OPH	J9271	INJECTION, PEMBROLIZUMAB , 1 MG	4/1/2020	12/31/2382	400
OPH	J9280	MITOMYCIN, 5 MG	10/1/2015	12/31/2382	12
OPH	J9281	MITOMYCIN INSTILLATION	10/1/2021	12/31/2382	80
OPH	J9285	INJECTION, OLARATUMAB, 10 MG	4/1/2019	12/31/2382	200

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J9293	MITOXANTRONE HYDROCHLORIDE, 20 MG	10/1/2015	12/31/2382	8
OPH	J9295	INJECTION, NECITUMUMAB, 1 MG	1/1/2017	12/31/2382	800
OPH	J9299	INJECTION, NIVOLUMAB, 1 MG	1/1/2018	12/31/2382	480
OPH	J9301	OBINUTUZUMAB INJ, 10MG	10/1/2015	12/31/2382	100
OPH	J9302	INJECTION, OFATUMUMAB, 10 MG	1/1/2016	12/31/2382	200
OPH	J9303	INJECTION, PANITUMUMAB, 10 MG	10/1/2018	12/31/2382	90
OPH	J9304	INJECTION, PEMETREXED (PEMFEXY), 10 MG	7/1/2021	12/31/2382	150
OPH	J9305	INJECTION, PEMETREXED, 10 MG	10/1/2015	12/31/2382	150
OPH	J9306	INJECTION, PERTUZUMAB, 1 MG	4/1/2015	12/31/2382	840
OPH	J9307	INJECTION, PRALATREXATE, 1MG	10/1/2015	12/31/2382	80
OPH	J9308	INJECTION, RAMUCIRUMAB, 5 MG	7/1/2017	12/31/2382	280
OPH	J9309	INJECTION, POLATUZUMAB VEDOTIN-PIIQ, 1 MG	7/1/2020	12/31/2382	280
OPH	J9311	INJECTION, RITUXIMAB 10 MG AND HYALURONIDASE	1/1/2019	12/31/2382	160
OPH	J9312	INJECTION, RITUXIMAB, 10 MG	4/1/2019	12/31/2382	150
OPH	J9313	INJECTION, MOXETUMOMAB PASUDOTOX-TDFK, 0.01 MG	10/1/2019	12/31/2382	600
OPH	J9316	INJECTION, PERTUZUMAB, TRASTUZUMAB, AND HYALURONIDASE-ZZXF, PER 10 MG	10/1/2021	12/31/2382	120
OPH	J9317	SACITUZUMAB GOVITECAN-HZIY	10/1/2021	12/31/2382	648
OPH	J9320	STREPTOZOCIN, 1 GM	10/1/2015	12/31/2382	4
OPH	J9328	INJECTION, TEMOZOLOMIDE, 1 MG	10/1/2016	12/31/2382	400
OPH	J9330	INJECTION, TEMSIROLIMUS, 1 MG	1/1/2016	12/31/2382	50
OPH	J9340	INJECTION, THIOTEPA, 15 MG	10/1/2016	12/31/2382	4
OPH	J9349	INJECTION, TAFASITAMAB-CXIX, 2 MG	1/1/2022	12/31/2382	900
OPH	J9351	INJECTION, TOPOTECAN, 0.1 MG	10/1/2016	12/31/2382	120
OPH	J9352	INJECTION TRABECTEDIN 0.1MG	7/1/2018	12/31/2382	40
OPH	J9353	INJ. MARGETUXIMAB-CMKB, 5 MG	1/1/2022	12/31/2382	450
OPH	J9354	INJECTION, ADO-TRASTUZUMAB EMTANSINE, 1 MG	7/1/2014	12/31/2382	600
OPH	J9355	TRASTUZUMAB, 10 MG	1/1/2019	12/31/2382	105
OPH	J9356	INJECTION, TRASTUZUMAB, 10 MG AND HYALURONIDASE-OYSK	10/1/2019	12/31/2382	60
OPH	J9357	VALRUBICIN, INTRAVESICAL, 200 MG	1/1/2016	12/31/2382	4
OPH	J9358	INJ FAM-TRASTU DERU-NXKI 1MG	1/1/2021	12/31/2382	900
OPH	J9360	VINBLASTINE SULFATE, 1 MG	4/1/2019	12/31/2382	40
OPH	J9370	VINCRISTINE SULFATE, 1 MG	7/1/2016	12/31/2382	4
OPH	J9371	INJECTION, VINCRISTINE SULFATE LIPSOME, 1 MG	4/1/2015	12/31/2382	5

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	J9390	VINORELBINE TARTRATE, PER 10 MG	10/1/2015	12/31/2382	36
OPH	J9395	INJECTION, FULVESTRANT, 25 MG	10/1/2015	12/31/2382	20
OPH	J9400	INJECTION, ZIV-AFLIBERCEPT, 1 MG	1/1/2018	12/31/2382	500
OPH	J9600	PORFIMER SODIUM, 75 MG	1/1/2015	12/31/2382	4
OPH	K0001	STANDARD WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0002	STANDARD HEMI (LOW SEAT) WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0003	LIGHTWEIGHT WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0004	HIGH-STRENGTH, LIGHTWEIGHT WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0005	ULTRA LIGHTWEIGHT WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0006	HEAVY DUTY WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0007	EXTRA HEAVY-DUTY WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0008	CUSTOM MANUAL WHEELCHAIR BASE	1/1/2014	12/31/2382	1
OPH	K0009	OTHER MANUAL WHEELCHAIR BASE	1/1/2012	12/31/2382	1
OPH	K0010	STANDARD-WEIGHT FRAME MOTORIZED, POWER WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	K0011	STANDARD WEIGHT FRAME MOTORIZED POWER WHEELCHAIR WITH	1/1/2014	12/31/2382	1
OPH	K0012	LIGHTWEIGHT PORTABLE MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	K0013	CUSTOM MOTORIZED POWER WHEELCHAIR	1/1/2014	12/31/2382	1
OPH	K0014	OTHER MOTORIZED POWER WHEELCHAIR BASE	1/1/2014	12/31/2382	1
OPH	K0015	DETACHABLE NONADJUSTABLE HEIGHT ARMREST ,EACH	1/1/2012	12/31/2382	2
OPH	K0017	DETACHABLE, ADJUSTABLE HEIGHT ARMREST , BASE EACH	1/1/2012	12/31/2382	2
OPH	K0018	DETACHABLE ADJUSTABLE HEIGHT ARMREST ,UPPER PORTION EACH	1/1/2012	12/31/2382	2
OPH	K0019	ARM PAD , EACH	1/1/2012	12/31/2382	2
OPH	K0020	FIXED, ADJUSTABLE HEIGHT ARM REST , PAIR	1/1/2012	12/31/2382	1
OPH	K0037	HIGH MOUNT FLIP-UP FOOTREST , EACH	1/1/2012	12/31/2382	2
OPH	K0038	LEG STRAP, EACH	1/1/2012	12/31/2382	2
OPH	K0039	LEG STRAP H-STYLE , EACH	1/1/2012	12/31/2382	2
OPH	K0040	ADJUSTABLE ANGLE FOOTPLATE, EACH	1/1/2012	12/31/2382	2
OPH	K0041	LARGE SIZE FOOTPLATE , EACH	1/1/2012	12/31/2382	2
OPH	K0042	STANDARD SIZE FOOTPLATE , EACH	1/1/2012	12/31/2382	2
OPH	K0043	FOOT REST LOWER EXTENSION TUBE , EACH	1/1/2012	12/31/2382	2
OPH	K0044	FOOTREST , UPPER HANGER BRACKET , EACH	1/1/2012	12/31/2382	2
OPH	K0045	FOOTREST , COMPLETE ASSEMBLY	1/1/2012	12/31/2382	2
OPH	K0046	ELEVATING LEGREST LOWER EXTENSION TUBE , EACH	1/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0047	ELEVATING LEGREST UPPER HANGAR BRACKET , EACH	1/1/2012	12/31/2382	2
OPH	K0050	RATCHET ASSEMBLY	1/1/2012	12/31/2382	2
OPH	K0051	CAM RELEASE ASSEMBLY , FOOTREST OR LEGREST , EACH	1/1/2012	12/31/2382	2
OPH	K0052	SWING AWAY DETACHABLE FOOTRESTS , EACH	1/1/2012	12/31/2382	2
OPH	K0053	ELEVATING FOOTRESTS ARTICULATING (TELESCOPING) , EACH	1/1/2012	12/31/2382	2
OPH	K0056	SEAT HEIGHT LESS THAN 17" OR LESS THAN OR EQUAL TO 21" FOR A HIGH STRENGTH LT-WGT OR ULTRA LT-WGT WHEELCHAIR	1/1/2012	12/31/2382	1
OPH	K0065	SPOKE PROTECTORS, EACH	1/1/2012	12/31/2382	2
OPH	K0069	REAR WHEEL ASSEMBLY COMPLETE WITH SOLID TIRES, SPOKES OR MOLDED , EACH	1/1/2012	12/31/2382	2
OPH	K0070	REAR WHEEL ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, SPOKES OR MOLDER, EACH	1/1/2012	12/31/2382	2
OPH	K0071	FRONT CASTER ASSEMBLY COMPLETE, WITH PNEUMATIC TIRE, EACH	1/1/2012	12/31/2382	2
OPH	K0072	FRONT CASTER ASSEMBLY COMPLETE, WITH SEMI-PNEUMATIC TIRE, EACH	1/1/2012	12/31/2382	2
OPH	K0073	CASTER PINLOCK, EACH	1/1/2012	12/31/2382	2
OPH	K0077	FRONT CASTER ASSEMBLY COMPLETE, WITH SOLID TIRE,EACH	1/1/2012	12/31/2382	2
OPH	K0098	DRIVE BELT FOR POWER WHEELCHAIR	4/1/2018	12/31/2382	2
OPH	K0105	IV HANGER, EACH	1/1/2012	12/31/2382	1
OPH	K0195	ELEVATING LEG RESTS, PAIR (FOR USED WITH CAPPED RENTAL WHEELCHAIR BASE)	10/1/2014	12/31/2382	1
OPH	K0455	INFUSION PUMP USED FOR UNINTERRUPTED ADMINISTRATION OF EPOPROSTENOL	1/1/2012	12/31/2382	1
OPH	K0462	TEMPORARY REPLACEMENT FOR PATIENT OWNED EQUIPMENT BEING REPAIRED, ANY TYPE	1/1/2012	12/31/2382	1
OPH	K0553	SUPPLY ALLOWANCE FOR THERAPEUTIC CONTINUOUS GLUCOSE MONITOR (CGM), INCLUDES ALL SUPPLIES AND ACCESSORIES, 1 MONTH SUPPLY = 1 UNIT OF SERVICE	1/1/2018	12/31/2382	1
OPH	K0554	RECEIVER (MONITOR), DEDICATED, FOR USE WITH THERAPEUTIC GLUCOSE CONTINUOUS MONITOR SYSTEM	1/1/2018	12/31/2382	1
OPH	K0604	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 3.6 VOLT, EACH	10/1/2015	12/31/2382	2
OPH	K0605	REPLACEMENT BATTERY FOR EXTERNAL INFUSION PUMP OWNED BY PATIENT, LITHIUM, 4.5 VOLT, EACH	10/1/2015	12/31/2382	2
OPH	K0606	AUTOMATIC EXTERNAL DEFIBRILLATOR, WITH INTEGRATED ELECTROCARDIOGRAM ANALYSIS, GARMENT TYPE	1/1/2012	12/31/2382	1
OPH	K0607	REPLACEMENT BATTERY FOR AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	1/1/2012	12/31/2382	1
OPH	K0608	REPLACEMENT GARMENT FOR AUTOMATED EXTERNAL DEFIBRILLATOR, EACH	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0609	REPLACEMENT ELECTRODES FOR USE WITH AUTOMATED EXTERNAL DEFIBRILLATOR, GARMENT TYPE ONLY, EACH	1/1/2012	12/31/2382	1
OPH	K0669	WHEELCHAIR SEAT OR BACK CUSHION, NO WRITTEN CODING VERIFICATION FROM SADMERC	1/1/2014	12/31/2382	2
OPH	K0672	ADDITION TO LOWER EXTREMITY ORTHOSIS, REMOVABLE SOFT INTERFACE,ALL COMPONENTS,REPLACEMENT ONLY,EACH	10/1/2014	12/31/2382	4
OPH	K0730	CONTROLLED DOSE INHALATION DRUG DELIVERY SYSTEM	1/1/2012	12/31/2382	1
OPH	K0733	POWER WHEELCHAIR ACCESSORY, 12 TO 24 AMP HOUR SEALED LEAD ACID BATTERY, EACH (E.G. GEL CELL, ABSORBED GLASS	1/1/2012	12/31/2382	2
OPH	K0738	PORTABLE GASEOUS OXYGEN SYSTEM, RENTAL; HOME COMPRESSOR USED TO FILL PORTABLE OXYGEN CLYLINDERS;	1/1/2012	12/31/2382	1
OPH	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2012	12/31/2382	1
OPH	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0807	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2012	12/31/2382	1
OPH	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	7/1/2013	12/31/2382	1
OPH	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO	1/1/2012	12/31/2382	1
OPH	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	1/1/2012	12/31/2382	1
OPH	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	1/1/2012	12/31/2382	1
OPH	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	1/1/2012	12/31/2382	1
OPH	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTIAN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2012	12/31/2382	1
OPH	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 451 TO 600 POUNDS OR MORE	1/1/2012	12/31/2382	1
OPH	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2012	12/31/2382	1
OPH	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2012	12/31/2382	1
OPH	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND	1/1/2012	12/31/2382	1
OPH	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	1/1/2012	12/31/2382	1
OPH	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	1/1/2012	12/31/2382	1
OPH	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	1/1/2012	12/31/2382	1
OPH	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1
OPH	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450	1/1/2012	12/31/2382	1
OPH	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACIT	1/1/2012	12/31/2382	1
OPH	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	1/1/2012	12/31/2382	1
OPH	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	1/1/2012	12/31/2382	1
OPH	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1
OPH	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	1/1/2012	12/31/2382	1
OPH	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	1/1/2012	12/31/2382	1
OPH	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	1/1/2012	12/31/2382	1
OPH	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
OPH	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	1/1/2012	12/31/2382	1
OPH	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAIN'S CHAIR, PATIENT WEIGHT 601 POUNDS OR MORE	1/1/2012	12/31/2382	1
OPH	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	1/1/2012	12/31/2382	1
OPH	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	1/1/2012	12/31/2382	1
OPH	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	1/1/2012	12/31/2382	1
OPH	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY 301	1/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY,SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1
OPH	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MUTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	1/1/2012	12/31/2382	1
OPH	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1
OPH	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPAC	1/1/2012	12/31/2382	1
OPH	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAP	1/1/2012	12/31/2382	1
OPH	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	1/1/2012	12/31/2382	1
OPH	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	1/1/2012	12/31/2382	1
OPH	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	4/1/2012	12/31/2382	1
OPH	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	4/1/2012	12/31/2382	1
OPH	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	1/1/2012	12/31/2382	1
OPH	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1
OPH	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301	4/1/2012	12/31/2382	1
OPH	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	1/1/2012	12/31/2382	1
OPH	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	1/1/2012	12/31/2382	1
OPH	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAIN'S CHAIR, PATIENT WEIGHT CAPACITY UP TO AND	4/1/2012	12/31/2382	1
OPH	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY	4/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO	4/1/2012	12/31/2382	1
OPH	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP	4/1/2012	12/31/2382	1
OPH	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	7/1/2014	12/31/2382	1
OPH	K0899	POWER MOBILITY DEVICE, NOT CODED BY SADMERC OR DOES NOT MEET CRITERIA	1/1/2014	12/31/2382	1
OPH	K0900	CUSTOMIZED DURABLE MEDICAL EQUIPMENT, OTHER THAN WHEELCHAIR	7/1/2014	12/31/2382	1
OPH	K1001	ELECTRONIC POSITIONAL OBSTRUCTIVE SLEEP APNEA TREATMENT, WITH SENSOR, INCLUDES ALL COMPONENTS AND ACCESSORIES, ANY TYPE	7/1/2020	12/31/2382	1
OPH	K1002	CRANIAL ELECTROTHERAPY STIMULATION (CES) SYSTEM, INCLUDES ALL SUPPLIES AND ACCESSORIES, ANY TYPE	7/1/2020	12/31/2382	1
OPH	K1003	WHIRLPOOL TUB, WALK-IN, PORTABLE	7/1/2020	12/31/2382	1
OPH	K1004	LOW FREQUENCY ULTRASONIC DIATHERMY TREATMENT DEVICE FOR HOME USE, INCLUDES ALL COMPONENTS AND ACCESSORIES	7/1/2020	12/31/2382	1
OPH	K1005	DISPOSABLE COLLECTION AND STORAGE BAG FOR BREAST MILK, ANY SIZE, ANY TYPE, EACH	7/1/2020	12/31/2382	300
OPH	K1006	SUCTION PUMP, HOME MODEL, PORTABLE OR STATIONARY, ELECTRIC, ANY TYPE, FOR USE WITH EXTERNAL URINE MANAGEMENT SYSTEM	10/1/2021	12/31/2382	1
OPH	K1007	BILATERAL HIP, KNEE, ANKLE, FOOT DEVICE, POWERED, INCLUDES PELVIC COMPONENT, SINGLE OR DOUBLE UPRIGHT(S), KNEE JOINTS ANY TYPE, WITH OR WITHOUT ANKLE JOINTS ANY TYPE, INCLUDES ALL COMPONENTS AND ACCESSORIES, MOTORS,	10/1/2021	12/31/2382	1
OPH	K1009	SPEECH VOLUME MODULATION SYSTEM, ANY TYPE, INCLUDING ALL COMPONENTS AND ACCESSORIES	10/1/2021	12/31/2382	1
OPH	K1013	ENEMA TUBE, ANY TYPE, REPLACEMENT ONLY, EACH	10/1/2021	12/31/2382	1
OPH	K1014	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, 4 BAR LINKAGE OR MULTIAXIAL, FLUID SWING AND STANCE PHASE CONTROL	10/1/2021	12/31/2382	1
OPH	K1015	FOOT, ADDUCTUS POSITIONING DEVICE, ADJUSTABLE	10/1/2021	12/31/2382	2
OPH	K1016	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR FOR ELECTRICAL STIMULATION OF THE TRIGEMINAL NERVE	10/1/2021	12/31/2382	1
OPH	K1017	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1016	10/1/2021	12/31/2382	1
OPH	K1018	EXTERNAL UPPER LIMB TREMOR STIMULATOR OF THE PERIPHERAL NERVES OF THE WRIST	10/1/2021	12/31/2382	1
OPH	K1019	MONTHLY SUPPLIES FOR USE OF DEVICE CODED AT K1018	10/1/2021	12/31/2382	1
OPH	K1020	NON-INVASIVE VAGUS NERVE STIMULATOR	10/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L0112	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
OPH	L0113	CRANIAL CERVICAL ORTHOSIS, CONGENITAL TORTICOLLIS TYPE, WITH OR WITHOUT SOFT INTERFACE MATERIAL, ADJUSTABLE	10/1/2010	12/31/2382	1
OPH	L0120	CERVICAL, FLEXIBLE, NON-ADJUSTABLE (FOAM COLLAR)	10/1/2010	12/31/2382	1
OPH	L0130	CERVICAL, FLEXIBLE, THERMOPLASTIC COLLAR, MOLDED TO PATIENT	10/1/2010	12/31/2382	1
OPH	L0140	CERVICAL, SEMI-RIGID, ADJUSTABLE (PLASTIC COLLAR)	10/1/2010	12/31/2382	1
OPH	L0150	CERVICAL, SEMI-RIGID, ADJUSTABLE MOLDED CHIN CUP (PLASTIC COLLAR WITH MANDIBULAR/OCCIPITAL PIECE)	10/1/2010	12/31/2382	1
OPH	L0160	CERVICAL, SEMI-RIGID, WIRE FRAME OCCIPITAL/MANDIBULAR SUPPORT	10/1/2010	12/31/2382	1
OPH	L0170	CERVICAL, COLLAR, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
OPH	L0172	CERVICAL, COLLAR, SEMI-RIGID THERMOPLASTIC FOAM, TWO PIECE	10/1/2010	12/31/2382	1
OPH	L0174	CERVICAL, COLLAR, SEMI-RIGID, THERMOPLASTIC FOAM, TWO PIECE WITH THORACIC EXTENSION	10/1/2010	12/31/2382	1
OPH	L0180	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE	10/1/2010	12/31/2382	1
OPH	L0190	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS (SOMI, GUILFORD, TAYLO	10/1/2010	12/31/2382	1
OPH	L0200	CERVICAL, MULTIPLE POST COLLAR, OCCIPITAL/MANDIBULAR SUPPORTS, ADJUSTABLE CERVICAL BARS, AND THORACIC EXTENSIO	10/1/2010	12/31/2382	1
OPH	L0220	THORACIC, RIB BELT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
OPH	L0450	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	1
OPH	L0452	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, UPPER THORACIC REGION, PRODUCES INTRACAVITARY PRESSURE, CUSTOM FABRICA	10/1/2010	12/31/2382	1
OPH	L0454	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	10/1/2010	12/31/2382	1
OPH	L0455	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORT, EXTENDS FROM SACROCOCCYGEAL JUNCTION TO ABOVE T-9 VERTEBRA, RESTRICTS	7/1/2014	12/31/2382	1
OPH	L0456	TLSO FLEXIBLE, PROVIDES TRUNK SUPPORT, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON, EXTEND	10/1/2010	12/31/2382	1
OPH	L0457	TLSO, FLEXIBLE, PROVIDES TRUNK SUPPORTS, THORACIC REGION, RIGID POSTERIOR PANEL AND SOFT ANTERIOR APRON	7/1/2014	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L0458	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
OPH	L0460	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM THE	10/1/2010	12/31/2382	1
OPH	L0462	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM	10/1/2010	12/31/2382	1
OPH	L0464	TLSO, TRIPLANAR CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, FOUR RIGID PLASTIC SHELLS, POSTERIOR EXTENDS FROM TH	10/1/2010	12/31/2382	1
OPH	L0466	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES AND PADD	10/1/2010	12/31/2382	1
OPH	L0467	TLSO, SAGITTAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
OPH	L0468	TLSO, SAGITTAL-CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT APRON WITH STRAPS,CLOSURE AND PADDING	10/1/2010	12/31/2382	1
OPH	L0469	TLSO, SAGITTAL CORONAL CONTROL, RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURES	7/1/2014	12/31/2382	1
OPH	L0470	TLSO, TRIPLANAR CONTROL,RIGID POSTERIOR FRAME AND FLEXIBLE SOFT ANTERIOR APRON WITH STRAPS, CLOSURE AND	10/1/2010	12/31/2382	1
OPH	L0472	TLSO, TRIPLANAR CONTROL, HYPEREXTENSION, RIGID, ANTERIOR AND LATERAL FRAME EXTENDS FROM SYMPHYSIS PUBIS TO ST	10/1/2010	12/31/2382	1
OPH	L0480	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, WITH MULTIPLE STRAPS AND CLOSU	10/1/2010	12/31/2382	1
OPH	L0482	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD	10/1/2010	12/31/2382	1
OPH	L0484	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITHOUT INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES,	10/1/2010	12/31/2382	1
OPH	L0486	TLSO, TRIPLANAR CONTROL, TWO PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, INCLUDES A CARVED PLASTER OR CAD-	10/1/2010	12/31/2382	1
OPH	L0488	TLSO, TRIPLANAR CONTROL, ONE PIECE RIGID PLASTIC SHELL WITH INTERFACE LINER, MULTIPLE STRAPS AND CLOSURES, POS	10/1/2010	12/31/2382	1
OPH	L0490	TLSO, SAGITTAL-CORONAL CONTROL, ONE PIECE RIGID PLASTIC SHELL, WITH OVERLAPPING REINFORCED ANTERIOR, WITH MULT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L0491	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, TWO RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
OPH	L0492	TLSO, SAGITTAL-CORONAL CONTROL, MODULAR SEGMENTED SPINAL SYSTEM, THREE RIGID PLASTIC SHELLS, POSTERIOR EXTENDS	10/1/2010	12/31/2382	1
OPH	L0621	SACROILIAC ORTHOSIS, FLEXIBLE, PROVIDES PELVIC-SACRAL SUPPORT, REDUCES MOTION ABOUT THE SACROILIAC JOINT	10/1/2010	12/31/2382	1
OPH	L0622	SACROILIAC ORTHOSIS, FLEXABLE, PROVIDES PELVIC-SACRAL SUPPORT, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
OPH	L0623	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS OVER THE SACRUM AND	10/1/2010	12/31/2382	1
OPH	L0624	SACROILIAC ORTHOSIS, PROVIDES PELVIC-SACRAL SUPPORT, WITH RIGID OR SEMI-RIGID PANELS PLACED OVER THE SACRUM	10/1/2010	12/31/2382	1
OPH	L0625	LUMBAR OTHOSIS, FLEXIBLE, PROVIDES LUMBAR SUPPORT, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEBRA, PRODUCES	10/1/2010	12/31/2382	1
OPH	L0626	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BELOW L-5 VERTEB	10/1/2010	12/31/2382	1
OPH	L0627	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM L-1 TO BEL	10/1/2010	12/31/2382	1
OPH	L0628	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA	10/1/2010	12/31/2382	1
OPH	L0629	LSO, FLEXIBLE, PROVIDES LUMBO-SACRAL SUPPORT, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9 VERTEBRA,	10/1/2010	12/31/2382	1
OPH	L0630	LSO, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
OPH	L0631	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTIO	10/1/2010	12/31/2382	1
OPH	L0632	LSO, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1
OPH	L0633	LSO, SAGITTAL-CORONAL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCTION TO	10/1/2010	12/31/2382	1
OPH	L0634	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCOCCYGEAL JUNCT	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L0635	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING DESIGN TO	10/1/2010	12/31/2382	1
OPH	L0636	LSO, SAGITTAL-CORONAL CONTROL, LUMBAR FLEXION, RIGID POSTERIOR FRAME/PANELS, LATERAL ARTICULATING	10/1/2010	12/31/2382	1
OPH	L0637	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
OPH	L0638	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANELS, POSTERIOR EXTENDS FROM SACROCCO	10/1/2010	12/31/2382	1
OPH	L0639	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
OPH	L0640	LSO, SAGITTAL-CORONAL CONTROL, WITH RIGID SHELLS/PANELS, POSTERIOR EXTENDS FROM SACROCCOCCYGEAL JUNCTION TO T-9	10/1/2010	12/31/2382	1
OPH	L0641	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM 1-1 TO BELOW	7/1/2014	12/31/2382	1
OPH	L0642	LUMBAR ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM 1-1 TO	7/1/2014	12/31/2382	1
OPH	L0643	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID POSTERIOR PANEL(S), POSTERIOR EXTENDS FROM SACROCCOCCYGEAL	7/1/2014	12/31/2382	1
OPH	L0648	LUMBAR-SACRAL ORTHOSIS, SAGITTAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR PANELS, POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
OPH	L0649	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID POSTERIOR FRAME/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
OPH	L0650	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID ANTERIOR AND POSTERIOR FRAME/PANEL(S), POSTERIOR	7/1/2014	12/31/2382	1
OPH	L0651	LUMBAR-SACRAL ORTHOSIS, SAGITTAL -CORONAL CONTROL, WITH RIGID SHELL(S)/PANEL(S), POSTERIOR EXTENDS FROM	7/1/2014	12/31/2382	1
OPH	L0700	CERVICAL-THORACIC-LUMBAR-SACRAL-ORTHOSES (CTLSO), ANTERIOR-POSTERIOR-LATERAL CONTROL, MOLDED TO PATIENT MODEL,	10/1/2010	12/31/2382	1
OPH	L0710	CTLSO, ANTERIOR-POSTERIOR-LATERAL-CONTROL, MOLDED TO PATIENT MODEL, WITH INTERFACE MATERIAL, (MINERVA TYPE)	10/1/2010	12/31/2382	1
OPH	L0810	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO JACKET VEST	10/1/2010	12/31/2382	1
OPH	L0820	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO PLASTER BODY JACKET	10/1/2010	12/31/2382	1
OPH	L0830	HALO PROCEDURE, CERVICAL HALO INCORPORATED INTO MILWAUKEE TYPE ORTHOSIS	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L0859	ADDITION TO HALO PROCEDURE, MAGNETIC RESONANCE IMAGE COMPATIBLE SYSTEMS, RINGS AND PINS, ANY MATERIAL	10/1/2010	12/31/2382	1
OPH	L0861	ADDITION TO HALO PROCEDURE, REPLACEMENT LINER/INTERFACE MATERIAL	10/1/2010	12/31/2382	1
OPH	L0970	TLSO, CORSET FRONT	10/1/2010	12/31/2382	1
OPH	L0972	LSO, CORSET FRONT	10/1/2010	12/31/2382	1
OPH	L0974	TLSO, FULL CORSET	10/1/2010	12/31/2382	1
OPH	L0976	LSO, FULL CORSET	10/1/2010	12/31/2382	1
OPH	L0978	AXILLARY CRUTCH EXTENSION	10/1/2010	12/31/2382	2
OPH	L0980	PERONEAL STRAPS, PAIR	10/1/2010	12/31/2382	1
OPH	L0982	STOCKING SUPPORTER GRIPS, SET OF FOUR (4)	7/1/2014	12/31/2382	1
OPH	L0984	PROTECTIVE BODY SOCK, EACH	7/1/2014	12/31/2382	3
OPH	L1000	CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) (MILWAUKEE), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS, INCLUD	10/1/2010	12/31/2382	1
OPH	L1001	CERVICAL THORACIC LUMBAR SACRAL ORTHOSIS, IMMOBILIZER, INFANT SIZE, PREFABRICATED, INCLUDES FITTING AND ADJ	4/1/2012	12/31/2382	1
OPH	L1005	TENSION BASED SCOLIOSIS ORTHOSIS AND ACCESSORY PADS, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	1
OPH	L1010	ADDITION TO CERVICAL-THORACIC-LUMBAR-SACRAL ORTHOSIS (CTLSO) OR SCOLIOSIS ORTHOSIS, AXILLA SLING	10/1/2010	12/31/2382	2
OPH	L1020	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD	10/1/2010	12/31/2382	2
OPH	L1025	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, KYPHOSIS PAD, FLOATING	10/1/2010	12/31/2382	1
OPH	L1030	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR BOLSTER PAD	10/1/2010	12/31/2382	1
OPH	L1040	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR OR LUMBAR RIB PAD	10/1/2010	12/31/2382	1
OPH	L1050	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, STERNAL PAD	10/1/2010	12/31/2382	1
OPH	L1060	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, THORACIC PAD	10/1/2010	12/31/2382	1
OPH	L1070	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, TRAPEZIUS SLING	10/1/2010	12/31/2382	2
OPH	L1080	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER	10/1/2010	12/31/2382	2
OPH	L1085	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, OUTRIGGER, BILATERAL WITH VERTICAL EXTENSIONS	10/1/2010	12/31/2382	1
OPH	L1090	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, LUMBAR SLING	10/1/2010	12/31/2382	1
OPH	L1100	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER	10/1/2010	12/31/2382	2
OPH	L1110	ADDITION TO CTLSO OR SCOLIOSIS ORTHOSIS, RING FLANGE, PLASTIC OR LEATHER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L1120	ADDITION TO CTLSO, SCOLIOSIS ORTHOSIS, COVER FOR UPRIGHT, EACH	10/1/2010	12/31/2382	3
OPH	L1200	THORACIC-LUMBAR-SACRAL-ORTHOISIS (TLSO), INCLUSIVE OF FURNISHING INITIAL ORTHOSIS ONLY	10/1/2010	12/31/2382	1
OPH	L1210	ADDITION TO TLSO, (LOW PROFILE), LATERAL THORACIC EXTENSION	10/1/2010	12/31/2382	2
OPH	L1220	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC EXTENSION	10/1/2010	12/31/2382	1
OPH	L1230	ADDITION TO TLSO, (LOW PROFILE), MILWAUKEE TYPE SUPERSTRUCTURE	10/1/2010	12/31/2382	1
OPH	L1240	ADDITION TO TLSO, (LOW PROFILE), LUMBAR DEROTATION PAD	10/1/2010	12/31/2382	1
OPH	L1250	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR ASIS PAD	10/1/2010	12/31/2382	2
OPH	L1260	ADDITION TO TLSO, (LOW PROFILE), ANTERIOR THORACIC DEROTATION PAD	10/1/2010	12/31/2382	1
OPH	L1270	ADDITION TO TLSO, (LOW PROFILE), ABDOMINAL PAD	10/1/2010	12/31/2382	3
OPH	L1280	ADDITION TO TLSO, (LOW PROFILE), RIB GUSSET (ELASTIC), EACH	10/1/2010	12/31/2382	2
OPH	L1290	ADDITION TO TLSO, (LOW PROFILE), LATERAL TROCHANTERIC PAD	10/1/2010	12/31/2382	2
OPH	L1300	OTHER SCOLIOSIS PROCEDURE, BODY JACKET MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	1
OPH	L1310	OTHER SCOLIOSIS PROCEDURE, POST-OPERATIVE BODY JACKET	10/1/2010	12/31/2382	1
OPH	L1499	SPINAL ORTHOSIS, NOT OTHERWISE SPECIFIED	7/1/2014	12/31/2382	1
OPH	L1600	HIP ORTHOSIS (HO), ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA TYPE WITH COVER	10/1/2010	12/31/2382	1
OPH	L1610	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, FREJKA COVER ONLY	10/1/2010	12/31/2382	1
OPH	L1620	HO, ABDUCTION CONTROL OF HIP JOINTS, FLEXIBLE, PAVLIK HARNESS	10/1/2010	12/31/2382	1
OPH	L1630	HO, ABDUCTION CONTROL OF HIP JOINTS, SEMI-FLEXIBLE (VON ROSEN TYPE)	10/1/2010	12/31/2382	1
OPH	L1640	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PELVIC BAND OR SPREADER BAR, THIGH CUFFS	10/1/2010	12/31/2382	1
OPH	L1650	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, ADJUSTABLE, (ILFLED TYPE)	10/1/2010	12/31/2382	1
OPH	L1652	HIP ORTHOSIS, BILATERAL THIGH CUFFS WITH ADJUSTABLE ABDUCTOR SPREADER BAR,ADULT SIZE, PREFABRICATED, INCLUDES	10/1/2010	12/31/2382	1
OPH	L1660	HO, ABDUCTION CONTROL OF HIP JOINTS, STATIC, PLASTIC,	10/1/2010	12/31/2382	1
OPH	L1680	HO, ABDUCTION CONTROL OF HIP JOINTS, DYNAMIC, PELVIC CONTROL, ADJUSTABLE HIP MOTION CONTROL, THIGH CUFFS (RANC	10/1/2010	12/31/2382	1
OPH	L1685	HO, ABDUCTION CONTROL OF HIP JOINT, POST-OPERATIVE HIP ABDUCTION TYPE, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
OPH	L1686	HO, ABDUCTION CONTROL OF HIP JOINT, POSTOPERATIVE HIP ABDUCTION TYPE	10/1/2010	12/31/2382	1
OPH	L1690	COMBINATION,BILATERAL,LUMBO-SACRAL,HIP,FEMUR ORTHOSIS PROVIDING ADDUCTION AND INTERNAL ROTATION CONTROL	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L1700	LEGG PERTHES ORTHOSIS, TORONTO TYPE	10/1/2010	12/31/2382	1
OPH	L1710	LEGG PERTHES ORTHOSIS, NEWINGTON TYPE	10/1/2010	12/31/2382	1
OPH	L1720	LEGG PERTHES ORTHOSIS, TRILATERAL, (TACHDIJAN TYPE)	10/1/2010	12/31/2382	2
OPH	L1730	LEGG PERTHES ORTHOSIS, SCOTTISH RITE TYPE	10/1/2010	12/31/2382	1
OPH	L1755	LEGG PERTHES ORTHOSIS, PATTEN BOTTOM TYPE	10/1/2010	12/31/2382	2
OPH	L1810	KO, ELASTIC WITH JOINTS	10/1/2010	12/31/2382	2
OPH	L1812	KNEE ORTHOSIS, ELASTIC WITH JOINTS, PREFABRICATED, OFF -THE- SHELF	7/1/2014	12/31/2382	2
OPH	L1820	KO, ELASTIC WITH CONDYLAR PADS AND JOINTS	10/1/2010	12/31/2382	2
OPH	L1830	KO, IMMOBILIZER, CANVAS LONGITUDINAL	10/1/2010	12/31/2382	2
OPH	L1831	KNEE ORTHOSIS, LOCKING KNEE JOINT, POSITIONAL ORTHOSIS, PREFABRICATED , INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
OPH	L1832	KO, ADJUSTABLE KNEE JOINTS, POSITIONAL ORTHOSIS, RIGID SUPPORT	10/1/2010	12/31/2382	2
OPH	L1833	KNEE ORTHOSIS, ADJUSTABLE KNEE JOINTS (UNICENTRIC OR POLYCENTRIC), POSITIONAL ORTHOSIS, RIGID SUPPORT	7/1/2014	12/31/2382	2
OPH	L1834	KO, WITHOUT KNEE JOINT, RIGID, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L1836	KNEE ORTHOSIS, RIGID, WITHOUT JOINT(S), INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
OPH	L1840	KO, DEROTATION, MEDIAL-LATERAL, ANTERIOR CRUCIATE LIGAMENT, CUSTOM FABRICATED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L1843	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION	10/1/2010	12/31/2382	2
OPH	L1844	KO, SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
OPH	L1845	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
OPH	L1846	KO, DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION C	10/1/2010	12/31/2382	2
OPH	L1847	KO,DOUBLE UPRIGHT WITH ADJUSTABLE JOINT,WITH INFLATABLE AIR SUPPORT CHAMBER(S),PREFABRICATED,INCLUDES FITTING	10/1/2010	12/31/2382	2
OPH	L1848	KNEE ORTHOSIS,DOUBLE UPRIGHT WITH ADJUSTABLE KNEE JOINTS, WITH INFLATABLE AIR SUPPORT CHAMBER(S)	7/1/2014	12/31/2382	2
OPH	L1850	KO, SWEDISH TYPE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L1851	KNEE ORTHOSIS (KO), SINGLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2
OPH	L1852	KNEE ORTHOSIS (KO), DOUBLE UPRIGHT, THIGH AND CALF, WITH ADJUSTABLE FLEXION AND EXTENSION JOINT, MEDIAL-LATERAL AND ROTATION CONTROL, WITH OR WITHOUT VARUS/VALGUS	1/1/2017	12/31/2382	2
OPH	L1860	KO, MODIFICATION OF SUPRACONDYLAR PROSTHETIC SOCKET, MOLDED TO PATIENT MODEL (SK)	10/1/2010	12/31/2382	2
OPH	L1900	ANKLE-FOOT ORTHOSIS (AFO), SPRING WIRE, DORSIFLEXION ASSIST CALF BAND	10/1/2010	12/31/2382	2
OPH	L1902	AFO, ANKLE GAUNTLET,	10/1/2010	12/31/2382	2
OPH	L1904	AFO, MOLDED ANKLE GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L1906	AFO, MULTILIGAMENTUS ANKLE SUPPORT	10/1/2010	12/31/2382	2
OPH	L1907	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/ PADS, CUSTOM FABRICATED	10/1/2010	12/31/2382	2
OPH	L1910	AFO, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER	10/1/2010	12/31/2382	2
OPH	L1920	AFO, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE)	10/1/2010	12/31/2382	2
OPH	L1930	AFO, PLASTIC	10/1/2010	12/31/2382	2
OPH	L1932	AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL,	10/1/2010	12/31/2382	2
OPH	L1940	AFO, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2
OPH	L1945	AFO, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION)	10/1/2010	12/31/2382	2
OPH	L1950	AFO, SPIRAL, MOLDED TO PATIENT MODEL (IRM TYPE), PLASTIC	10/1/2010	12/31/2382	2
OPH	L1951	AFO, SPIRAL, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
OPH	L1960	AFO, POSTERIOR SOLID ANKLE, MOLDED TO PATIENT MODEL, PLASTIC	10/1/2010	12/31/2382	2
OPH	L1970	AFO, PLASTIC MOLDED TO PATIENT MODEL, WITH ANKLE JOINT	10/1/2010	12/31/2382	2
OPH	L1971	AFO, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
OPH	L1980	AFO, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2
OPH	L1990	AFO, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L2000	KNEE-ANKLE-FOOT-ORTHOSES (KAFO), SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CU	10/1/2010	12/31/2382	2
OPH	L2005	KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE	10/1/2010	12/31/2382	2
OPH	L2006	KNEE ANKLE FOOT DEVICE, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, SWING AND/OR STANCE PHASE MICROPROCESSOR CONTROL WITH ADJUSTABILITY, INCLUDES ALL COMPONENTS (E.G., SENSORS, BATTERIES, CHARGER), ANY TYPE ACTIVATION, WITH OR WITHOUT	7/1/2020	12/31/2382	1
OPH	L2010	KAFO, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), WITHOU	10/1/2010	12/31/2382	2
OPH	L2020	KAFO, DOUBLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHOS	10/1/2010	12/31/2382	2
OPH	L2030	KAFO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH AND CALF BANDS/CUFFS, (DOUBLE BAR "AK" ORTHOSIS), WITHO	10/1/2010	12/31/2382	2
OPH	L2034	KAFO, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL,	10/1/2010	12/31/2382	2
OPH	L2035	KAFO, FULL PLASTIC, STATIC, PREFABRICATED (PEDIATRIC SIZE)	10/1/2010	12/31/2382	2
OPH	L2036	KAFO, FULL PLASTIC, DOUBLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2037	KAFO, FULL PLASTIC, SINGLE UPRIGHT, FREE KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2038	KAFO, FULL PLASTIC, WITHOUT KNEE JOINT, MULTI-AXIS ANKLE, MOLDED TO PATIENT MODEL (LIVELY ORTHOSIS OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L2040	HIP-KNEE-ANKLE-FOOT ORTHOSIS (HKAFO) TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2050	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2060	HKAFO, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2070	HKAFO, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2080	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2090	HKAFO, TORSION CONTROL, UNILATERAL TORSION CABLE, BALL BEARING HIP JOINT, PELVIC BAND/BELT	10/1/2010	12/31/2382	1
OPH	L2106	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIENT	10/1/2010	12/31/2382	2
OPH	L2108	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L2112	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
OPH	L2114	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
OPH	L2116	AFO, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
OPH	L2126	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, MOLDED TO PATIEN	10/1/2010	12/31/2382	2
OPH	L2128	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2132	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT	10/1/2010	12/31/2382	2
OPH	L2134	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID	10/1/2010	12/31/2382	2
OPH	L2136	KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID	10/1/2010	12/31/2382	2
OPH	L2180	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS	10/1/2010	12/31/2382	2
OPH	L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	7/1/2022	12/31/2382	2
OPH	L2182	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT	7/1/2014	6/30/2022	4
OPH	L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	7/1/2014	6/30/2022	4
OPH	L2184	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT	7/1/2022	12/31/2382	2
OPH	L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	7/1/2022	12/31/2382	2
OPH	L2186	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE	7/1/2014	6/30/2022	4
OPH	L2188	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM	10/1/2010	12/31/2382	2
OPH	L2190	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT	10/1/2010	12/31/2382	2
OPH	L2192	ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT	10/1/2010	12/31/2382	2
OPH	L2200	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT	7/1/2014	12/31/2382	4
OPH	L2210	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT	7/1/2014	12/31/2382	4
OPH	L2220	ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT	7/1/2014	12/31/2382	4
OPH	L2230	ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2
OPH	L2232	ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE	10/1/2010	12/31/2382	2
OPH	L2240	ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L2250	ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT	10/1/2010	12/31/2382	2
OPH	L2260	ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)	10/1/2010	12/31/2382	2
OPH	L2265	ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP	10/1/2010	12/31/2382	2
OPH	L2270	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD	10/1/2010	12/31/2382	2
OPH	L2275	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTICMODIFICATION, PADDED/LINED	10/1/2010	12/31/2382	2
OPH	L2280	ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT	10/1/2010	12/31/2382	2
OPH	L2300	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE	10/1/2010	12/31/2382	1
OPH	L2310	ADDITION TO LOWER EXTREMITY, ABDUCTION BAR-STRAIGHT	10/1/2010	12/31/2382	1
OPH	L2320	ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER	10/1/2010	12/31/2382	2
OPH	L2330	ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2335	ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND	10/1/2010	12/31/2382	2
OPH	L2340	ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2350	ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE, (BK) SOCKET, MOLDED TO PATIENT MODEL, (USED FOR 'PTB' 'AFO' ORT	10/1/2010	12/31/2382	2
OPH	L2360	ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK	10/1/2010	12/31/2382	2
OPH	L2370	ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM	10/1/2010	12/31/2382	2
OPH	L2375	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP	10/1/2010	12/31/2382	2
OPH	L2380	ADDITION TO LOWER EXTREMITY, TORSION CONTROL, STRAIGHT KNEE JOINT, EACH JOINT	10/1/2010	12/31/2382	2
OPH	L2385	ADDITION TO LOWER EXTREMITY, STRAIGHT KNEE JOINT, HEAVY DUTY, EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2387	ADDITION TO LOWER EXTREMITY, POLYCENTRIC KNEE JOINT, FOR CUSTOM FABRICATED KNEE ANKLE FOOT ORTHOSIS, EACH JOIN	10/1/2014	12/31/2382	4
OPH	L2390	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2395	ADDITION TO LOWER EXTREMITY, OFFSET KNEE JOINT, HEAVY DUTY, EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2397	ADDITION TO LOWER EXTREMITY ORTHOSES, SUSPENSION SLEAVE	10/1/2014	12/31/2382	4
OPH	L2405	ADDITION TO KNEE JOINT, DROP LOCK, EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2415	ADDITION TO KNEE JOINT, CAM LOCK (SWISS, FRENCH, BAIL TYPES) EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2425	ADDITION TO KNEE JOINT, DISC OR DIAL LOCK FOR ADJUSTABLE KNEE FLEXION, EACH JOINT	10/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L2430	ADDITION TO KNEE JOINT, RATCHET LOCK FOR ACTIVE AND PROGRESSIVE KNEE EXTENSION, EACH JOINT	10/1/2014	12/31/2382	4
OPH	L2492	ADDITION TO KNEE JOINT, LIFT LOOP FOR DROP LOCK RING	10/1/2014	12/31/2382	4
OPH	L2500	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, GLUTEAL/ ISCHIAL WEIGHT BEARING, RING	10/1/2010	12/31/2382	2
OPH	L2510	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2520	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, QUADRI- LATERAL BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
OPH	L2525	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2526	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, ISCHIAL CONTAINMENT/NARROW M-L BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
OPH	L2530	ADDITION TO LOWER EXTREMITY, THIGH-WEIGHT BEARING, LACER, NON-MOLDED	10/1/2010	12/31/2382	2
OPH	L2540	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, LACER, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L2550	ADDITION TO LOWER EXTREMITY, THIGH/WEIGHT BEARING, HIGH ROLL CUFF	10/1/2010	12/31/2382	2
OPH	L2570	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE TWO POSITION JOINT, EACH	10/1/2010	12/31/2382	2
OPH	L2580	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PELVIC SLING	10/1/2010	12/31/2382	2
OPH	L2600	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS TYPE, OR THRUST BEARING, FREE, EACH	10/1/2010	12/31/2382	2
OPH	L2610	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, CLEVIS OR THRUST BEARING, LOCK, EACH	10/1/2010	12/31/2382	2
OPH	L2620	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, HEAVY DUTY, EACH	10/1/2010	12/31/2382	2
OPH	L2622	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EACH	10/1/2010	12/31/2382	2
OPH	L2624	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, HIP JOINT, ADJUSTABLE FLEXION, EXTENSION, ABDUCTION CONTROL, EACH	10/1/2010	12/31/2382	2
OPH	L2627	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, PLASTIC, MOLDED TO PATIENT MODEL, RECIPROCATING HIP JOINT AND CAB	10/1/2010	12/31/2382	1
OPH	L2628	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, METAL FRAME, RECIPROCATING HIP JOINT AND CABLES	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L2630	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, UNILATERAL	10/1/2010	12/31/2382	1
OPH	L2640	ADDITION TO LOWER EXTREMITY, PELVIC CONTROL, BAND AND BELT, BILATERAL	10/1/2010	12/31/2382	1
OPH	L2650	ADDITION TO LOWER EXTREMITY, PELVIC AND THORACIC CONTROL, GLUTEAL PAD, EACH	10/1/2010	12/31/2382	2
OPH	L2660	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, THORACIC BAND	10/1/2010	12/31/2382	1
OPH	L2670	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, PARASPINAL UPRIGHTS	10/1/2010	12/31/2382	2
OPH	L2680	ADDITION TO LOWER EXTREMITY, THORACIC CONTROL, LATERAL SUPPORT UPRIGHTS	10/1/2010	12/31/2382	2
OPH	L2750	ADDITION TO LOWER EXTREMITY ORTHOSIS, PLATING CHROME OR NICKEL, PER BAR	4/1/2018	12/31/2382	8
OPH	L2755	ADDITION TO LOWER EXTREMITY ORTHOSIS, CARBON GRAPHITE LAMINATION	4/1/2018	12/31/2382	8
OPH	L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	4/1/2018	6/30/2022	8
OPH	L2760	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)	7/1/2022	12/31/2382	4
OPH	L2768	ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR	10/1/2014	12/31/2382	4
OPH	L2780	ADDITION TO LOWER EXTREMITY ORTHOSIS, NON-CORROSIVE FINISH, PER BAR	4/1/2018	12/31/2382	8
OPH	L2785	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH	10/1/2014	12/31/2382	4
OPH	L2795	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP	10/1/2010	12/31/2382	2
OPH	L2800	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL	10/1/2010	12/31/2382	2
OPH	L2810	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD	10/1/2014	12/31/2382	4
OPH	L2820	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION	10/1/2010	12/31/2382	2
OPH	L2830	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION	10/1/2010	12/31/2382	2
OPH	L2861	ADDITION TO LOWER EXTREMITY JOINT, KNEE OR ANKLE, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR CUSTOM	1/1/2014	12/31/2382	2
OPH	L3000	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH	10/1/2010	12/31/2382	2
OPH	L3001	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH	10/1/2010	12/31/2382	2
OPH	L3002	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, EACH	10/1/2010	12/31/2382	2
OPH	L3003	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH	10/1/2010	12/31/2382	2
OPH	L3010	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPPORT, EACH	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3020	FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/ METATARSAL SUPPORT, EACH	10/1/2010	12/31/2382	2
OPH	L3030	FOOT, INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH	10/1/2010	12/31/2382	2
OPH	L3031	FOOT INSERT, PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL	10/1/2010	12/31/2382	2
OPH	L3040	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2
OPH	L3050	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH	10/1/2010	12/31/2382	2
OPH	L3060	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/ METATARSAL, EACH	10/1/2010	12/31/2382	2
OPH	L3070	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH	10/1/2010	12/31/2382	2
OPH	L3080	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, METATARSAL, EACH	10/1/2010	12/31/2382	2
OPH	L3090	FOOT, ARCH SUPPORT, NON-REMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH	10/1/2010	12/31/2382	2
OPH	L3100	HALLUS-VALGUS NIGHT DYNAMIC SPLINT	10/1/2010	12/31/2382	2
OPH	L3140	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), INCLUDING SHOES	10/1/2010	12/31/2382	1
OPH	L3150	FOOT, ABDUCTION ROTATION BARS (DENNIS BROWNE TYPE), CLAMPED TO SHOE	10/1/2010	12/31/2382	1
OPH	L3160	FOOT ADJUSTABLE SHOE-STYLED POSITIONING DEVICE	10/1/2010	12/31/2382	2
OPH	L3170	FOOT, PLASTIC HEEL STABILIZER	10/1/2010	12/31/2382	2
OPH	L3201	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
OPH	L3202	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
OPH	L3203	ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2
OPH	L3204	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT	4/1/2014	12/31/2382	2
OPH	L3206	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD	4/1/2014	12/31/2382	2
OPH	L3207	ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR	4/1/2014	12/31/2382	2
OPH	L3208	SURGICAL BOOT, EACH, INFANT	4/1/2014	12/31/2382	2
OPH	L3209	SURGICAL BOOT, EACH, CHILD	4/1/2014	12/31/2382	2
OPH	L3211	SURGICAL BOOT, EACH, JUNIOR	4/1/2014	12/31/2382	2
OPH	L3212	BENESCH BOOT, PAIR, INFANT	4/1/2014	12/31/2382	1
OPH	L3213	BENESCH BOOT, PAIR, CHILD	4/1/2014	12/31/2382	1
OPH	L3214	BENESCH BOOT, PAIR, JUNIOR	4/1/2014	12/31/2382	1
OPH	L3215	ORTHOPEDIC FOOTWEAR, LADIES SHOES, OXFORD	10/1/2010	12/31/2382	2
OPH	L3216	ORTHOPEDIC FOOTWEAR, LADIES SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
OPH	L3217	ORTHOPEDIC FOOTWEAR, LADIES SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
OPH	L3219	ORTHOPEDIC FOOTWEAR, MENS SHOES, OXFORD	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3221	ORTHOPEDIC FOOTWEAR, MENS SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
OPH	L3222	ORTHOPEDIC FOOTWEAR, MENS SHOES, HIGHTOP, DEPTH INLAY	10/1/2010	12/31/2382	2
OPH	L3224	ORTHOPEDIC FOOTWEAR, WOMEN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOISIS)	10/1/2010	12/31/2382	2
OPH	L3225	ORTHOPEDIC FOOTWEAR, MAN'S SHOE, OXFORD, USED AS AN INTEGRAL PART OF A BRACE (ORTHOISIS)	10/1/2010	12/31/2382	2
OPH	L3230	ORTHOPEDIC FOOTWEAR, CUSTOM SHOES, DEPTH INLAY	10/1/2010	12/31/2382	2
OPH	L3250	ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH	10/1/2010	12/31/2382	2
OPH	L3251	FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH	10/1/2010	12/31/2382	2
OPH	L3252	FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH	10/1/2010	12/31/2382	2
OPH	L3253	FOOT, MOLDED SHOE PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH	10/1/2010	12/31/2382	2
OPH	L3254	NON-STANDARD SIZE OR WIDTH	4/1/2014	12/31/2382	2
OPH	L3255	NON-STANDARD SIZE OR LENGTH	4/1/2014	12/31/2382	2
OPH	L3257	ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE	4/1/2014	12/31/2382	1
OPH	L3260	AMBULATORY SURGICAL BOOT, EACH	4/1/2014	12/31/2382	2
OPH	L3265	PLASTAZOTE SANDAL, EACH	4/1/2014	12/31/2382	2
OPH	L3300	LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH	4/1/2018	12/31/2382	4
OPH	L3310	LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH	4/1/2018	12/31/2382	4
OPH	L3330	LIFT, ELEVATION, METAL EXTENSION (SKATE)	10/1/2010	12/31/2382	2
OPH	L3332	LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH	10/1/2010	12/31/2382	2
OPH	L3334	LIFT, ELEVATION, HEEL, PER INCH	4/1/2018	12/31/2382	4
OPH	L3340	HEEL WEDGE, SACH	10/1/2010	12/31/2382	2
OPH	L3350	HEEL WEDGE	10/1/2010	12/31/2382	2
OPH	L3360	SOLE WEDGE, OUTSIDE SOLE	10/1/2010	12/31/2382	2
OPH	L3370	SOLE WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
OPH	L3380	CLUBFOOT WEDGE	10/1/2010	12/31/2382	2
OPH	L3390	OUTFLARE WEDGE	10/1/2010	12/31/2382	2
OPH	L3400	METATARSAL BAR WEDGE, ROCKER	10/1/2010	12/31/2382	2
OPH	L3410	METATARSAL BAR WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
OPH	L3420	FULL SOLE AND HEEL WEDGE, BETWEEN SOLE	10/1/2010	12/31/2382	2
OPH	L3430	HEEL, COUNTER, PLASTIC REINFORCED	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3440	HEEL, COUNTER, LEATHER REINFORCED	10/1/2010	12/31/2382	2
OPH	L3450	HEEL, SACH CUSHION TYPE	10/1/2010	12/31/2382	2
OPH	L3455	HEEL, NEW LEATHER, STANDARD	10/1/2010	12/31/2382	2
OPH	L3460	HEEL, NEW RUBBER, STANDARD	10/1/2010	12/31/2382	2
OPH	L3465	HEEL, THOMAS WITH WEDGE	10/1/2010	12/31/2382	2
OPH	L3470	HEEL, THOMAS EXTENDED TO BALL	10/1/2010	12/31/2382	2
OPH	L3480	HEEL, PAD AND DEPRESSION FOR SPUR	10/1/2010	12/31/2382	2
OPH	L3485	HEEL, PAD, REMOVABLE FOR SPUR	10/1/2010	12/31/2382	2
OPH	L3500	MISCELLANEOUS SHOE ADDITION, INSOLE, LEATHER	10/1/2010	12/31/2382	2
OPH	L3510	MISCELLANEOUS SHOE ADDITION, INSOLE, RUBBER	10/1/2010	12/31/2382	2
OPH	L3520	MISCELLANEOUS SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER	10/1/2010	12/31/2382	2
OPH	L3530	MISCELLANEOUS SHOE ADDITION, SOLE, HALF	10/1/2010	12/31/2382	2
OPH	L3540	MISCELLANEOUS SHOE ADDITION, SOLE, FULL	10/1/2010	12/31/2382	2
OPH	L3550	MISCELLANEOUS SHOE ADDITION, TOE TAP, STANDARD	10/1/2010	12/31/2382	2
OPH	L3560	MISCELLANEOUS SHOE ADDITION, TOE TAP, HORSESHOE	10/1/2010	12/31/2382	2
OPH	L3570	MISCELLANEOUS SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)	10/1/2010	12/31/2382	2
OPH	L3580	MISCELLANEOUS SHOE ADDITION, CONVERT INSTEP TO VELCRO CLOSURE	10/1/2010	12/31/2382	2
OPH	L3590	MISCELLANEOUS SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER	10/1/2010	12/31/2382	2
OPH	L3595	MISCELLANEOUS SHOE ADDITION, MARCH BAR	10/1/2010	12/31/2382	2
OPH	L3600	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, EXISTING	10/1/2010	12/31/2382	2
OPH	L3610	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE, NEW	10/1/2010	12/31/2382	2
OPH	L3620	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, EXISTING	10/1/2010	12/31/2382	2
OPH	L3630	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP, NEW	10/1/2010	12/31/2382	2
OPH	L3640	TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES	10/1/2010	12/31/2382	1
OPH	L3650	SHOULDER ORTHOSIS, (SO), FIGURE OF "8" DESIGN ABDUCTION RE- STRAINER	10/1/2010	12/31/2382	1
OPH	L3660	SO, FIGURE OF "8" DESIGN ABDUCTION RESTRAINER, CANVAS AND WEBBING	10/1/2010	6/30/2022	1
OPH	L3670	SO, ACROMIO/CLAVICULAR (CANVAS AND WEBBING TYPE)	10/1/2010	6/30/2022	1
OPH	L3671	SO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITT	10/1/2010	12/31/2382	1
OPH	L3674	SHOULDER ORTHOSIS, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR	7/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3675	SHOULDER ORTHOSIS, VEST TYPE ABDUCTION RESTRAINER, CANVAS WEBBING TYPE, OR EQUAL PREFABRICATED, INCLUDES	10/1/2010	6/30/2022	1
OPH	L3677	SHOULDER ORTHOSIS, HARD PLASTIC, SHOULDER STABILIZER, PRE-FABRICATED, INCLUDES FITTING AND ADJUSTMENT	1/1/2011	12/31/2382	1
OPH	L3678	SHOULDER ORTHOSIS, SHOULDER JOINT DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED,	7/1/2014	12/31/2382	1
OPH	L3702	ELBOW ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
OPH	L3710	EO, ELASTIC WITH METAL JOINTS	10/1/2010	12/31/2382	2
OPH	L3720	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, FREE MOTION	10/1/2010	12/31/2382	2
OPH	L3730	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, EXTENSION/ FLEXION ASSIST	10/1/2010	12/31/2382	2
OPH	L3740	EO, DOUBLE UPRIGHT WITH FOREARM/ARM CUFFS, ADJUSTABLE POSITION LOCK WITH ACTIVE CONTROL	10/1/2010	12/31/2382	2
OPH	L3760	ELBOW ORTHOSIS, WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, AY	10/1/2010	12/31/2382	2
OPH	L3761	ELBOW ORTHOSIS (EO), WITH ADJUSTABLE POSITION LOCKING JOINT(S), PREFABRICATED, OFF-THE-SHELF	7/1/2018	12/31/2382	2
OPH	L3762	ELBOW ORTHOSIS, RIGID, WITHOUT JOINTS, INCLUDES SOFT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND	10/1/2010	12/31/2382	2
OPH	L3763	EWHO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
OPH	L3764	EWHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
OPH	L3765	EWHFO, RIGID, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING	10/1/2010	12/31/2382	2
OPH	L3766	EWHFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
OPH	L3806	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY	10/1/2010	12/31/2382	2
OPH	L3807	WHFO, EXTENSION ASSIST, WITH INFLATABLE PALMER AIR SUPPORT, WITH OR WITHOUT THUMB EXTENSION	10/1/2010	12/31/2382	2
OPH	L3808	WRIST HAND FINGER ORTHOSIS, RIGID WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE MATERIAL; STRAPS, CUSTOM	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3809	WRIST HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, OFF-THE-SHELF, ANY TYPE	7/1/2014	12/31/2382	2
OPH	L3891	ADDITION TO UPPER EXTREMITY JOINT, WRIST OR ELBOW, CONCENTRIC ADJUSTABLE TORSION STYLE MECHANISM FOR	1/1/2014	12/31/2382	2
OPH	L3900	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, WRIST OR FINGER DRI	10/1/2010	12/31/2382	2
OPH	L3901	WHFO, DYNAMIC FLEXOR HINGE, RECIPROCAL WRIST EXTENSION/ FLEXION, FINGER FLEXION/EXTENSION, CABLE DRIVEN	10/1/2010	12/31/2382	2
OPH	L3904	WHFO, EXTERNAL POWERED, ELECTRIC	10/1/2010	12/31/2382	2
OPH	L3905	WHO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE, STRAPS	10/1/2010	12/31/2382	2
OPH	L3906	WHO, WRIST GAUNTLET, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L3908	WHO, WRIST EXTENSION CONTROL COCK-UP, NON-MOLDED	10/1/2010	12/31/2382	2
OPH	L3912	HFO, FLEXION GLOVE WITH ELASTIC FINGER CONTROL	10/1/2010	12/31/2382	2
OPH	L3913	HFO, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
OPH	L3915	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	4/1/2012	12/31/2382	2
OPH	L3916	WRIST HAND ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT	7/1/2014	12/31/2382	2
OPH	L3917	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS	10/1/2010	12/31/2382	2
OPH	L3918	HAND ORTHOSIS, METACARPAL FRACTURE ORTHOSIS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2
OPH	L3919	HAND ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES FITTING AND ADJ	10/1/2010	12/31/2382	2
OPH	L3921	HFO, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE SOFT INTERFACE STRAPS	10/1/2010	12/31/2382	2
OPH	L3923	HAND FINGER ORTHOSIS, WITHOUT JOINT(S), PREFABRICATED, INCLUDES FITTING AND ADJUSTMENTS, ANY TYPE	10/1/2010	12/31/2382	2
OPH	L3924	HAND FINGER ORTHOSIS, WITHOUT JOINT(S),MAY INCLUDE SOFT INTERFACE, STRAPS, PREFABRICATED, OFF-THE-SHELF	7/1/2014	12/31/2382	2
OPH	L3925	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, NON TORSION JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3927	FINGER ORTHOSIS, PROXIMAL INTERPHALANGEAL/DISTAL INTERPHALANGEAL, WITHOUT JOINT/SPRING, EXTENSION/FLEXION	7/1/2014	12/31/2382	4
OPH	L3929	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
OPH	L3930	HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	7/1/2014	12/31/2382	2
OPH	L3931	WRIST HAND FINGER ORTHOSIS, INCLUDES ONE OR MORE NONTORSION JOINT(S), TURNBUCKELS, ELASTIC BANDS/ SPRINGS, MAY	10/1/2010	12/31/2382	2
OPH	L3933	FINGER ORTHOSIS, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMEN	10/1/2010	12/31/2382	3
OPH	L3935	FINGER ORTHOSIS, NONTORSION JOINT, MAY INCLUDE SOFT INTERFACE, CUSTOM FABRICATED, INCLUDES FITTING AND ADJU	10/1/2010	12/31/2382	3
OPH	L3956	ADDITION OF JOINT TO UPPER EXTREMITY ORTHOSIS, ANY MATERIAL; PER JOINT	10/1/2014	12/31/2382	4
OPH	L3960	SHOULDER-ELBOW-WRIST-HAND ORTHOSIS, (SEWHO), ABDUCTION POSITIONING, AIRPLANE DESIGN	10/1/2010	12/31/2382	1
OPH	L3961	SEWHO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED	10/1/2010	12/31/2382	1
OPH	L3962	SEWHO, ABDUCTION POSITIONING, ERBS PALSEY DESIGN	10/1/2010	12/31/2382	1
OPH	L3967	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, WITHOUT JOINTS, MAY INCLUD	10/1/2010	12/31/2382	1
OPH	L3971	SEWHO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TURNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1
OPH	L3973	SEWHO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
OPH	L3975	SEWHFO, SHOULDER CAP DESIGN, WITHOUT JOINTS, MAY INCLUDE SOFT INTERFACE, STRAPS, CUSTOM FABRICATED, INCLUDES	10/1/2010	12/31/2382	1
OPH	L3976	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR WITHOUT JOINTS, MAY	10/1/2010	12/31/2382	1
OPH	L3977	SEWHFO, SHOULDER CAP DESIGN, INCLUDES ONE OR MORE NONTORSION JOINTS, ELASTIC BANDS, TRUNBUCKLES, MAY INCLUDE	10/1/2010	12/31/2382	1
OPH	L3978	SEWHFO, ABDUCTION POSITIONING (AIRPLANE DESIGN), THORACIC COMPONENT AND SUPPORT BAR, INCLUDES ONE OR MORE	10/1/2010	12/31/2382	1
OPH	L3980	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L3981	UPPER EXTREMITY FRACTURE ORTHOSIS, HUMERAL, PREFABRICATED, INCLUDES SHOULDER CAP DESIGN, WITH OR WITHOUT JOINT	7/1/2015	12/31/2382	2
OPH	L3982	UPPER EXTREMITY FRACTURE ORTHOSIS, RADIUS/ULNAR	10/1/2010	12/31/2382	2
OPH	L3984	UPPER EXTREMITY FRACTURE ORTHOSIS, WRIST	10/1/2010	12/31/2382	2
OPH	L4000	REPLACE GIRDLE FOR MILWAUKEE ORTHOSIS	10/1/2010	12/31/2382	1
OPH	L4002	REPLACEMENT STRAP, ANY ORTHOSIS, INCLUDES ALL COMPONENTS, ANY LENGTH, ANY TYPE	4/1/2018	12/31/2382	4
OPH	L4010	REPLACE TRILATERAL SOCKET BRIM	10/1/2010	12/31/2382	2
OPH	L4020	REPLACE QUADRILATERAL SOCKET BRIM, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L4030	REPLACE QUADRILATERAL SOCKET BRIM, CUSTOM FITTED	10/1/2010	12/31/2382	2
OPH	L4040	REPLACE MOLDED THIGH LACER	10/1/2010	12/31/2382	2
OPH	L4045	REPLACE NON-MOLDED THIGH LACER	10/1/2010	12/31/2382	2
OPH	L4050	REPLACE MOLDED CALF LACER	10/1/2010	12/31/2382	2
OPH	L4055	REPLACE NON-MOLDED CALF LACER	10/1/2010	12/31/2382	2
OPH	L4060	REPLACE HIGH ROLL CUFF	10/1/2010	12/31/2382	2
OPH	L4070	REPLACE PROXIMAL AND DISTAL UPRIGHT FOR KAFO	10/1/2010	12/31/2382	2
OPH	L4080	REPLACE METAL BANDS KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
OPH	L4090	REPLACE METAL BANDS KAFO-AFO, CALF OR DISTAL THIGH	10/1/2014	12/31/2382	4
OPH	L4100	REPLACE LEATHER CUFF KAFO, PROXIMAL THIGH	10/1/2010	12/31/2382	2
OPH	L4110	REPLACE LEATHER CUFF KAFO-AFO, CALF OR DISTAL THIGH	10/1/2014	12/31/2382	4
OPH	L4130	REPLACE PRETIBIAL SHELL	10/1/2010	12/31/2382	2
OPH	L4205	REPAIR OF ORTHOTIC DEVICE, LABOR COMPONENT, PER 15 MINUTES	4/1/2018	12/31/2382	8
OPH	L4210	REPAIR OF ORTHOTIC DEVICE, REPAIR OR REPLACE MINOR PARTS	1/1/2017	12/31/2382	4
OPH	L4350	PNEUMATIC ANKLE CONTROL SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L4360	PNEUMATIC WALKING SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L4361	WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL	7/1/2014	12/31/2382	2
OPH	L4370	PNEUMATIC FULL LEG SPLINT (AIRCRAFT OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L4386	NON-PNEUMATIC WALKING SPLINT, WITH OR WITHOUT JOINTS, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT	10/1/2010	12/31/2382	2
OPH	L4387	WALKING BOOT, NON-PNEUMATIC, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED,	7/1/2014	12/31/2382	2
OPH	L4392	REPLACE SOFT INTERFACE MATERIAL, STATIC AFO	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L4394	REPLACE SOFT INTERFACE MATERIAL, FOOT DROP SPLINT	10/1/2010	12/31/2382	2
OPH	L4396	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	10/1/2010	12/31/2382	2
OPH	L4397	STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING,	7/1/2014	12/31/2382	2
OPH	L4398	FOOT DROP SPLINT, RECUMBENT POSITIONING DEVICE	10/1/2010	12/31/2382	2
OPH	L4631	ANKLE FOOT ORTHOSIS, WALKING BOOT TYPE, VARUS/VALGUS CORRECTION, ROCKER BOTTOM, ANTERIOR TIBIAL SHELL	4/1/2011	12/31/2382	2
OPH	L5000	PARTIAL FOOT, SHOE INSERT WITH LONGITUDINAL ARCH, TOE FILLER	10/1/2010	12/31/2382	2
OPH	L5010	PARTIAL FOOT, MOLDED SOCKET, ANKLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
OPH	L5020	PARTIAL FOOT, MOLDED SOCKET, TIBIAL TUBERCLE HEIGHT, WITH TOE FILLER	10/1/2010	12/31/2382	2
OPH	L5050	ANKLE, SYMES, MOLDED SOCKET, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5060	ANKLE, SYMES, METAL FRAME, MOLDED LEATHER SOCKET, ARTICULATED ANKLE/FOOT	10/1/2010	12/31/2382	2
OPH	L5100	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5105	BELOW KNEE, PLASTIC SOCKET, JOINTS AND THIGH LACER, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5150	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, EXTERNAL KNEE JOINTS, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5160	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, BENT KNEE CONFIGURATION, EXTERNAL KNEE JOINTS, SHIN, SA	10/1/2010	12/31/2382	2
OPH	L5200	ABOVE KNEE, MOLDED SOCKET, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5210	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH FOOT BLOCKS, NO ANKLE JOINTS, EACH	10/1/2010	12/31/2382	2
OPH	L5220	ABOVE KNEE, SHORT PROSTHESIS, NO KNEE JOINT ("STUBBIES"), WITH ARTICULATED ANKLE/FOOT, DYNAMICALLY ALIGNED, EA	10/1/2010	12/31/2382	2
OPH	L5230	ABOVE KNEE, FOR PROXIMAL FEMORAL FOCAL DEFICIENCY, CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5250	HIP DISARTICULATION, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH F	10/1/2010	12/31/2382	2
OPH	L5270	HIP DISARTICULATION, TILT TABLE TYPE; MOLDED SOCKET, LOCKING HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SH	10/1/2010	12/31/2382	2
OPH	L5280	HEMIPELVECTOMY, CANADIAN TYPE; MOLDED SOCKET, HIP JOINT, SINGLE AXIS CONSTANT FRICTION KNEE, SHIN, SACH FOOT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5301	BELOW KNEE, MOLDED SOCKET, SHIN, SACH FOOT, ENDOSKELETAL SYSTEM	10/1/2010	12/31/2382	2
OPH	L5312	KNEE DISARTICULATION (OR THROUGH KNEE), MOLDED SOCKET, SINGLE AXIS KNEE, PYLON, SACH FOOT, ENDOSKELETAL SYSTEM	7/1/2013	12/31/2382	2
OPH	L5321	ABOVE KNEE, MOLDED SOCKET, OPEN END, SACH FOOT, ENDOSKELETAL SYSTEM, SINGLE AXIS KNEE	10/1/2010	12/31/2382	2
OPH	L5331	HIP DISARTICULATION, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5341	HEMIPELVECTOMY, CANADIAN TYPE, MOLDED SOCKET, ENDOSKELETAL SYSTEM, HIP JOINT, SINGLE AXIS KNEE SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5400	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT,	10/1/2010	12/31/2382	2
OPH	L5410	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
OPH	L5420	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING, ALIGNMENT	10/1/2010	12/31/2382	2
OPH	L5430	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCL. FITTING, ALIGNMENT AND	10/1/2010	12/31/2382	2
OPH	L5450	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, BELOW KNEE	10/1/2010	12/31/2382	2
OPH	L5460	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF NON- WEIGHT BEARING RIGID DRESSING, ABOVE KNEE	10/1/2010	12/31/2382	2
OPH	L5500	INITIAL, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET, DIRECT	10/1/2010	12/31/2382	2
OPH	L5505	INITIAL, ABOVE KNEE - KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SA	10/1/2010	12/31/2382	2
OPH	L5510	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGN- ABLE SYSTEM, PYLON, NO COVER, SACH FOOT, PLASTER SOCKET	10/1/2010	12/31/2382	2
OPH	L5520	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
OPH	L5530	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR	10/1/2010	12/31/2382	2
OPH	L5535	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, NO COVER, SACH FOOT, PREFABRICATED	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5540	PREPARATORY, BELOW KNEE "PTB" TYPE SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET,	10/1/2010	12/31/2382	2
OPH	L5560	PREPARATORY, ABOVE KNEE- KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
OPH	L5570	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
OPH	L5580	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
OPH	L5585	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION, ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
OPH	L5590	PREPARATORY, ABOVE KNEE-KNEE DISARTICULATION ISCHIAL LEVEL SOCKET, NONALIGNABLE SYSTEM, PYLON, NO COVER, SAC	10/1/2010	12/31/2382	2
OPH	L5595	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, THERMOPLASTIC OR EQUAL, MOLDED TO	10/1/2010	12/31/2382	2
OPH	L5600	PREPARATORY, HIP DISARTICULATION-HEMIPELVECTOMY, PYLON, NO COVER, SACH FOOT, LAMINATED SOCKET, MOLDED TO PATIE	10/1/2010	12/31/2382	2
OPH	L5610	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE, HYDRACADENCE SYSTEM	10/1/2010	12/31/2382	2
OPH	L5611	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH FRICTIO	10/1/2010	12/31/2382	2
OPH	L5613	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH HYDRAUL	10/1/2010	12/31/2382	2
OPH	L5614	ADDITION TO LOWER EXTREMITY, EXOSKELETAL SYSTEM, ABOVE KNEE-KNEE DISARTICULATION, 4-BAR LINKAGE, WITH PNEUMATI	10/1/2010	12/31/2382	2
OPH	L5616	ADDITION TO LOWER EXTREMITY, ENDOSKELETAL SYSTEM, ABOVE KNEE-UNIVERSAL MULTIPLEX SYSTEM, FRICTION SWING PHASE	10/1/2010	12/31/2382	2
OPH	L5617	ADDITION TO LOWER EXTREMITY, QUICK CHANGE SELF-ALIGNINGUNIT, ABOVE KNEE OR BELOW KNEE, EACH	10/1/2010	12/31/2382	2
OPH	L5618	ADDITION TO LOWER EXTREMITY, TEST SOCKET, SYMES	10/1/2014	12/31/2382	4
OPH	L5620	ADDITION TO LOWER EXTREMITY, TEST SOCKET, BELOW KNEE	10/1/2014	12/31/2382	4
OPH	L5622	ADDITION TO LOWER EXTREMITY, TEST SOCKET, KNEE DISARTICULATION	10/1/2014	12/31/2382	4
OPH	L5624	ADDITION TO LOWER EXTREMITY, TEST SOCKET, ABOVE KNEE	10/1/2014	12/31/2382	4
OPH	L5626	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HIP DISARTICULATION	10/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5628	ADDITION TO LOWER EXTREMITY, TEST SOCKET, HEMIPELVECTOMY	10/1/2010	12/31/2382	2
OPH	L5629	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
OPH	L5630	ADDITION TO LOWER EXTREMITY, SYMES TYPE, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
OPH	L5631	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, ACRYLIC SOCKET	10/1/2010	12/31/2382	2
OPH	L5632	ADDITION TO LOWER EXTREMITY, SYMES TYPE, "PTB" BRIM DESIGN SOCKET	10/1/2010	12/31/2382	2
OPH	L5634	ADDITION TO LOWER EXTREMITY, SYMES TYPE, POSTERIOR OPENING (CANADIAN) SOCKET	10/1/2010	12/31/2382	2
OPH	L5636	ADDITION TO LOWER EXTREMITY, SYMES TYPE, MEDIAL OPENING SOCKET	10/1/2010	12/31/2382	2
OPH	L5637	ADDITION TO LOWER EXTREMITY, BELOW KNEE, TOTAL CONTACT	10/1/2010	12/31/2382	2
OPH	L5638	ADDITION TO LOWER EXTREMITY, BELOW KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
OPH	L5639	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
OPH	L5640	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, LEATHER SOCKET	10/1/2010	12/31/2382	2
OPH	L5642	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, LEATHER SOCKET	10/1/2010	12/31/2382	2
OPH	L5643	ADDITION TO LOWER EXTREMITY, HIP DISARTICULATION, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
OPH	L5644	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, WOOD SOCKET	10/1/2010	12/31/2382	2
OPH	L5645	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
OPH	L5646	ADDITION TO LOWER EXTREMITY, BELOW KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
OPH	L5647	ADDITION TO LOWER EXTREMITY, BELOW KNEE SUCTION SOCKET	10/1/2010	12/31/2382	2
OPH	L5648	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, AIR CUSHION SOCKET	10/1/2010	12/31/2382	2
OPH	L5649	ADDITION TO LOWER EXTREMITY, ISCHIAL CONTAINMENT/NARROW M-L SOCKET	10/1/2010	12/31/2382	2
OPH	L5650	ADDITIONS TO LOWER EXTREMITY, TOTAL CONTACT, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
OPH	L5651	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, FLEXIBLE INNER SOCKET, EXTERNAL FRAME	10/1/2010	12/31/2382	2
OPH	L5652	ADDITION TO LOWER EXTREMITY, SUCTION SUSPENSION, ABOVE KNEE OR KNEE DISARTICULATION SOCKET	10/1/2010	12/31/2382	2
OPH	L5653	ADDITION TO LOWER EXTREMITY, KNEE DISARTICULATION, EXPANDABLE WALL SOCKET	10/1/2010	12/31/2382	2
OPH	L5654	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, SYMES, (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5655	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, BELOW KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5656	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, KNEE DISARTICULATION (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQU	10/1/2010	12/31/2382	2
OPH	L5658	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, ABOVE KNEE (KEMBLO, PELITE, ALIPLAST, PLASTAZOTE OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5661	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER SYMES	10/1/2010	12/31/2382	2
OPH	L5665	ADDITION TO LOWER EXTREMITY, SOCKET INSERT, MULTI-DUROMETER, BELOW KNEE	10/1/2010	12/31/2382	2
OPH	L5666	ADDITION TO LOWER EXTREMITY, BELOW KNEE, CUFF SUSPENSION	10/1/2010	12/31/2382	2
OPH	L5668	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED DISTAL CUSHION	10/1/2010	12/31/2382	2
OPH	L5670	ADDITION TO LOWER EXTREMITY, BELOW KNEE, MOLDED SUPRACONDYLAR SUSPENSION ("PTS" OR SIMILAR)	10/1/2010	12/31/2382	2
OPH	L5671	ADDITION TO LOWER EXTREMITY BELOW KNEE/ABOVE KNEE SUSPENSION LOCKING MECHANISM (SHUTTLE, LANYARD OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5672	ADDITION TO LOWER EXTREMITY, BELOW KNEE, REMOVABLE MEDIAL BRIM SUSPENSION	10/1/2010	12/31/2382	2
OPH	L5673	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED	10/1/2014	12/31/2382	4
OPH	L5676	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, SINGLE AXIS, PAIR	10/1/2010	12/31/2382	2
OPH	L5677	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, KNEE JOINTS, POLYCENTRIC, PAIR	10/1/2010	12/31/2382	2
OPH	L5678	ADDITIONS TO LOWER EXTREMITY, BELOW KNEE, JOINT COVERS, PAIR	10/1/2010	12/31/2382	2
OPH	L5679	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED FROM EXISTING MOLD OR PREFABRICATED, SO	10/1/2014	12/31/2382	4
OPH	L5680	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, NON- MOLDED	10/1/2010	12/31/2382	2
OPH	L5681	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR CONGENITAL OR	10/1/2010	12/31/2382	2
OPH	L5682	ADDITION TO LOWER EXTREMITY, BELOW KNEE, THIGH LACER, GLUTEAL/ISCHIAL, MOLDED	10/1/2010	12/31/2382	2
OPH	L5683	ADDITION TO LOWER EXTREMITY, BELOW KNEE, ABOVE KNEE, CUSTOM FABRICATED SOCKET INSERT FOR OTHER THAN CONGENI	10/1/2010	12/31/2382	2
OPH	L5684	ADDITION TO LOWER EXTREMITY, BELOW KNEE, FORK STRAP	10/1/2010	12/31/2382	2
OPH	L5685	ADDITION TO LOWER EXTREMITY PROSTHESIS, BELOW KNEE, SUSPENSION/SEALING SLEEVE,	10/1/2014	12/31/2382	4
OPH	L5686	ADDITION TO LOWER EXTREMITY, BELOW KNEE, BACK CHECK (EXTENSION CONTROL)	10/1/2010	12/31/2382	2
OPH	L5688	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, WEBBING	10/1/2010	12/31/2382	2
OPH	L5690	ADDITION TO LOWER EXTREMITY, BELOW KNEE, WAIST BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
OPH	L5692	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, LIGHT	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5694	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL BELT, PADDED AND LINED	10/1/2010	12/31/2382	2
OPH	L5695	ADDITION TO LOWER EXTREMITY, ABOVE KNEE, PELVIC CONTROL, SLEEVE SUSPENSION, NEOPRENE OR EQUAL, EACH	10/1/2010	12/31/2382	2
OPH	L5696	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC JOINT	10/1/2010	12/31/2382	2
OPH	L5697	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, PELVIC BAND	10/1/2010	12/31/2382	2
OPH	L5698	ADDITION TO LOWER EXTREMITY, ABOVE KNEE OR KNEE DISARTICULATION, SILESIA BANDAGE	10/1/2010	12/31/2382	2
OPH	L5699	ALL LOWER EXTREMITY PROSTHESES, SHOULDER HARNESS	10/1/2010	12/31/2382	2
OPH	L5700	REPLACEMENT, SOCKET BELOW KNEE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L5701	REPLACEMENT, SOCKET, ABOVE KNEE-KNEE DISARTICULATION, INCLUDING ATTACHMENT PLATE, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L5702	REPLACEMENT, SOCKET HIP DISARTICULATION, INCLUDING HIP JOINT, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L5703	ANKLE, SYMES, MOLDED TO PATIENT MODEL, SOCKET WITHOUT SOLID ANKLE CUSHION HEEL	10/1/2010	12/31/2382	2
OPH	L5704	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, BELOW KNEE	10/1/2010	12/31/2382	2
OPH	L5705	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, ABOVE KNEE	10/1/2010	12/31/2382	2
OPH	L5706	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, KNEE DISARTICULATION	10/1/2010	12/31/2382	2
OPH	L5707	REPLACEMENT, CUSTOM-SHAPED PROTECTIVE COVER, HIP DISARTICULATION	10/1/2010	12/31/2382	2
OPH	L5710	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
OPH	L5711	ADDITIONS EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2
OPH	L5712	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
OPH	L5714	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, VARIABLE FRICTION SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5716	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
OPH	L5718	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5722	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5724	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5726	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, EXTERNAL JOINTS FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5728	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5780	ADDITION, EXOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/HYDRA PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5781	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
OPH	L5782	ADDITION TO LOWER LIMB PROSTHESIS, VACUUM PUMP, RESIDUAL LIMB VOLUME MANAGEMENT AND MOISTURE EVACUATION SYSTEM	10/1/2010	12/31/2382	2
OPH	L5785	ADDITION, EXOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5790	ADDITION, EXOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5795	ADDITION, EXOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5810	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK	10/1/2010	12/31/2382	2
OPH	L5811	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, MANUAL LOCK, ULTRA-LIGHT MATERIAL	10/1/2010	12/31/2382	2
OPH	L5812	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FRICTION SWING AND STANCE PHASE CONTROL (SAFETY KNEE)	10/1/2010	12/31/2382	2
OPH	L5814	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, HYDRAULIC SWING PHASE CONTROL, MECHANICAL STANCE PHASE	10/1/2010	12/31/2382	2
OPH	L5816	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, MECHANICAL STANCE PHASE LOCK	10/1/2010	12/31/2382	2
OPH	L5818	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, POLYCENTRIC, FRICTION SWING, AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5822	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC SWING, FRICTION STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5824	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING PHASE CONTROL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5826	ADDITION, ENDOSKELETAL KNEE-SKIN SYSTEM, SINGLE AXIS, HYDRAULIC SWING PHASE CONTROL, WITH MINIATURE HIGH	10/1/2010	12/31/2382	2
OPH	L5828	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, FLUID SWING AND STANCE PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5830	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, SINGLE AXIS, PNEUMATIC/ SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5840	ADDITION, ENDOSKELETAL KNEE-SHIN SYSTEM, MULTIAXIAL, PNEUMATIC SWING PHASE CONTROL	10/1/2010	12/31/2382	2
OPH	L5845	ADDITION, ENDOSKELETAL, KNEE-SHIN SYSTEM, STANCE FLEXION FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
OPH	L5848	ADDITION TO ENDOSKELETAL, KNEE-SHIN SYSTEM, HYDRAULIC STANCE EXTENSION, DAMPENING FEATURE, ADJUSTABLE	10/1/2010	12/31/2382	2
OPH	L5850	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, KNEE EXTENSION ASSIST	10/1/2010	12/31/2382	2
OPH	L5855	ADDITION, ENDOSKELETAL HIP DISARTICULATION, MECHANICAL HIP EXTENSION ASSIST.	10/1/2010	12/31/2382	2
OPH	L5856	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
OPH	L5857	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE-SHIN SYSTEM,	10/1/2010	12/31/2382	2
OPH	L5858	ADDITION TO LOWER EXTREMITY PROSTHESIS, ENDOSKELETAL KNEE SHIN SYSTEM, MICROPROCESSOR CONTROL FEATURE, STANCE	10/1/2010	12/31/2382	2
OPH	L5859	ADDITION TO LOWER EXTREMITY PROSTHESIS,ENDOSKELETAL KNEE-SHIN SYSTEM, POWERED AND PROGRAMMABLE FLEXION/	7/1/2013	12/31/2382	2
OPH	L5910	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
OPH	L5920	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE OR HIP DISARTICULATION, ALIGNABLE SYSTEM	10/1/2010	12/31/2382	2
OPH	L5925	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, KNEE DISARTICULATION OR HIP	10/1/2010	12/31/2382	2
OPH	L5930	ADDITION, ENDOSKELETAL SYSTEM, HIGH ACTIVITY KNEE CONTROL FRAME	10/1/2010	12/31/2382	2
OPH	L5940	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5950	ADDITION, ENDOSKELETAL SYSTEM, ABOVE KNEE, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5960	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARTICULATION, ULTRA-LIGHT MATERIAL (TITANIUM, CARBON FIBER OR EQUAL)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5961	ADDITION, ENDOSKELETAL SYSTEM, POLYCENTRIC HIP JOINT, PNEUMATIC OR HYDRAULIC CONTROL, ROTATION CONTROL, WITH	7/1/2012	12/31/2382	1
OPH	L5962	ADDITION, ENDOSKELETAL SYSTEM, BELOW KNEE, FLEXIBLE PRTECTIVE OUTER SURGACE COVERING SYSTEM	10/1/2010	12/31/2382	2
OPH	L5964	ADDITION ENDOSKELETAL SYSTEM, ABOVE KNEE. FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
OPH	L5966	ADDITION, ENDOSKELETAL SYSTEM, HIP DISARICULATION, FLEXIBLE PROTECTIVE OUTER SURFACE COVERING SYSTEM	10/1/2010	12/31/2382	2
OPH	L5968	ADDITION TO LOWER LIMB PROSTHESIS, MULTIAXIAL ANKLE WITH SWING PHASE ACTIVE DORSIFLEXION FEATURE	10/1/2010	12/31/2382	2
OPH	L5969	ADDITION, ENDOSKELETAL ANKLE-FOOT OR ANKLE SYSTEM, POWER ASSIST, INCLUDES ANY TYPE MOTOR(S)	7/1/2014	12/31/2382	2
OPH	L5970	ALL LOWER EXTREMITY PROSTHESES, FOOT, EXTERNAL KEEL, SACH FOOT	10/1/2010	12/31/2382	2
OPH	L5971	ALL LOWER EXTREMITY PROSTHESIS, SOLID ANKLE CUSHION HEEL (SACH) FOOT, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
OPH	L5972	ALL LOWER EXTREMITY PROSTHESES, FLEXIBLE KEEL FOOT (SAFE, STEN, BOCK DYNAMIC OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5973	ENDOSKELETAL ANKLE FOOT SYSTEM, MICROPROCESSOR CONTROLLED FEATURE, DORSIFLEXION AND/OR PLANTAR	10/1/2010	12/31/2382	2
OPH	L5974	ALL LOWER EXTREMITY PROSTHESES, FOOT, SINGLE AXIS ANKLE/FOOT	10/1/2010	12/31/2382	2
OPH	L5975	ALL LOWER EXTREMITY PROTHESIS, COMBINATION SINGLE AXIS ANKLE AND FLEXIBLE KEEL FOOT	10/1/2010	12/31/2382	2
OPH	L5976	ALL LOWER EXTREMITY PROSTHESES, ENERGY STORING FOOT (SEATTLE CARBON COPY II OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5978	ALL LOWER EXTREMITY PROSTHESES, FOOT, MULTIAXIAL ANKLE/FOOT (GREISSINGER OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L5979	ALL LOWER EXTREMITY PROSTHESES, FLEX-FOOT SYSTEM	10/1/2010	12/31/2382	2
OPH	L5980	ALL LOWER EXTREMITY PROSTHESES, FLEX FOOT SYSTEM	10/1/2010	12/31/2382	2
OPH	L5981	ALL LOWER PROSTHESIS, FLEX-WALK SYSTEM OR EQUAL	10/1/2010	12/31/2382	2
OPH	L5982	ALL EXOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
OPH	L5984	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESES, AXIAL ROTATION UNIT	10/1/2010	12/31/2382	2
OPH	L5985	ALL ENDOSKELETAL LOWER EXTREMITY PROSTHESIS, DYNAMIC PROSTHETIC PYLON	10/1/2010	12/31/2382	2
OPH	L5986	ALL LOWER EXTREMITY PROSTHESES, MULTI-AXIAL ROTATION UNIT ("MCP" OR EQUAL)	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L5987	ALL LOWER EXTREMITY PROSTHESIS, SHANK FOOT SYSTEM WITH VERTICAL LOADING PYLON	10/1/2010	12/31/2382	2
OPH	L5988	ALL LOWER EXTREMITY PROTHESIS, COMBINATION VERTICAL SHOCK & MULTIAXIAL ROTATION/TORSIONAL FORCE REDUCING PYLON	10/1/2010	12/31/2382	2
OPH	L5990	ADDITION TO LOWER EXTREMITY PROSTHESIS, USER ADJUSTABLE HEEL HEIGHT	10/1/2010	12/31/2382	2
OPH	L6000	PARTIAL HAND, ROBIN-AIDS, THUMB REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L6010	PARTIAL HAND, ROBIN-AIDS, LITTLE AND/OR RING FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L6020	PARTIAL HAND, ROBIN-AIDS, NO FINGER REMAINING (OR EQUAL)	10/1/2010	12/31/2382	2
OPH	L6026	TRANSCARPAL/METACARPAL OR PARTIAL HAND DISARTICULATION PROSTHEIS, EXTERNALPOWER, SELF-SUSPENDED, INNER SOCKET	7/1/2015	12/31/2382	2
OPH	L6050	WRIST DISARTICULATION, MOLDED SOCKET, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
OPH	L6055	WRIST DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, FLEXIBLE ELBOW HINGES, TRICEPS PAD	10/1/2010	12/31/2382	2
OPH	L6100	BELOW ELBOW, MOLDED SOCKET, FLEXIBLE ELBOW HINGE, TRICEPS PAD	10/1/2010	12/31/2382	2
OPH	L6110	BELOW ELBOW, MOLDED SOCKET, (MUENSTER OR NORTHWESTERN SUS- PENSION TYPES)	10/1/2010	12/31/2382	2
OPH	L6120	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STEP-UP HINGES, HALF CUFF	10/1/2010	12/31/2382	2
OPH	L6130	BELOW ELBOW, MOLDED DOUBLE WALL SPLIT SOCKET, STUMP ACTIVATED LOCKING HINGE, HALF CUFF	10/1/2010	12/31/2382	2
OPH	L6200	ELBOW DISARTICULATION, MOLDED SOCKET, OUTSIDE LOCKING HINGE, FOREARM	10/1/2010	12/31/2382	2
OPH	L6205	ELBOW DISARTICULATION, MOLDED SOCKET WITH EXPANDABLE INTERFACE, OUTSIDE LOCKING HINGES, FOREARM	10/1/2010	12/31/2382	2
OPH	L6250	ABOVE ELBOW, MOLDED DOUBLE WALL SOCKET, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
OPH	L6300	SHOULDER DISARTICULATION, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
OPH	L6310	SHOULDER DISARTICULATION, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
OPH	L6320	SHOULDER DISARTICULATION, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
OPH	L6350	INTERSCAPULAR THORACIC, MOLDED SOCKET, SHOULDER BULKHEAD, HUMERAL SECTION, INTERNAL LOCKING ELBOW, FOREARM	10/1/2010	12/31/2382	2
OPH	L6360	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (COMPLETE PROS- THESIS)	10/1/2010	12/31/2382	2
OPH	L6370	INTERSCAPULAR THORACIC, PASSIVE RESTORATION (SHOULDER CAP ONLY)	10/1/2010	12/31/2382	2
OPH	L6380	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING, INCLUDING FITTING ALIGNMENT A	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L6382	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
OPH	L6384	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF INITIAL RIGID DRESSING INCLUDING FITTING ALIGNMENT AN	10/1/2010	12/31/2382	2
OPH	L6386	IMMEDIATE POST SURGICAL OR EARLY FITTING, EACH ADDITIONAL CAST CHANGE AND REALIGNMENT	10/1/2010	12/31/2382	2
OPH	L6388	IMMEDIATE POST SURGICAL OR EARLY FITTING, APPLICATION OF RIGID DRESSING ONLY	10/1/2010	12/31/2382	2
OPH	L6400	BELOW ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
OPH	L6450	ELBOW DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
OPH	L6500	ABOVE ELBOW, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
OPH	L6550	SHOULDER DISARTICULATION, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
OPH	L6570	INTERSCAPULAR THORACIC, MOLDED SOCKET, ENDOSKELETAL SYSTEM, INCLUDING SOFT PROSTHETIC TISSUE SHAPING	10/1/2010	12/31/2382	2
OPH	L6580	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, FLEXIBLE ELBOW	10/1/2010	12/31/2382	2
OPH	L6582	PREPARATORY, WRIST DISARTICULATION OR BELOW ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, FLEXIBLE ELBOW HINGES,	10/1/2010	12/31/2382	2
OPH	L6584	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL PLASTIC SOCKET, FRICTION WRIST, LOCKING ELBOW,	10/1/2010	12/31/2382	2
OPH	L6586	PREPARATORY, ELBOW DISARTICULATION OR ABOVE ELBOW, SINGLE WALL SOCKET, FRICTION WRIST, LOCKING ELBOW, FIGURE O	10/1/2010	12/31/2382	2
OPH	L6588	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL PLASTIC SOCKET, SHOULDER JOINT, L	10/1/2010	12/31/2382	2
OPH	L6590	PREPARATORY, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC, SINGLE WALL SOCKET, SHOULDER JOINT, LOCKING E	10/1/2010	12/31/2382	2
OPH	L6600	UPPER EXTREMITY ADDITIONS, POLYCENTRIC HINGE, PAIR	10/1/2010	12/31/2382	2
OPH	L6605	UPPER EXTREMITY ADDITIONS, SINGLE PIVOT HINGE, PAIR	10/1/2010	12/31/2382	2
OPH	L6610	UPPER EXTREMITY ADDITIONS, FLEXIBLE METAL HINGE, PAIR	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH, ANY TYPE	4/1/2012	12/31/2382	2
OPH	L6615	UPPER EXTREMITY ADDITION, DISCONNECT LOCKING WRIST UNIT	10/1/2010	12/31/2382	2
OPH	L6616	UPPER EXTREMITY ADDITION, ADDITIONAL DISCONNECT INSERT FOR LOCKING WRIST UNIT, EACH	10/1/2010	12/31/2382	2
OPH	L6620	UPPER EXTREMITY ADDITION, FLEXION-FRICTION WRIST UNIT	10/1/2010	12/31/2382	2
OPH	L6621	UPPER EXTREMITY PROSTHESIS ADDITION, FLEXION/EXTENSION WRIST WITH OR WITHOUT FRICTION, FOR USE WITH EXTERNAL	10/1/2010	12/31/2382	2
OPH	L6623	UPPER EXTREMITY ADDITION, SPRING ASSISTED ROTATIONAL WRIST UNIT WITH LATCH RELEASE	10/1/2010	12/31/2382	2
OPH	L6624	UPPER EXTREMITY ADDITION, FLEXION/EXTENSION AND ROTATION WRIST UNIT	4/1/2012	12/31/2382	2
OPH	L6625	UPPER EXTREMITY ADDITION, ROTATION WRIST UNIT WITH CABLE LOCK	10/1/2010	12/31/2382	2
OPH	L6628	UPPER EXTREMITY ADDITION, QUICK DISCONNECT HOOK ADAPTER, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
OPH	L6629	UPPER EXTREMITY ADDITION, QUICK DISCONNECT LAMINATION COLLAR WITH COUPLING PIECE, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
OPH	L6630	UPPER EXTREMITY ADDITION, STAINLESS STEEL, ANY WRIST	10/1/2010	12/31/2382	2
OPH	L6632	UPPER EXTREMITY ADDITION, LATEX SUSPENSION SLEEVE, EACH	10/1/2014	12/31/2382	4
OPH	L6635	UPPER EXTREMITY ADDITION, LIFT ASSIST FOR ELBOW	10/1/2010	12/31/2382	2
OPH	L6637	UPPER EXTREMITY ADDITION, NUDGE CONTROL ELBOW LOCK	10/1/2010	12/31/2382	2
OPH	L6638	UPPER EXTREMITY ADDITION TO PROSTHESIS, ELECTRIC LOCKING FEATURE, ONLY FOR USE WITH MANUALLY POWERED ELBOW	10/1/2010	12/31/2382	2
OPH	L6640	UPPER EXTREMITY ADDITIONS, SHOULDER ABDUCTION JOINT, PAIR	10/1/2010	12/31/2382	2
OPH	L6641	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, PULLEY TYPE	10/1/2010	12/31/2382	2
OPH	L6642	UPPER EXTREMITY ADDITION, EXCURSION AMPLIFIER, LEVER TYPE	10/1/2010	12/31/2382	2
OPH	L6645	UPPER EXTREMITY ADDITION, SHOULDER FLEXION-ABDUCTION JOINT, EACH	10/1/2010	12/31/2382	2
OPH	L6646	UPPER EXTREMITY ADDITION, SHOULDER JOINT, MULTIPOSITIONAL LOCKING, FLEXION, ADJUSTABLE ABDUCTION FRICTION CONT	10/1/2010	12/31/2382	2
OPH	L6647	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, BODY POWERED ACTUATOR	10/1/2010	12/31/2382	2
OPH	L6648	UPPER EXTREMITY ADDITION, SHOULDER LOCK MECHANISM, EXTERNAL POWERED ACTUATOR	10/1/2010	12/31/2382	2
OPH	L6650	UPPER EXTREMITY ADDITION, SHOULDER UNIVERSAL JOINT, EACH	10/1/2010	12/31/2382	2
OPH	L6655	UPPER EXTREMITY ADDITION, STANDARD CONTROL CABLE, EXTRA	10/1/2014	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L6660	UPPER EXTREMITY ADDITION, HEAVY DUTY CONTROL CABLE	10/1/2014	12/31/2382	4
OPH	L6665	UPPER EXTREMITY ADDITION, TEFLON, OR EQUAL, CABLE LINING	10/1/2014	12/31/2382	4
OPH	L6670	UPPER EXTREMITY ADDITION, HOOK TO HAND, CABLE ADAPTER	10/1/2010	12/31/2382	2
OPH	L6672	UPPER EXTREMITY ADDITION, HARNESS, CHEST OR SHOULDER, SADDLE TYPE	10/1/2010	12/31/2382	2
OPH	L6675	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR SINGLE CONTROL	10/1/2010	12/31/2382	2
OPH	L6676	UPPER EXTREMITY ADDITION, HARNESS, FIGURE OF ("8") EIGHT TYPE, FOR DUAL CONTROL	10/1/2010	12/31/2382	2
OPH	L6677	UPPER EXTREMITY ADDITION, HARNESS, TRIPLE CONTROL, SIMULTANEOUS OPERATION OF TERMINAL DEVICE AND ELBOW	10/1/2010	12/31/2382	2
OPH	L6680	UPPER EXTREMITY ADDITION, TEST SOCKET, WRIST DISARTICULATION OR BELOW ELBOW	10/1/2014	12/31/2382	4
OPH	L6682	UPPER EXTREMITY ADDITION, TEST SOCKET, ELBOW DISARTICULATION OR ABOVE ELBOW	10/1/2014	12/31/2382	4
OPH	L6684	UPPER EXTREMITY ADDITION, TEST SOCKET, SHOULDER DISARTICULATION OR INTERSCAPULAR THORACIC	10/1/2014	12/31/2382	4
OPH	L6686	UPPER EXTREMITY ADDITION, SUCTION SOCKET	10/1/2010	12/31/2382	2
OPH	L6687	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, BELOW ELBOW OR WRIST DISARTICULATION	10/1/2010	12/31/2382	2
OPH	L6688	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, ABOVE ELBOW OR ELBOW DISARTICULATION	10/1/2010	12/31/2382	2
OPH	L6689	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, SHOULDER DISARTICULATION	10/1/2010	12/31/2382	2
OPH	L6690	UPPER EXTREMITY ADDITION, FRAME TYPE SOCKET, INTERSCAPULAR-THORACIC	10/1/2010	12/31/2382	2
OPH	L6691	UPPER EXTREMITY ADDITION, REMOVABLE INSERT, EACH	7/1/2018	12/31/2382	2
OPH	L6692	UPPER EXTREMITY ADDITION, SILICONE GEL INSERT OR EQUAL, EACH	7/1/2018	12/31/2382	2
OPH	L6693	UPPER EXTREMITY ADDITION, LOCKING ELBOW, FOREARM COUNTERBALANCE	10/1/2010	12/31/2382	2
OPH	L6694	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
OPH	L6695	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
OPH	L6696	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
OPH	L6697	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, CUSTOM	10/1/2010	12/31/2382	2
OPH	L6698	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/ABOVE ELBOW, LOCK	10/1/2010	12/31/2382	2
OPH	L6703	TERMINAL DEVICE, PASSIVE HAND/MITT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
OPH	L6704	TERMINAL DEVICE, SPORT/RECREATIONAL/WORK ATTACHMENT, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
OPH	L6706	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	4/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L6707	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE LINED OR UNLINED	4/1/2012	12/31/2382	2
OPH	L6708	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
OPH	L6709	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE	4/1/2012	12/31/2382	2
OPH	L6711	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED, OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
OPH	L6712	TERMINAL DEVICE, HOOK, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED, OR UNLINED PEDIATRIC	10/1/2010	12/31/2382	2
OPH	L6713	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY OPENING ANY MATERIAL, ANY SIZE, PEDIATRIC	10/1/2010	12/31/2382	2
OPH	L6714	TERMINAL DEVICE, HAND, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE PEDIATRIC	10/1/2010	12/31/2382	2
OPH	L6715	TERMINAL DEVICE, MULTIPLE ARTICULATING DIGIT, INCLUDES MOTOR(S), INITIAL ISSUE OR REPLACEMENT	7/1/2017	12/31/2382	5
OPH	L6721	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY OPENING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	10/1/2010	12/31/2382	2
OPH	L6722	TERMINAL DEVICE, HOOK OR HAND, HEAVY DUTY, MECHANICAL, VOLUNTARY CLOSING, ANY MATERIAL, ANY SIZE, LINED OR UNLINED	10/1/2010	12/31/2382	2
OPH	L6805	TERMINAL DEVICE, MODIFIER WRIST FLEXION UNIT	10/1/2010	12/31/2382	2
OPH	L6810	TERMINAL DEVICE, PINCHER TOOL, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	2
OPH	L6880	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, INDEPENDENTLY ARTICULATING DIGITS, ANY GRASP PATTERN OR	7/1/2013	12/31/2382	2
OPH	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2
OPH	L6882	MICROPROCESSOR CONTROL FEATURE, ADDITION TO UPPER LIMB PROSTHETIC TERMINAL DEVICE	10/1/2010	12/31/2382	2
OPH	L6883	REPLACEMENT SOCKET, BELOW ELBOW/WRIST DISARTICULATION, MOLDED TO PATIENT MODEL, FOR USE WITH OR WITHOUT EXTERN	10/1/2010	12/31/2382	2
OPH	L6884	REPLACEMENT SOCKET, ABOVE ELBOW DISARTICULATION, MOLDED TO PATIENT, FOR USE WITH OR WITHOUT EXTERNAL POWER	10/1/2010	12/31/2382	2
OPH	L6885	REPLACEMENT SOCKET, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, MOLDED TO PATIENT MODEL, FOR USE WITH	10/1/2010	12/31/2382	2
OPH	L6890	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, PRODUCTION GLOVE	10/1/2010	12/31/2382	2
OPH	L6895	TERMINAL DEVICE, GLOVE FOR ABOVE HANDS, CUSTOM GLOVE	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L6900	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, THUMB OR ONE FINGER REM	10/1/2010	12/31/2382	2
OPH	L6905	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, MULTIPLE FINGERS REMAIN	10/1/2010	12/31/2382	2
OPH	L6910	HAND RESTORATION (CASTS, SHADING AND MEASUREMENTS INCLUDED), PARTIAL HAND, WITH GLOVE, NO FINGERS REMAINING	10/1/2010	12/31/2382	2
OPH	L6915	HAND RESTORATION (SHADING, AND MEASUREMENTS INCLUDED), REPLACEMENT GLOVE FOR ABOVE	10/1/2010	12/31/2382	2
OPH	L6920	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
OPH	L6925	WRIST DISARTICULATION, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUA	10/1/2010	12/31/2382	2
OPH	L6930	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL SWITCH,	10/1/2010	12/31/2382	2
OPH	L6935	BELOW ELBOW, EXTERNAL POWER, SELF-SUSPENDED INNER SOCKET, REMOVABLE FOREARM SHELL, OTTO BOCK OR EQUAL ELECTROD	10/1/2010	12/31/2382	2
OPH	L6940	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
OPH	L6945	ELBOW DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, OUTSIDE LOCKING HINGES, F	10/1/2010	12/31/2382	2
OPH	L6950	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
OPH	L6955	ABOVE ELBOW, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE HUMERAL SHELL, INTERNAL LOCKING ELBOW, FOREARM, OT	10/1/2010	12/31/2382	2
OPH	L6960	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
OPH	L6965	SHOULDER DISARTICULATION, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HU	10/1/2010	12/31/2382	2
OPH	L6970	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
OPH	L6975	INTERSCAPULAR-THORACIC, EXTERNAL POWER, MOLDED INNER SOCKET, REMOVABLE SHOULDER SHELL, SHOULDER BULKHEAD, HUME	10/1/2010	12/31/2382	2
OPH	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L7008	ELECTRIC HAND, SWITCH OR MYOELETRIC, CONTROLLED, PEDIATRIC	4/1/2012	12/31/2382	2
OPH	L7009	ELECTRIC HOOK, SWITCH OR MYOELETRIC CONTROLLED, ADULT	4/1/2012	12/31/2382	2
OPH	L7040	PREHENSILE ACTUATOR, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7045	ELECTRONIC HOOK, CHILD, MICHIGAN OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7170	ELECTRONIC ELBOW, HOSMER OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7180	ELECTRONIC ELBOW, BOSTON, UTAH OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7181	ELECTRONIC ELBOW, MICROPROCESSOR SIMULTANEOUS CONTROL OF ELBOW AND TERMINAL	10/1/2010	12/31/2382	2
OPH	L7185	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7186	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, SWITCH CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7190	ELECTRONIC ELBOW, ADOLESCENT, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7191	ELECTRONIC ELBOW, CHILD, VARIETY VILLAGE OR EQUAL, MYOELECTRONICALLY CONTROLLED	10/1/2010	12/31/2382	2
OPH	L7259	ELECTRONIC WRIST ROTATOR, ANY TYPE	7/1/2015	12/31/2382	2
OPH	L7360	SIX VOLT BATTERY, OTTO BOCK OR EQUAL, EACH	7/1/2018	12/31/2382	1
OPH	L7362	BATTERY CHARGER, SIX VOLT, OTTO BOCK OR EQUAL	10/1/2010	12/31/2382	1
OPH	L7364	TWELVE VOLT BATTERY, UTAH OR EQUAL, EACH	7/1/2018	12/31/2382	1
OPH	L7366	BATTERY CHARGER, TWELVE VOLT, UTAH OR EQUAL	10/1/2010	12/31/2382	1
OPH	L7367	LITHIUM ION BATTERY, REPLACEMENT	7/1/2018	12/31/2382	2
OPH	L7368	LITHIUM ION BATTERY, CHARGER	10/1/2010	12/31/2382	1
OPH	L7400	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
OPH	L7401	ADDITION TO UPPER EXTREMITY PROSTHESIS, ABOVE ELBOW DISARTICULATION, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
OPH	L7402	ADDITION TO UPPER EXTREMITY PROSTHESIS SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ULTRALIGHT MATERIAL	10/1/2010	12/31/2382	2
OPH	L7403	ADDITION TO UPPER EXTREMITY PROSTHESIS, BELOW ELBOW/WRIST DISARTICULATION, ARCYLIC MATERIAL	10/1/2010	12/31/2382	2
OPH	L7404	ADDITION TO UPPER EXTREMITY PROTHESIS, ABOVE ELBOW DISARTICULATION, ARCYLIC MATERIAL	10/1/2010	12/31/2382	2
OPH	L7405	ADDITION TO UPPER EXTREMITY PROSTHESIS, SHOULDER DISARTICULATION/INTERSCAPULAR THORACIC, ACRYLIC MATERIAL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L7600	PROSTHETIC DONNING SLEEVE, ANY MATERIAL, EACH	1/1/2014	12/31/2382	1
OPH	L7700	GASKET OR SEAL, FOR USE WITH PROSTHETIC SOCKET INSERT, ANY TYPE, EACH	7/1/2018	12/31/2382	2
OPH	L7900	VACUUM ERECTION SYSTEM	10/1/2010	12/31/2382	1
OPH	L7902	TENSION RING, FOR VACUUM ERECTION DEVICE, ANY TYPE, REPLACEMENT ONLY, EACH	7/1/2013	12/31/2382	1
OPH	L8000	BREAST PROSTHESIS, MASTECTOMY BRA	7/1/2018	12/31/2382	6
OPH	L8001	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, UNILATERAL	7/1/2018	12/31/2382	4
OPH	L8002	BREAST PROSTHESIS, MASTECTOMY BRA, WITH INTERGRATED BREAST PROSTHESIS FORM, BILATERAL	7/1/2018	12/31/2382	4
OPH	L8010	BREAST PROSTHESIS, MASTECTOMY SLEEVE	1/1/2014	12/31/2382	2
OPH	L8015	EXTERNAL BREAST PROSTHESIS GARMENT, WITH MASTECTOMY FORM, POST MASTECTOMY	4/1/2015	12/31/2382	4
OPH	L8020	BREAST PROSTHESIS, MASTECTOMY FORM	4/1/2015	12/31/2382	4
OPH	L8030	BREAST PROSTHESIS, SILICONE OR EQUAL, WITHOUT INTEGRAL ADHESIVE	10/1/2010	12/31/2382	2
OPH	L8031	BREAST PROSTHESIS, SILICONE OR EQUAL, WITH INTEGRAL ADHESIVE	10/1/2010	12/31/2382	2
OPH	L8032	NIPPLE PROSTHESIS, REUSABLE, ANY TYPE, EACH	10/1/2010	12/31/2382	2
OPH	L8033	NIPPLE PROSTHESIS, CUSTOM FABRICATED, REUSABLE, ANY MATERIAL, ANY TYPE, EACH	7/1/2020	12/31/2382	2
OPH	L8035	CUSTOM BREAST PROSTHESIS, POST MASTECTOMY, MOLDED TO PATIENT MODEL	10/1/2010	12/31/2382	2
OPH	L8039	BREAST PROSTHESIS, NOT OTHERWISE SPECIFIED	10/1/2010	12/31/2382	2
OPH	L8040	NASAL PROTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8041	MIDFACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8042	ORBITAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2
OPH	L8043	UPPER FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8044	HEMI-FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8045	AURICULAR PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	2
OPH	L8046	PARTIAL FACIAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8047	NASAL SEPTAL PROSTHESIS, PROVIDED BY A NON-PHYSICIAN	10/1/2010	12/31/2382	1
OPH	L8048	UNSPECIFIED MAXILLOFACIAL PROSTHESIS, BY REPORT, PROVIDED BY A NON-PHYSICIAN	7/1/2014	12/31/2382	1
OPH	L8049	REPAIR OR MODIFICATION OF MAXILLOFACIAL PROSTHESIS, LABOR COMPONENT, 15 MINUTES INCREMENTS, PROVIDED BY NON-PH	7/1/2018	12/31/2382	6
OPH	L8300	TRUSS, SINGLE WITH STANDARD PAD	10/1/2010	12/31/2382	1
OPH	L8310	TRUSS, DOUBLE WITH STANDARD PADS	10/1/2010	12/31/2382	1
OPH	L8320	TRUSS, ADDITION TO STANDARD PAD, WATER PAD	10/1/2010	12/31/2382	2
OPH	L8330	TRUSS, ADDITION TO STANDARD PAD, SCROTAL PAD	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L8400	PROSTHETIC SHEATH, BELOW KNEE, EACH	7/1/2018	12/31/2382	12
OPH	L8410	PROSTHETIC SHEATH, ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
OPH	L8415	PROSTHETIC SHEATH, UPPER LIMB, EACH	7/1/2018	12/31/2382	6
OPH	L8417	PROSTHETIC SHEATH/SOCK, INCLUDING A GEL CUSHION LAYER,BELOW KNEE OR ABOVE KNEE, EACH	7/1/2018	12/31/2382	12
OPH	L8420	PROSTHETIC SOCK, WOOL, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
OPH	L8430	PROSTHETIC SOCK, WOOL, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24
OPH	L8435	PROSTHETIC SOCK, MULTIPLE PLY, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
OPH	L8440	PROSTHETIC SHRINKER, BELOW KNEE, EACH	10/1/2014	12/31/2382	4
OPH	L8460	PROSTHETIC SHRINKER, ABOVE KNEE, EACH	10/1/2014	12/31/2382	4
OPH	L8465	PROSTHETIC SHRINKER, UPPER LIMB, EACH	10/1/2014	12/31/2382	4
OPH	L8470	STUMP SOCK, SINGLE PLY, FITTING, BELOW KNEE, EACH	7/1/2018	12/31/2382	24
OPH	L8480	STUMP SOCK, SINGLE PLY, FITTING, ABOVE KNEE, EACH	7/1/2018	12/31/2382	24
OPH	L8485	STUMP SOCK, SINGLE PLY FITTING, UPPER LIMB, EACH	7/1/2018	12/31/2382	12
OPH	L8499	UNLISTED PROCEDURE FOR MISCELLANEOUS PROSTHETIC SERVICES	4/1/2018	12/31/2382	1
OPH	L8500	ARTIFICIAL LARYNX, ANY TYPE	10/1/2010	12/31/2382	1
OPH	L8501	TRACHEOSTOMY SPEAKING VALVE	10/1/2010	12/31/2382	2
OPH	L8507	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, PATIENT INSERTED, ANY TYPE, EACH	10/1/2010	12/31/2382	3
OPH	L8509	TRACHEO-ESOPHAGEAL VOICE PROSTHESIS, INSERTED BY A LICENSED HEALTH CARE PROVIDER, ANY TYPE	10/1/2010	12/31/2382	1
OPH	L8510	VOICE AMPLIFIER	10/1/2010	12/31/2382	1
OPH	L8511	INSERT FOR INDWELLING TRACHEOESOPHAGEAL PROTHESIS, WITH OR WITHOUT VALVE, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
OPH	L8512	GELATIN CAPSULES OR EQUIVALENT, FOR USE WITH TRACHEOESOPHAGEAL VIOCE PROSTHESIS, REPLACEMENT ONLY, PER 10	4/1/2015	12/31/2382	9
OPH	L8513	CLEANING DEVICE USED WITH TRACHEOESOPHAGEAL VOICE PROTHESIS, PIPET BRUSH, OR EQUAL, REPLACEMENT ONLY, EACH	4/1/2015	12/31/2382	6
OPH	L8514	TRACHEOESOPHAGEAL PUNCTURE DILATOR, REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	1
OPH	L8515	GELATIN CAPSULE, APPLICATION DEVICE FOR USE WITH TRACHEOESOPHAGEAL VOICE	10/1/2010	12/31/2382	1
OPH	L8600	IMPLANTABLE BREAST PROSTHESIS, SILICONE OR EQUAL	10/1/2010	12/31/2382	2
OPH	L8603	COLLAGEN IMPLANT, URINARY TRACT, PER 2.5 CC SYRINGE, INCLUDES SHIPPING AND NECESSARY SUPPLIES	4/1/2018	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L8604	INJECTABLE BULKING AGENT,DEXTRANOMER/HYALURONIC ACID COPOLYMER IMPLANT,URINARY TRACT,1 ML,INCLUDES SHIPPING	1/1/2011	12/31/2382	3
OPH	L8605	TISSUE EXPANDER IMPLANT	10/1/2014	12/31/2382	4
OPH	L8606	INJECTABLE BULKING AGENT, SYNTHETIC IMPLANT, URINARY TRACT, 1 ML SYRINGE, INCLUDES SHIPPING NECESSARY SUPPLIE	4/1/2015	12/31/2382	5
OPH	L8607	INJECTABLE BULKING AGENT FOR VOCAL CORD MEDIALIZATION, 0.1 ML, INCLUDES SHIPPING AND NECESSARY SUPPLIES	7/1/2016	12/31/2382	20
OPH	L8609	ARTIFICIAL CORNEA	1/1/2012	12/31/2382	1
OPH	L8610	OCULAR IMPLANT	10/1/2010	12/31/2382	2
OPH	L8612	AQUEOUS SHUNT	10/1/2018	12/31/2382	1
OPH	L8613	OSSICULAR IMPLANT	10/1/2010	12/31/2382	2
OPH	L8614	COCHLEAR DEVICE/SYSTEM	10/1/2010	12/31/2382	2
OPH	L8615	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8616	MICROPHONE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8617	TRANSMITTER COIL FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8618	TRANSMITTER CABLE FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8619	COCHLEAR IMPLANT EXTERNAL SPEECH PROCESSOR AND CONTROLLER, INTEGRATED SYSTEM, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8622	ALKALINE BATTERY FOR USE WITH COCHLEAR IMPLANT DEVICE, ANY SIZE, REPLACEMENT,	10/1/2010	12/31/2382	2
OPH	L8625	TRAPEZIUM IMPLANT	7/1/2018	12/31/2382	1
OPH	L8627	COCHLEAR IMPLANT, EXTERNAL SPEECH PROCESSOR, COMPONENT, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8628	COCHLEAR IMPLANT, EXTERNAL CONTROLLER COMPONENT, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8629	TRANSMITTING COIL AND CABLE, INTEGRATED, FOR USE WITH COCHLEAR IMPLANT DEVICE, REPLACEMENT	10/1/2010	12/31/2382	2
OPH	L8631	METACARPAL PHALANGEAL JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL, FOR SURGICAL	10/1/2018	12/31/2382	2
OPH	L8641	METATARSAL JOINT IMPLANT	10/1/2010	12/31/2382	4
OPH	L8642	HALLUX IMPLANT	10/1/2010	12/31/2382	2
OPH	L8658	INTERPHALANGEAL JOINT IMPLANT	10/1/2018	12/31/2382	3
OPH	L8659	INTERPHALANGEAL FINGER JOINT REPLACEMENT, TWO OR MORE PIECES, METAL, CERAMIC LIKE MATERIAL FOR SURGICAL IMPLAN	10/1/2010	12/31/2382	4
OPH	L8670	VASCULAR GRAFT MATERIAL, SYNTHETIC, IMPLANT	10/1/2018	12/31/2382	3
OPH	L8679	IMPLANTABLE NEUROSTIMULATOR, PULSE GENERATOR, ANY TYPE	7/1/2014	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L8681	PATIENT PROGRAMMER (EXTERNAL) FOR USE WITH IMPLANTABLE PROGRAMMABLE NEUROSTIMULATOR PULSE GENERATOR	10/1/2010	12/31/2382	1
OPH	L8682	IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	1/1/2012	12/31/2382	2
OPH	L8683	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR RADIOFREQUENCY RECEIVER	10/1/2010	12/31/2382	1
OPH	L8684	RADIOFREQUENCY TRANSMITTER (EXTERNAL) FOR USE WITH IMPLANTABLE SACRAL ROOT NEUROSTIMULATOR RECEIVER FOR BOWEL	10/1/2010	12/31/2382	1
OPH	L8685	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	12/31/2382	1
OPH	L8686	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, SINGLE ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	10/1/2010	12/31/2382	2
OPH	L8687	IMPLANTABLE NEUROSTIMULATOR PLUSE GENERATOR, DUAL ARRAY, RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	12/31/2382	1
OPH	L8688	IMPLANTABLE NEUROSTIMULATOR PULSE GENERATOR, DUAL ARRAY, NON-RECHARGEABLE, INCLUDES EXTENSION	1/1/2012	12/31/2382	1
OPH	L8689	EXTERNAL RECHARGING SYSTEM FOR INPLANTED NEUROSTIMULATOR, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	10/1/2010	12/31/2382	1
OPH	L8691	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, REPLACEMENT	10/1/2010	12/31/2382	1
OPH	L8692	AUDITORY OSSEOINTEGRATED DEVICE, EXTERNAL SOUND PROCESSOR, USED WITHOUT ATTACHMENT	7/1/2012	12/31/2382	1
OPH	L8693	AUDITORY OSSEOINTEGRATED DEVICE ABUTMENT, ANY LENGTH, REPLACEMENT ONLY	4/1/2011	12/31/2382	1
OPH	L8694	AUDITORY OSSEOINTEGRATED DEVICE, TRANSDUCER/ACTUATOR, REPLACEMENT ONLY, EACH	7/1/2018	12/31/2382	1
OPH	L8695	EXTERNAL RECHARGING SYSTEM FOR BATTERY (EXTERNAL) FOR USE WITH IMPLANTABLE NEUROSTIMULATOR	10/1/2010	12/31/2382	1
OPH	L8696	ANTENNA (EXTERNAL) FOR USE WITH IMPLANTABLE DIAPHRAGMATIC/PHRENIC NERVE STIMULATION DEVICE, REPLACEMENT, EACH	7/1/2015	12/31/2382	1
OPH	L8699	PROSTHETIC IMPLANTS, NOT OTHERWISE SPECIFIED	4/1/2018	12/31/2382	4
OPH	L8701	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND WITH SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	7/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	L8702	POWERED UPPER EXTREMITY RANGE OF MOTION ASSIST DEVICE, ELBOW, WRIST, HAND, FINGER, SINGLE OR DOUBLE UPRIGHT(S), INCLUDES MICROPROCESSOR, SENSORS, ALL COMPONENTS AND ACCESSORIES, CUSTOM FABRICATED	7/1/2019	12/31/2382	1
OPH	M0075	CELLULAR THERAPY	1/1/2014	12/31/2382	1
OPH	M0076	PROLOTHERAPY	1/1/2014	12/31/2382	1
OPH	M0100	INTRAGASTRIC HYPOTHERMIA USING GASTRIC FREEZING (MNP)	1/1/2014	12/31/2382	1
OPH	M0220	INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, WHO EITHER HAVE	4/1/2022	12/31/2382	1
OPH	M0221	INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, WHO EITHER HAVE	4/1/2022	12/31/2382	1
OPH	M0240	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING, SUBSEQUENT REPEAT DOSES	1/1/2022	12/31/2382	1
OPH	M0241	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE, THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER	1/1/2022	12/31/2382	1
OPH	M0243	INTRAVENOUS INFUSION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	7/1/2021	12/31/2382	1
OPH	M0244	INTRAVENOUS INFUSION OR SUBCUTANEOUS INJECTION, CASIRIVIMAB AND IMDEVIMAB INCLUDES INFUSION OR INJECTION, AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER	10/1/2021	12/31/2382	1
OPH	M0245	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	10/1/2021	12/31/2382	1
OPH	M0246	INTRAVENOUS INFUSION, BAMLANIVIMAB AND ETESEVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S HOME THAT HAS BEEN MADE PROVIDER-BASED TO THE HOSPITAL DURING THE	10/1/2021	12/31/2382	1
OPH	M0247	INTRAVENOUS INFUSION, SOTROVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING	10/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	M0248	INTRAVENOUS INFUSION, SOTROVIMAB, INCLUDES INFUSION AND POST ADMINISTRATION MONITORING IN THE HOME OR RESIDENCE; THIS INCLUDES A BENEFICIARY'S	10/1/2021	12/31/2382	1
OPH	M0249	INTRAVENOUS INFUSION, TOCILIZUMAB, FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND OLDER) WITH COVID-19	1/1/2022	12/31/2382	1
OPH	M0250	INTRAVENOUS INFUSION, TOCILIZUMAB, FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND OLDER) WITH COVID-19	1/1/2022	12/31/2382	1
OPH	M0300	IV CHELATION THERAPY (CHEMICAL ENDARTERECTOMY)	1/1/2014	12/31/2382	1
OPH	P2028	CEPHALIN FLOCCULATION, BLOOD	10/1/2010	12/31/2382	1
OPH	P2029	CONGO RED, BLOOD	10/1/2010	12/31/2382	1
OPH	P2031	HAIR ANALYSIS (EXCLUDING ARSENIC)	1/1/2014	12/31/2382	1
OPH	P2033	THYMOL TURBIDITY, BLOOD	10/1/2010	12/31/2382	1
OPH	P2038	MUCOPROTEIN, BLOOD (SEROMUCOID) (MEDICAL NECESSITY PROCEDURE)	10/1/2010	12/31/2382	1
OPH	P3000	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, BY TECHNICIAN UNDER PHYSICIAN SUPERVISI	10/1/2010	12/31/2382	1
OPH	P3001	SCREENING PAPANICOLAOU SMEAR, CERVICAL OR VAGINAL, UP TO THREE SMEARS, REQUIRING INTERPRETATION BY PHYSICIAN	10/1/2010	12/31/2382	1
OPH	P7001	CULTURE, BACTERIAL, URINE; QUANTITATIVE, SENSITIVITY STUDY	1/1/2014	12/31/2382	2
OPH	P9010	BLOOD (WHOLE), FOR TRANSFUSION, PER UNIT	10/1/2016	12/31/2382	4
OPH	P9011	BLOOD (SPLIT UNIT), SPECIFY AMOUNT	10/1/2016	12/31/2382	4
OPH	P9012	CRYOPRECIPITATE, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9016	LEUKOCYTE POOR BLOOD, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9017	PLASMA, SINGLE DONOR, FRESH FROZEN, EACH UNIT	10/1/2016	12/31/2382	24
OPH	P9019	PLATELET CONCENTRATE, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9020	PLATELET RICH PLASMA, EACH UNIT	10/1/2016	12/31/2382	5
OPH	P9021	RED BLOOD CELLS, EACH UNIT	10/1/2016	12/31/2382	8
OPH	P9022	WASHED RED BLOOD CELLS, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9023	FACTOR VIII CONCENTRATE, LYOPHILIZED UNIT, 100 UNITS/AS OF 2000 CATHETERIZATION FOR COLLECTION OF SPECIMEN	10/1/2016	12/31/2382	15
OPH	P9031	PLATELETS, LEUKOCYTES REDUCED, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9032	PLATELETS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	12
OPH	P9033	PLATELETS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNITS	10/1/2016	12/31/2382	12
OPH	P9034	PLATELETS, PHERESIS, EACH UNIIT	10/1/2016	12/31/2382	4

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	P9035	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9036	PLATELETS, PHERESIS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9037	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9038	RED BLOOD CELLS, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9039	RED BLOOD CELLS, DEGLYCEROLIZED, EACH UNIT	10/1/2016	12/31/2382	2
OPH	P9040	RED BLOOD CELLS, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	8
OPH	P9041	INFUSION, ALBUMIN (HUMAN), 5%, 50 ML	7/1/2014	12/31/2382	100
OPH	P9043	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 50 ML	7/1/2014	12/31/2382	10
OPH	P9044	PLASMA, CRYOPRECIPITATE REDUCED, EACH UNIT	10/1/2016	12/31/2382	20
OPH	P9045	INFUSION, ALBUMIN (HUMAN), 5%, 250 ML	7/1/2014	12/31/2382	20
OPH	P9046	INFUSION, ALBUMIN (HUMAN), 25%, 20 ML	7/1/2014	12/31/2382	40
OPH	P9047	INFUSION, ALBUMIN (HUMAN), 25%, 50 ML	7/1/2014	12/31/2382	20
OPH	P9048	INFUSION, PLASMA PROTEIN FRACTION (HUMAN), 5%, 250 ML	7/1/2014	12/31/2382	2
OPH	P9050	GRANULOCYTES, PHERESIS, EACH UNIT	10/1/2016	12/31/2382	1
OPH	P9051	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9052	PLATELETS, HLA-MATCHED LEUKOCYTES REDUCED, Apheresis/pheresis, EACH UNIT.	10/1/2016	12/31/2382	3
OPH	P9053	PLATELETS, PHERESIS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	3
OPH	P9054	WHOLE BLOOD OR RED BLOOD CELLS, LEUKOCYTES REDUCED, FROZEN, DEGLYCEROL, WASHED, EACH UNIT	10/1/2016	12/31/2382	2
OPH	P9055	PLATELETS, LEUKOCYTES REDUCED, CMV-NEGATIVE, Apheresis/pheresis, EACH UNIT	10/1/2016	12/31/2382	2
OPH	P9056	WHOLE BLOOD, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	3
OPH	P9057	RED BLOOD CELLS, FROZEN/DEGLYCEROLIZED/WASHED, LEUKOCYTES REDUCED, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9058	RED BLOOD CELLS, LEUKOCYTES REDUCED, CMV-NEGATIVE, IRRADIATED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9059	FRESH FROZEN PLASMA BETWEEN 8-24 HOURS OF COLLECTION, EACH UNIT	10/1/2016	12/31/2382	15
OPH	P9060	FRESH FROZEN PLASMA, DONOR RETESTED, EACH UNIT	10/1/2016	12/31/2382	4
OPH	P9070	PLASMA, POOLED MULTIPLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	7/1/2016	12/31/2382	15
OPH	P9071	PLASMA, SINGLE DONOR, PATHOGEN REDUCED, FROZEN, EACH UNIT	7/1/2016	12/31/2382	15
OPH	P9073	PLATELETS, PHERESIS, PATHOGEN-REDUCED, EACH UNIT	7/1/2018	12/31/2382	4
OPH	P9603	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	10/1/2016	12/31/2382	100
OPH	P9604	TRAVEL ALLOWANCE ONE WAY IN CONNECTION WITH MEDICALLY NECESSARY LABORATORY SPECIMEN COLLECTION DRAWN FROM HOME	1/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	P9612	CATHETERIZATION FOR COLLECTION OF SPECIMEN, SINGLE PATIENT, ALL PLACES OF SERVICE	10/1/2010	12/31/2382	1
OPH	P9615	CATHETERIZATION FOR COLLECTION OF SPECIMEN (S) (MULTIPLE PATIENTS)	10/1/2010	12/31/2382	1
OPH	Q0035	CARDIOKYMOGRAPHY	10/1/2010	12/31/2382	1
OPH	Q0081	INFUSION THERAPY, USING OTHER THAN CHEMOTHERAPEUTIC DRUGS, PER VISIT	1/1/2015	12/31/2382	2
OPH	Q0083	CHEMOTHERAPY ADMINISTRATION BY OTHER THAN INFUSION TECHNIQUE ONLY (EG SUBCUTANEOUS, INTRAMUSCULAR, PUSH), PER	1/1/2015	12/31/2382	2
OPH	Q0084	CHEMOTHERAPY ADMINISTRATION BY INFUSION TECHNIQUE ONLY, PER VISIT	1/1/2015	12/31/2382	2
OPH	Q0085	CHEMOTHERAPY ADMINISTRATION BY BOTH INFUSION TECHNIQUE AND OTHER TECHIQUE(S) (EG SUBCUTANEOUS, INTRAMUSCULAR,	10/1/2010	12/31/2382	2
OPH	Q0091	SCREENING PAPANICOLAOU SMEAR; OBTAINING, PREPARING AND CONVEYANCE OF CERVICAL OR VAGINAL SMEAR TO LABORATORY	10/1/2010	12/31/2382	1
OPH	Q0111	WET MOUNTS, INCLUDING PREPARATIONS OF VAGINAL, CERIVICAL OR SKIN SPECIMENS	10/1/2010	12/31/2382	2
OPH	Q0112	ALL POTASSIUM HYDROZIDE (KOH) PREPARATIONS	10/1/2010	12/31/2382	3
OPH	Q0113	PINWORM EXAMINATIONS	4/1/2018	12/31/2382	1
OPH	Q0114	FERN TEST	10/1/2010	12/31/2382	1
OPH	Q0115	POST-COITAL MUCOUS EXAM	10/1/2010	12/31/2382	1
OPH	Q0138	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (NON-ESRD USE)	1/1/2016	12/31/2382	510
OPH	Q0139	INJECTION, FERUMOSYTOL, FOR TREATMENT IF IRON DEFICIENCY ANEMIA, 1 MG (FOR ESRD ON DIALYSIS)	1/1/2016	12/31/2382	510
OPH	Q0161	CHLORPROMAZINE HYDROCHLORIDE, 5 MG ORAL FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE	1/1/2018	12/31/2382	66
OPH	Q0162	ONDANSETRON 1 MG,ORAL FDA-APPROVED PRESCRIPTION ANTI-EMETIC,FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	24
OPH	Q0163	DIPHENHYDRAMINE HYDROCHLORIDE, 50 MG ORAL, FDA APPROVED PRESCRIPTION ANTIEMETIC	7/1/2016	12/31/2382	6
OPH	Q0164	PROCHLORPERAZINE, MALEATE, 5 MG, ORAL	7/1/2016	12/31/2382	8
OPH	Q0166	GRANISETRON HYDROCHLORIDE 1 MG ORAL FDA APPROVED PRESCRIPTION ANTIEMETIC	1/1/2016	12/31/2382	2
OPH	Q0167	DRONABINOL, 2.5 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPUTIC	1/1/2016	12/31/2382	108
OPH	Q0169	PROMETHAZINE HCl, 12.5 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	12

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q0173	TRIMETHOBENZAMIDE HCl, 250 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	5
OPH	Q0175	PERPHENAZINE, 4 MG, ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	6
OPH	Q0177	HYDROXYZINE PAMOATE, 25 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMETIC, FOR USE AS A COMPLETE THERAPEUTIC	7/1/2016	12/31/2382	16
OPH	Q0180	DOLASETRON MESYLATE, 100 MG ORAL, FDA APPROVED PRESCRIPTION ANTI-EMECTIC, FOR USE AS A THERAPEUTIC	1/1/2016	12/31/2382	1
OPH	Q0220	INJECTION, TIXAGEVIMAB AND CILGAVIMAB, FOR THE PRE-EXPOSURE PROPHYLAXIS ONLY, FOR CERTAIN ADULTS AND PEDIATRIC INDIVIDUALS (12 YEARS OF AGE AND OLDER WEIGHING AT LEAST 40KG) WITH NO KNOWN SARS-COV-2 EXPOSURE, WHO EITHER HAVE	4/1/2022	12/31/2382	1
OPH	Q0240	INJECTION, CASIRIVIMAB AND IMDEVIMAB, 600 MG	1/1/2022	12/31/2382	1
OPH	Q0243	INJECTION, CASIRIVIMAB AND IMDEVIMAB, 2400 MG	7/1/2021	12/31/2382	1
OPH	Q0244	INJECTION, CASIRIVIMAB AND IMDEVIMAB, 1200 MG	10/1/2021	12/31/2382	1
OPH	Q0245	INJECTION, BAMLANIVIMAB AND ETESEVIMAB, 2100 MG	10/1/2021	12/31/2382	1
OPH	Q0247	INJECTION, SOTROVIMAB, 500 MG	10/1/2021	12/31/2382	1
OPH	Q0249	INJECTION, TOCILIZUMAB, FOR HOSPITALIZED ADULTS AND PEDIATRIC PATIENTS (2 YEARS OF AGE AND OLDER) WITH COVID-19 WHO ARE RECEIVING SYSTEMIC CORTICOSTEROIDS AND REQUIRE SUPPLEMENTAL OXYGEN, NON-INVASIVE OR INVASIVE MECHANICAL	1/1/2022	12/31/2382	1600
OPH	Q0478	POWER ADAPTER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, VEHICLE TYPE	7/1/2011	12/31/2382	1
OPH	Q0479	POWER MODULE FOR USE WITH ELCTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	7/1/2011	12/31/2382	1
OPH	Q0480	DRIVER FOR USE WITH PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0481	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0482	MICROPROCESSOR CONTROL UNIT FOR USE WITH ELECTRIC/PNEUMATIC COMBINATION VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
OPH	Q0483	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0484	MONITOR/DISPLAY MODULE FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q0485	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0486	MONITOR CONTROL CABLE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0487	LEADS (PNEUMATIC/ELECTRICAL) FOR USE WITH ANY TYPE ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT	10/1/2010	12/31/2382	1
OPH	Q0488	POWER PACK BASE FOR USE WITH ELECTRIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0489	POWER PACK BASE FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0490	EMERGENCY POWER SOURCE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0491	EMERGENCY POWERE SOURCE FOR USE WITH ELECTRIC/PNEUMATIC VETRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0492	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0493	EMERGENCY POWER SUPPLY CABLE FOR USE WITH ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0494	EMERGENCY HAND PUMP FOR USE WITH ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0495	BATTERY/ POWER PACK CHARGER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE	10/1/2010	12/31/2382	1
OPH	Q0497	BATTERY CLIPS FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	2
OPH	Q0498	HOLSTER FOR USE WITH ELECTRIC OR ELECTRIC/ PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0499	BELT/VEST FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0501	SHOWER COVER FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0502	MOBILITY CART FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	10/1/2010	12/31/2382	1
OPH	Q0503	BATTERY FOR PNEUMATIC VENTRICULAR ASSIST DEVICE REPLACEMENT ONLY, EACH	10/1/2010	12/31/2382	3

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q0504	POWER ADAPTER FOR PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY, VEHICLE TYPE	10/1/2010	12/31/2382	1
OPH	Q0506	BATTERY, LITHIUM-ION, FOR USE WITH ELECTRIC OR ELECTRIC/PNEUMATIC VENTRICULAR ASSIST DEVICE, REPLACEMENT ONLY	1/1/2015	12/31/2382	8
OPH	Q0507	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN EXTERNAL VENTRICULAR ASSIST DEVICE	7/1/2014	12/31/2382	1
OPH	Q0508	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE	1/1/2017	12/31/2382	24
OPH	Q0509	MISCELLANEOUS SUPPLY OR ACCESSORY FOR USE WITH AN IMPLANTED VENTRICULAR ASSIST DEVICE FOR	1/1/2018	12/31/2382	2
OPH	Q0510	PHARMACY SUPPLY FEE FOR INITIAL IMMUNOSUPPRESSIVE DRUGS, FIRST MONTH FOLLOWING TRANSPLANT	7/1/2014	12/31/2382	1
OPH	Q0511	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR THE FIRST PRESCR	7/1/2014	12/31/2382	1
OPH	Q0512	PHARMACY SUPPLY FEE FOR ORAL ANTI-CANCER, ORAL ANTI-EMETIC OR IMMUNOSUPPRESSIVE DRUGS; FOR A SUBSEQUENT PRESC	7/1/2014	12/31/2382	4
OPH	Q0513	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 30 DAYS	1/1/2012	12/31/2382	1
OPH	Q0514	PHARMACY DISPENSING FEE FOR INHALATION DRUGS; PER 90 DAYS	1/1/2012	12/31/2382	1
OPH	Q1004	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 4 AS DEFINED IN FEDERAL REGISTER NOTICE	4/1/2012	12/31/2382	2
OPH	Q1005	NEW TECHNOLOGY INTRAOCULAR LENS CATEGORY 5 AS DEFINED IN FEDERAL REGISTER NOTICE	4/1/2012	12/31/2382	2
OPH	Q2004	IRRIGATION SOLUTION FOR TREATMENT OF BLADDER CALCULI, FOR EXAMPLE RENACIDIN, PER 500 ML	7/1/2014	12/31/2382	1
OPH	Q2009	INJECTION, FOSPHENYTION, 50 MG PHENYTOIN EQUIVALENT	10/1/2016	12/31/2382	100
OPH	Q2017	INJECTION, TENIPOSIDE, 50 MG	10/1/2016	12/31/2382	12
OPH	Q2026	INJECTION, RADIESSE, 0.1 ML	1/1/2020	12/31/2382	30
OPH	Q2028	INJECTION, SCULPTRA, .5 MG	4/1/2015	12/31/2382	1470
OPH	Q2035	INFLUENZA VIRUS VACCINE, SPLIT VIRUS WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR INTRAMUSCU	7/1/2011	12/31/2382	1
OPH	Q2036	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q2037	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
OPH	Q2038	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
OPH	Q2039	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, WHEN ADMINISTERED TO INDIVIDUALS 3 YEARS OF AGE AND OLDER, FOR	7/1/2011	12/31/2382	1
OPH	Q2043	SIPULEUCEL-T, MINIMUM OF 50 MILLION AUTOLOGOUS CD54+ CELLS ACTIVATED WITH PAP-GM-CSF, INCLUDING LEUKAPHERESIS	7/1/2011	12/31/2382	1
OPH	Q2049	IMPORTED LIPODOX INJECTION, 10MG	1/1/2020	12/31/2382	10
OPH	Q2050	DOXORUBICIN INJ 10 MG	7/1/2014	12/31/2382	20
OPH	Q2052	SERVICES, SUPPLIES AND ACCESSORIES USED IN THE HOME UNDER THE MEDICARE INTRAVENOUS IMMUNE GLOBIN	7/1/2014	12/31/2382	1
OPH	Q3014	TELEHEALTH ORIGINATING SITE FACILITY FEE	7/1/2014	12/31/2382	2
OPH	Q3027	INJ. BETA INTERFERON IM 1 MCG	4/1/2015	12/31/2382	30
OPH	Q3028	INJECTION, INTERFERON BETA-1A, 1 MCG FOR SUBCUTANEOUS USE	7/1/2017	12/31/2382	44
OPH	Q3031	COLLAGEN SKIN TEST	7/1/2012	12/31/2382	1
OPH	Q4001	CASTING SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD PLASTER	10/1/2010	12/31/2382	1
OPH	Q4002	CAST SUPPLIES, BODY CAST ADULT, WITH OR WITHOUT HEAD, FIBERGLASS	10/1/2010	12/31/2382	1
OPH	Q4003	CAST SUPPLIES, SHOULDER CAST, ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	2
OPH	Q4004	CAST SUPPLIES, SHOULDER CAST ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	2
OPH	Q4012	CAST SUPPLIES, LONG ARM CAST, PEDIATRIC (0-10 YEARS), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4013	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2
OPH	Q4014	CAST SUPPLIES, GAUNTLET CAST (INCLUDES LOWER FOREARM AND HAND), ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4018	CAST SUPPLIES, LONG ARM SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4021	CAST SUPPLIES, SHORT ARM SPLINT, ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2
OPH	Q4025	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), PLASTER	10/1/2010	12/31/2382	1
OPH	Q4026	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), ADULT (11 YEARS +), FIBERGLASS	10/1/2010	12/31/2382	1
OPH	Q4027	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), PLASTER	10/1/2010	12/31/2382	1
OPH	Q4028	CAST SUPPLIES, HIP SPICA (ONE OR BOTH LEGS), PEDIATRIC (0-10 YEARS), FIBERGLASS	10/1/2010	12/31/2382	1
OPH	Q4030	CAST SUPPLIES, LONG LEG CAST, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4037	CAST SUPPLIES, SHORT LEG CAST, ADULT (11 YEARS +), PLASTER	7/1/2019	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q4042	CAST SUPPLIES, LONG LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4046	CAST SUPPLIES, SHORT LEG SPLINT, ADULT (11 YEARS +), FIBERGLASS	7/1/2019	12/31/2382	2
OPH	Q4050	CAST SUPPLIES, FOR UNLISTED TYPES AND MATERIALS OF CAST	4/1/2018	12/31/2382	2
OPH	Q4051	SPLINT SUPPLIES, MISCELLANEOUS (INCLUDES THERMOPLASTICS, STRAPPING, FASTENERS, PADDING AND OTHER SUPPLIES)	4/1/2018	12/31/2382	2
OPH	Q4074	ILOPROST, INHALATION SOLUTION, FDA-APPROVED FINAL PRODUCT, NON-COMPOUNDED, ADMINISTERED THROUGH DME, UNIT DOSE	10/1/2016	12/31/2382	3
OPH	Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	10/1/2016	12/31/2382	400
OPH	Q5001	HOSPICE CARE PROVIDED IN PATIENT'S HOME/RESIDENCE	10/1/2017	12/31/2382	1
OPH	Q5002	HOSPICE CARE PROVIDED IN ASSISTED LIVING FACILITY	10/1/2017	12/31/2382	1
OPH	Q5003	HOSPICE CARE PROVIDED IN NURSING LONG TERM CARE FACILITY OR NONSKILLED NURSING FACILITY	10/1/2017	12/31/2382	1
OPH	Q5004	HOSPICE CARE PROVIDED IN SKILLED NURSING FACILITY	10/1/2017	12/31/2382	1
OPH	Q5007	HOSPICE CARE PROVIDED IN LONG TERM CARE FACILITY	10/1/2017	12/31/2382	1
OPH	Q5009	HOSPICE CARE PROVIDED IN PLACE NOT OTHERWISE SPECIFIED	1/1/2019	12/31/2382	1
OPH	Q5010	HOSPICE HOME CARE PROVIDED IN A HOSPICE FACILITY	1/1/2019	12/31/2382	1
OPH	Q5101	INJECTION, ZARXIO	1/1/2019	12/31/2382	1500
OPH	Q5103	INJECTION, INFLECTRA	7/1/2018	12/31/2382	150
OPH	Q5104	INJECTION, RENFLEXIS	7/1/2018	12/31/2382	150
OPH	Q5105	INJECTION, EPOETIN ALFA, BIOSIMILAR, (RETACRIT) (FOR ESRD ON DIALYSIS), 100 UNITS	1/1/2019	12/31/2382	400
OPH	Q5107	INJECTION, BEVACIZUMAB-AWWB, BIOSIMILAR, (MVASI), 10 MG	4/1/2019	12/31/2382	170
OPH	Q5108	INJECTION, FULPHILA, .5MG	1/1/2019	12/31/2382	12
OPH	Q5111	INJECTION, PEGFILGRASTIM-CBQV, BIOSIMILAR, (UDENYCA), 0.5 MG	4/1/2019	12/31/2382	12
OPH	Q5114	INJECTION, TRASTUZUMAB-DKST, BIOSIMILAR, (OGIVRI), 10 MG	10/1/2019	12/31/2382	120
OPH	Q5115	INJECTION, RITUXIMAB-ABBS, BIOSIMILAR, (TRUXIMA), 10 MG	7/1/2021	12/31/2382	150
OPH	Q5117	INJECTION, TRASTUZUMAB-ANNS, BIOSIMILAR, (KANJINTI), 10 MG	4/1/2020	12/31/2382	120
OPH	Q5118	INJ., ZIRABEV, 10 MG	4/1/2020	12/31/2382	230
OPH	Q5119	INJECTION, RITUXIMAB-PVVR, BIOSIMILAR, (RUXIENCE), 10 MG	1/1/2021	12/31/2382	150
OPH	Q5120	INJECTION, PEGFILGRASTIM-BMEZ, BIOSIMILAR, (ZIEXTENZO), 0.5 MG	1/1/2021	12/31/2382	12
OPH	Q5121	INJ. AVSOLA, 10 MG	1/1/2021	12/31/2382	150
OPH	Q5122	INJECTION, PEGFILGRASTIM-APGF, BIOSIMILAR, (NYVEPRIA), 0.5 MG	10/1/2021	12/31/2382	12
OPH	Q5123	INJECTION, RITUXIMAB-ARRX, BIOSIMILAR, (RIABNI), 10 MG	1/1/2022	12/31/2382	150
OPH	Q9001	ASSESSMENT BY DEPARTMENT OF VETERANS AFFAIRS CHAPLAIN SERVICES	7/1/2021	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	Q9002	COUNSELING, INDIVIDUAL, BY DEPARTMENT OF VETERANS AFFAIRS CHAPLAIN SERVICES	7/1/2021	12/31/2382	1
OPH	Q9003	COUNSELING, GROUP, BY DEPARTMENT OF VETERANS AFFAIRS CHAPLAIN SERVICES	7/1/2021	12/31/2382	1
OPH	Q9950	INJECTION, SULFUR HEXAFLUORIDE LIPID MICROSPHERES, PER ML	7/1/2016	12/31/2382	5
OPH	Q9953	INJECTION, IRON BASED MAGNETIC RESONANCE CONTRAST AGENT, PER ML	10/1/2015	12/31/2382	10
OPH	Q9954	ORAL MAGNETIC RESONANCE CONTRAST AGENT, PER ML	4/1/2016	12/31/2382	18
OPH	Q9956	INJECTION, OCTAFLUOROPROPANE MICROSPHERES, PER ML	1/1/2015	12/31/2382	9
OPH	Q9957	INJECTION, PERFLUTREN LIPID MICROSHPERES, PER ML	10/1/2015	12/31/2382	3
OPH	Q9958	HIGH OSMOLAR CONTRAST MATERIAL,UP TO 149 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	600
OPH	Q9960	HIGH OSMOLAR CONTRAST MATERIAL, 200-249 MG/ML IODINE CONCENTRATION, PER ML	1/1/2015	12/31/2382	250
OPH	Q9961	HIGH OSMOLAR CONTRAST MATERIAL,250-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	200
OPH	Q9962	HIGH OSMOLAR CONTRAST MATERIAL,300-349 MG/ML IODINE CONCENTRATION, PER ML	1/1/2015	12/31/2382	200
OPH	Q9963	HIGH OSMOLAR CONTRAST MATERIAL,350-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	240
OPH	Q9966	LOW OSMOLAR CONTRAST MATERIAL, 200-299 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	250
OPH	Q9967	LOW OSMOLAR CONTRAST MATERIAL, 300-399 MG/ML IODINE CONCENTRATION, PER ML	10/1/2015	12/31/2382	300
OPH	Q9969	TC-99M FROM NON-HIGHLY ENRICHED URANIUM SOURCE, FULL COST RECOVERY ADD-ON, PER STUDY DOSE	1/1/2017	12/31/2382	3
OPH	Q9982	FLUTEMETAMOL F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 5 MILLICURIES	1/1/2017	12/31/2382	1
OPH	Q9983	FLORBETABEN F18, DIAGNOSTIC, PER STUDY DOSE, UP TO 8.1 MILLICURIES	1/1/2017	12/31/2382	1
OPH	R0070	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	10/1/2010	12/31/2382	2
OPH	R0075	TRANSPORTATION OF PORTABLE X-RAY EQUIPMENT AND PERSONNEL TO HOME OR NURSING HOME, PER TRIP TO FACILITY OR LOCA	10/1/2010	12/31/2382	2
OPH	R0076	TRANSPORTATION OF PORTABLE EKG TO FACILITY OR LOCATION, PER PATIENT	10/1/2010	12/31/2382	1
OPH	S0197	PRENATAL VITAMINS, 30-DAY SUPPLY	10/1/2012	12/31/2382	1
OPH	S0199	MEDICALLY INDUCED ABORTION BY ORAL INGESTION OF MEDICATION INCLUDING ALL ASSOCIATED SERVICES AND SUPPLIES EXCE	10/1/2012	12/31/2382	1
OPH	S0201	PARTIAL HOSPITALIZATION SERVICES, LESS THAN 24 HOURS, PER DIEM	10/1/2012	12/31/2382	1
OPH	S0220	MEDICAL CONFERENCE BY A PHYSICIAN WITH MULTIDISCIPLINARY TEAM OF HEALTH PROFESSIONALS OR REPRESENTATIVES	10/1/2012	12/31/2382	1
OPH	S0250	COMPREHENSIVE GERIATRIC ASSESSMENT AND TREATMENT PLANNING PERFORMED BY ASSESSMENT TEAM	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S0255	HOSPICE REFERRAL VISIT(ADVISING PATIENT AND FAMILY OF CARE OPTIONS)PERFORMED BY NURSE SOCIAL WORKER OR OTHER	10/1/2013	12/31/2382	1
OPH	S0285	COLONOSCOPY CONSULTATION PERFORMED PRIOR TO A SCREENING COLONOSCOPY PROCEDURE	7/1/2017	12/31/2382	2
OPH	S0302	COMPLETED EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) SERVICE	10/1/2013	12/31/2382	1
OPH	S0310	HOSPITALIST SERVICES (LIST SEPARATELY IN ADDITION TO CODE FOR APPROPRIATE EVALUATION AND MANAGEMENT	10/1/2013	12/31/2382	1
OPH	S0311	COMPREHENSIVE MANAGEMENT AND CARE COORDINATION FOR ADVANCED ILLNESS, PER CALENDAR MONTH	7/1/2017	12/31/2382	2
OPH	S0315	DISEASE MANAGEMENT PROGRAM; INITIAL ASSESSMENT AND INITIATION OF THE PROGRAM	10/1/2012	12/31/2382	1
OPH	S0316	FOLLOW-UP/REASSESSMENT	10/1/2013	12/31/2382	1
OPH	S0317	DISEASE MANAGEMENT PROGRAM; PER DIEM	10/1/2012	12/31/2382	1
OPH	S0390	ROUTINE FOOT CARE; REMOVAL AND/OR TRIMMING OF CORNS, CALLUSES AND/OR NAILS AND PREVENTIVE MAINTENANCE IN	10/1/2012	12/31/2382	1
OPH	S0395	IMPRESSION CASTING OF A FOOT PERFORMED BY A PRACTITIONER OTHER THAN THE MANUFACTURER OF THE ORTHOTI	10/1/2013	12/31/2382	2
OPH	S0516	SAFETY EYEGLASS FRAMES	10/1/2014	12/31/2382	1
OPH	S0580	POLYCARBONATE LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
OPH	S0581	NONSTANDARD LENS (LIST THIS CODE IN ADDITION TO THE BASIC CODE FOR THE LENS)	10/1/2014	12/31/2382	2
OPH	S0592	COMPREHENSIVE CONTACT LENS EVALUATION	10/1/2013	12/31/2382	1
OPH	S0610	ANNUAL GYNECOLOGICAL EXAMINATION, NEW PATIENT	10/1/2012	12/31/2382	1
OPH	S0612	ANNUAL GYNECOLOGICAL EXAMINATION, ESTABLISHED PATIENT	10/1/2013	12/31/2382	1
OPH	S0613	ANNUAL GYNECOLOGICAL EXAMINATION, CLINICAL BREAST EXAM WITHOUT PELVIC EXAMINATION	10/1/2013	12/31/2382	1
OPH	S0618	AUDIOMETRY FOR HEARING AID EVALUATION TO DETERMINE THE LEVEL AND DEGREE OF	10/1/2013	12/31/2382	1
OPH	S0620	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; NEW PATIENT	10/1/2013	12/31/2382	1
OPH	S0621	ROUTINE OPHTHALMOLOGICAL EXAMINATION INCLUDING REFRACTION; ESTABLISHED PATIENT	10/1/2013	12/31/2382	1
OPH	S0630	REMOVAL OF SUTURES BY A PHYSICIAN OTHER THAN THE PHYSICIAN WHO ORIGINALLY CLOSED THE WOUND	10/1/2013	12/31/2382	1
OPH	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL, CUSTOM FABRICATED, INCLUDES FITTING AND ADJUSTMENT(S)	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S2068	BREAST RECONSTRUCTION WITH DEEP INFERIOR EPIGASTRIC PERFORATOR (DEEP) FLAP, INCLUDING MICROVASCULAR	10/1/2013	12/31/2382	1
OPH	S2083	ADJUSTMENT OF GASTRIC BAND DIAMETER VIA SUBCUTANEOUS PORT BY INJECTION OR	10/1/2013	12/31/2382	1
OPH	S2117	ARTHOEREISIS, SUBTALAR	10/1/2013	12/31/2382	1
OPH	S2150	BONE MARROW OR BLOOD-DERIVED PERIPHERAL STEM CELL HARVESTING AND TRANSPLANTATION, ALLOGENIC OR AUTOLOGOUS INCL	10/1/2013	12/31/2382	1
OPH	S2260	INDUCED ABORTION, 17 TO 24 WEEKS, ANY SURGICAL METHOD	10/1/2013	12/31/2382	1
OPH	S2350	DISKECTOMY, ANTERIOR, WITH DECOMPRESSION OF SPINAL CORD AND/OR NERVE ROOT(S)INCLUDING OSTEOPHYTECTOMY	10/1/2012	12/31/2382	1
OPH	S2401	REPAIR, URINARY TRACT OBSTRUCION IN THE FETUS, PROCEDURE PERFORMED IN UTERO	10/1/2013	12/31/2382	1
OPH	S2411	FETOSCOPIC LASER THERAPY FOR TREATMENT OF TWIN-TO-TWIN TRANSFUSION SYNDROME	10/1/2013	12/31/2382	1
OPH	S2900	SURGICAL TECHNIQUES REQUIRING USE OF ROBOTIC SURGICAL SYSTEM	10/1/2013	12/31/2382	1
OPH	S3005	PERFORMANCE MEASUREMENT, EVALUATION OF PATIENT SELF ASSESSMENT, DEPRESSION	10/1/2012	12/31/2382	1
OPH	S4005	INTERIM LABOR FACILITY GLOBAL (LABOR OCCURRING BUT NOT RESULTING IN DELIVERY)	10/1/2013	12/31/2382	1
OPH	S5101	DAY CARE SERVICES, ADULT; PER HALF DAY	10/1/2012	12/31/2382	1
OPH	S5102	DAY CARE SERVICES, ADULT; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5105	DAY CARE SERVICES, CENTER-BASED; SERVICES NOT INCLUDED IN PROGRAM FEE, PER DIEM	10/1/2012	12/31/2382	1
OPH	S5111	HOME CARE TRAINING, FAMILY; PER SESSION	10/1/2012	12/31/2382	1
OPH	S5116	HOME CARE TRAINING, NON-FAMILY; PER SESSION	10/1/2012	12/31/2382	1
OPH	S5121	CHORE SERVICES; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5126	ATTENDANT CARE SERVICES; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5131	HOMEMAKER SERVICE, NOS; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5136	COMPANION CARE, ADULT (E.G. IADL/ADL); PER DIEM	10/1/2012	12/31/2382	1
OPH	S5140	FOSTER CARE, ADULT; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5141	FOSTER CARE, ADULT; PER MONTH	10/1/2012	12/31/2382	1
OPH	S5145	FOSTER CARE, THERAPEUTIC, CHILD; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5146	FOSTER CARE, THERAPEUTIC, CHILD; PER MONTH	10/1/2012	12/31/2382	1
OPH	S5151	UNSKILLED RESPITE CARE, NOT HOSPICE; PER DIEM	10/1/2012	12/31/2382	1
OPH	S5160	EMERGENCY RESPONSE SYSTEM; INSTALLATION AND TESTING	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S5161	EMERGENCY RESPONSE SYSTEM; SERVICE FEE, PER MONTH (EXCLUDES INSTALLATION OR TESTING)	10/1/2012	12/31/2382	1
OPH	S5162	EMERGENCY RESPONSE SYSTEM; PURCHASE ONLY	10/1/2012	12/31/2382	1
OPH	S5165	HOME MODIFICATIONS; PER SERVICE	10/1/2012	12/31/2382	3
OPH	S5180	HOME HEALTH RESPIRATORY THERAPY, INITIAL EVALUATION	10/1/2012	12/31/2382	1
OPH	S5181	HOME HEALTH RESPIRATORY THERAPY, NOS, PER DIEM	10/1/2012	12/31/2382	1
OPH	S5185	MEDICATION REMINDER SERVICE, NON-FACE-TO-FACE; PER MONTH	10/1/2012	12/31/2382	1
OPH	S5190	WELLNESS ASSESSMENT, PERFORMED BY NON-PHYSICIAN	10/1/2012	12/31/2382	1
OPH	S5497	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, NOT OTHERWISE CLASSIFIED; INCLUDES ADMINISTRATIVE SERVICES	10/1/2012	12/31/2382	1
OPH	S5498	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, SIMPLE(SINGLE LUMEN), INCLUDES ADMINISTRATIVE SERVICES	10/1/2012	12/31/2382	1
OPH	S5501	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, COMPLEX(MORE THAN ONE LUMEN), INCLUDES ADMINISTRATIVE SERVICE	10/1/2012	12/31/2382	1
OPH	S5502	HOME INFUSION THERAPY, CATHETER CARE/MAINTENANCE, IMPLANTED ACCESS DEVICE,INCLUDES ADMINISTRATIVE	10/1/2012	12/31/2382	1
OPH	S5517	HOME INFUSION THERAPY, ALL SUPPLIES NECESSARY FOR RESTORATION OF CATHETER	10/1/2012	12/31/2382	1
OPH	S5520	HOME INFUSION THERAPY, ALL SUPPLIES(INCLUDING CATHETER)NECESSARY FOR A PERIPHERALLY INSERTED CENTRAL VENOUS CA	10/1/2012	12/31/2382	1
OPH	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY(MRCP)	10/1/2013	12/31/2382	1
OPH	S8096	PORTABLE PEAK FLOW METER	10/1/2013	12/31/2382	1
OPH	S8100	HOLDING CHAMBER OF SPACER FOR USE WITH AND INHALER OR NEBULIZER; WITHOUT MASK	10/1/2013	12/31/2382	2
OPH	S8101	HOLDING CHAMBER OF SPACER FOR USE WITH AN INHALER OR NEBULIZER; WITH MASK	10/1/2013	12/31/2382	2
OPH	S8110	PEAK EXPIRATORY FLOW RATE (PHYSICIAN SERVICES)	1/1/2014	12/31/2382	2
OPH	S8185	FLUTTER DEVICE	10/1/2013	12/31/2382	1
OPH	S8186	SWIVEL ADAPTOR	10/1/2013	12/31/2382	4
OPH	S8210	MUCAS TRAP	10/1/2013	12/31/2382	3
OPH	S8270	ENURESIS ALARM, USING AUDITORY BUZZER AND/OR VIBRATION DEVICE	10/1/2013	12/31/2382	1
OPH	S8420	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), CUSTOM MADE	10/1/2013	12/31/2382	2
OPH	S8421	GRADIENT PRESSURE AID(SLEEVE AND GLOVE COMBINATION), READY MADE	10/1/2013	12/31/2382	2
OPH	S8422	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
OPH	S8423	GRADIENT PRESSURE AID(SLEEVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S8424	GRADIENT PRESSURE AID(SLEEVE), READY MADE	10/1/2013	12/31/2382	2
OPH	S8425	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, MEDIUM WEIGHT	10/1/2013	12/31/2382	2
OPH	S8426	GRADIENT PRESSURE AID(GLOVE), CUSTOM MADE, HEAVY WEIGHT	10/1/2013	12/31/2382	2
OPH	S8427	GRADIENT PRESSURE AID (GLOVE), READY MADE	10/1/2013	12/31/2382	2
OPH	S8428	GRADIENT PRESSURE AID (GAUNTLET), READY MADE	10/1/2013	12/31/2382	2
OPH	S8429	GRADIENT PRESSURE EXTERIOR WRAP	10/1/2013	12/31/2382	2
OPH	S8450	SPLING, PREFABRICATED, DIGIT(SPECIFY DIGIT BY USE OF MODIFIER)	10/1/2013	12/31/2382	1
OPH	S8451	SPLINT, PREFABRICATED, WRIST OR ANKLE	10/1/2013	12/31/2382	2
OPH	S8452	SPLINT, PREFABRICATED, ELBOW	10/1/2013	12/31/2382	2
OPH	S8999	RESUSCITATION BAG (FOR USE BY PATIENT ON ARTIFICIAL RESPIRATION DURING POWER FAILURE OR OTHER CATAHTROPHIC	10/1/2013	12/31/2382	1
OPH	S9001	HOME UTERINE MONITOR WITH OR WITHOUT ASSOCIATED NURSING SERVICES	10/1/2013	12/31/2382	1
OPH	S9083	GLOBAL FEE URGENT CARE CENTERS	10/1/2013	12/31/2382	1
OPH	S9088	SERVICES PROVIDED IN AN URGENT CARE CENTER (LIST IN ADDITION TO CODE FOR SERVICE)	10/1/2013	12/31/2382	1
OPH	S9125	RESPIRE CARE, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9126	HOSPICE CARE, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9127	SOCIAL WORK VISIT, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9128	SPEECH THERAPY, IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9129	OCCUPATIONAL THERAPY, IN THE HOME,PER DIEM	10/1/2012	12/31/2382	1
OPH	S9131	PHYSICAL THERAPY; IN THE HOME, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9211	HOME MANAGEMENT OF GESTATIONAL HYPERTENSION, INCLUDES ADMINISTRATIVE SERVICES, PROF PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
OPH	S9325	HOME INFUSION THERAPY, PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	10/1/2012	12/31/2382	1
OPH	S9326	HOME INFUSION THERAPY, CONTINUOUS PAIN MANAGEMENT INFUSION, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	10/1/2012	12/31/2382	1
OPH	S9327	HOME INFUSION THERAPY, INTERMITTENT PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
OPH	S9328	HOME INFUSION THERAPY, IMPLANTED PUMP PAIN MANAGEMENT INFUSION; ADMINISTRATIVE SERVICES,PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
OPH	S9329	HOME INFUSION THERAPY, CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES; PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S9330	HOME INFUSION THERAPY, CONTINUOUS CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVIC	10/1/2012	12/31/2382	1
OPH	S9331	HOME INFUSION THERAPY, INTERMITTENT CHEMOTHERAPY INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	10/1/2012	12/31/2382	1
OPH	S9336	HOME INFUSION THERAPY, CONTINUOUS ANTICOAGULANT INFUSION THERAPY(E.G. HEPARIN), ADMINISTRATIVE SERVICES, PROFE	10/1/2012	12/31/2382	1
OPH	S9338	HOME INFUSION THERAPY,IMMUNOTHERAPY THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COO	10/1/2012	12/31/2382	1
OPH	S9339	HOME THERAPY; PERITONEAL DIALYSIS, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION	10/1/2012	12/31/2382	1
OPH	S9340	HOME THERAPY; ENTERAL NUTRITION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDINATION AN	10/1/2012	12/31/2382	1
OPH	S9341	HOME THERAPY ; ENTERAL NUTRITION VIA GRAVITY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
OPH	S9342	HOME THERAPY; ENTERAL NUTRITION VIA PUMP; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1
OPH	S9343	HOME THERAPY; ENTERAL NUTRITION VIA BOLUS; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1
OPH	S9345	HOME INFUSION THERAPY, ANTI-HEMOPHILIC AGENT INFUSION THERAPY(E.G. FACTORVIII); ADMINISTRATIVE SERVICES, PROFE	10/1/2012	12/31/2382	1
OPH	S9346	HOME INFUSION THERAPY, ALPHA-1-PROTEINASE INHIBITOR(E.G. PROLASTIN); ADMINISTRATIVE SERVICES, PROFESSIONAL PHA	10/1/2012	12/31/2382	1
OPH	S9347	HOME INFUSION THERAPY, UNINTERRUPTED, LONG-TERM, CONTROLLED RATE INTRAVENOUSE INFUSION THERAPY(E.G. EPOPROSTEN	10/1/2012	12/31/2382	1
OPH	S9348	HOME INFUSION THERAPY, SYMPATHOMIMETIC/INOTROPIC AGENT INFUSION THERAPY(E.G. DOBUTAMINE); ADMINISTRATIVE SERVI	10/1/2012	12/31/2382	1
OPH	S9349	HOME INFUSION THERAPY, TOCOLYTIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CA	10/1/2012	12/31/2382	1
OPH	S9351	HOME INFUSION THERAPY, CONTINUOUS ANTI-EMETIC INFUSION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
OPH	S9355	HOME INFUSION THERAPY, CHELATION THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORD	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S9359	HOME INFUSTION THERAPY, ANTI-TUMOR NECROSIS FACTOR INTRAVENOUSE THERAPY; (E.G.INFLIXIMAB); ADMINISTRATIVE SERV	10/1/2012	12/31/2382	1
OPH	S9363	HOME INFUSION THERAPY, ANTI-SPASMOTIC INTRAVENOUS THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERV	10/1/2012	12/31/2382	1
OPH	S9364	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN);ADMINISTRATIVE, PROFESSIONAL PHARMACY SERVICES, CARE CO	10/1/2012	12/31/2382	1
OPH	S9365	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROF PHARM	10/1/2012	12/31/2382	1
OPH	S9366	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN) ;MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER	10/1/2012	12/31/2382	1
OPH	S9367	HOME INFUSION THERAPY, TOTAL PARENTETAL NUTRITION(TPN); MORE THAN TWO LITERS BUT NO MORE THAN 3 LITERS PER DAY	10/1/2012	12/31/2382	1
OPH	S9368	HOME INFUSION THERAPY, TOTAL PARENTERAL NUTRITION(TPN); MORE THAN 3 LITERS , ADMINISTRATIVE SERVICES, PROFESSO	10/1/2012	12/31/2382	1
OPH	S9373	HOME INFUSION THERAPY, HYDRATION THERAPY; ADMINISTRATION SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE COORDI	10/1/2012	12/31/2382	1
OPH	S9374	HOME INFUSTION THERAPY, HYDRATION THERAPY; ONE LITER PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY	10/1/2012	12/31/2382	1
OPH	S9375	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN ONE LITER BUT NO MORE THAN TWO LITERS PER DAY, ADMINISTRAT	10/1/2012	12/31/2382	1
OPH	S9376	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN TWO LITERS BUT NO MORE THAN THREE LITERS PER DAY, ADMIN SE	10/1/2012	12/31/2382	1
OPH	S9377	HOME INFUSION THERAPY, HYDRATION THERAPY; MORE THAN THREE LITERS PER DAY, ADMINISTRATIVE SERVICES, PROFESSIONA	10/1/2012	12/31/2382	1
OPH	S9379	HOME INFUSION THERAPY, INFUSION THERAPY, NOT OTHERWISE CLASSIFIED; ADMIN SERVICES, PROFESSIONAL PHARMACY SERVI	10/1/2012	12/31/2382	1
OPH	S9436	CHILDBIRTH PREPARATION/LAMAZE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9437	CHILDBIRTH REFRESHER CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9441	ASTHMA EDUCATION, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9442	BIRTHING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9443	LACTATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9444	PARENTING CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9445	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER	10/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S9446	PATIENT EDUCATION, NOT OTHERWISE CLASSIFIED, NON-PHYSICIAN PROVIDER, GROUP, PER SESSION	10/1/2013	12/31/2382	2
OPH	S9447	INFANT SAFETY (INCLUDING CPR) CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9449	WEIGHT MANAGEMENT CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9451	EXERCISE CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9452	NUTRITION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9453	SMOKING CESSATION CLASSES, NON-PHYSICIAN PROVIDER, PER SESSION	10/1/2013	12/31/2382	1
OPH	S9455	DIABETIC MANAGEMENT PROGRAM, GROUP SESSION	10/1/2013	12/31/2382	1
OPH	S9460	DIABETIC MANAGEMENT PROGRAM, NURSE VISIT	10/1/2013	12/31/2382	1
OPH	S9465	DIABETIC MANAGEMENT PROGRAM, DIETITIAN VISIT	10/1/2013	12/31/2382	1
OPH	S9470	NUTRITIONAL COUNSELING, DIETITIAN VISIT	10/1/2013	12/31/2382	1
OPH	S9472	CARDIAC REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9473	PULMONARY REHABILITATION PROGRAM, NON-PHYSICIAN PROVIDER, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9480	INTENSIVE OUTPATIENT PSYCHIATRIC SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9485	CRISIS INTERVENTION MENTAL HEALTH SERVICES, PER DIEM	10/1/2012	12/31/2382	1
OPH	S9490	HOME INFUSION THERAPY, CORTICOSTEROID INFUSION; ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES, CARE	10/1/2012	12/31/2382	1
OPH	S9494	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ADMINISTRATIVE SERVICES, PROFESSIONAL PHA	10/1/2012	12/31/2382	1
OPH	S9497	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY THREE HOURS; ADMIN SERV, PROFESS	10/1/2012	12/31/2382	1
OPH	S9500	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS, ADMIN SERVICES, PROFE	10/1/2012	12/31/2382	1
OPH	S9501	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY 12 HOURS; ADMIN SERVICES, PROFES	10/1/2012	12/31/2382	1
OPH	S9502	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL THERAPY; ONCE EVERY EIGHT HOURS, ADMIN SERVICES, PR	10/1/2012	12/31/2382	1
OPH	S9503	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 6 HOURS, ADMIN SERVICES, PROFESSIONAL PH	10/1/2012	12/31/2382	1
OPH	S9504	HOME INFUSION THERAPY, ANTIBIOTIC, ANTIVIRAL, OR ANTIFUNGAL; ONCE EVERY 4 HOURS, ADMIN SERVICES, PROFESSIONAL P	10/1/2012	12/31/2382	1
OPH	S9529	ROUTINE VENIPUNCTURE FOR COLLECTION OF SPECIMEN(S), SINGLE HOME BOUND, NURSING HOME, OR SKILLED NURSING FACILI	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	S9537	HOME THERAPY; HEMATOPOIETIC HORMONE INJECTION THERAPY(E.G. CRYTHROPOIETIN, G-CSF, GM-CSF);ADMIN SERVICES	10/1/2012	12/31/2382	1
OPH	S9542	HOME INJECTABLE THERAPY;NOT OTHERWISE CLASSIFIED, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SER	10/1/2012	12/31/2382	1
OPH	S9558	HOME INJECTABLE THERAPY:GROWTH HORMONE, INCLUDING ADMINISTRATIVE SERVICES, PROFESSIONAL PHARMACY SERVICES	10/1/2012	12/31/2382	1
OPH	S9560	HOME INJECTABLE THERAPY, HORMONAL THERAPY(E.G. LEUPROLIDE, GOSERELIN), INCLUDING ADMINISTRATIVE SERVICES, PROF	10/1/2012	12/31/2382	1
OPH	S9960	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NONEMERGENCY TRANSPORT, ONE WAY (FIXED WINGS)	7/1/2014	12/31/2382	1
OPH	S9961	AMBULANCE SERVICE, CONVENTIONAL AIR SERVICES, NONEMERGENCY TRANSPORT, ONE WAY (ROTARY WINGS)	7/1/2014	12/31/2382	1
OPH	S9976	LODGING, PER DIEM, NOT OTHERWISE CLASSIFIED	10/1/2012	12/31/2382	1
OPH	S9981	MEDICAL RECORDS COPYING FEE, ADMINISTRATIVE	10/1/2013	12/31/2382	1
OPH	T1001	NURSING ASSESSMENT/EVALUATION	10/1/2012	12/31/2382	2
OPH	T1006	ALCOHOL AND/OR SUBSTANCE ABUSE SERVICES, FAMILY/COUPLE COUNSELING	1/1/2019	12/31/2382	2
OPH	T1015	CLINIC VISIT/ENCOUNTER, ALL INCLUSIVE	10/1/2012	12/31/2382	1
OPH	T1018	SCHOOL-BASED INDIVIDUALIZED EDUCATION PROGRAM (IEP) SERVICES, BUNDLED	10/1/2013	12/31/2382	1
OPH	T1020	PERSONAL CARE SERVICES, PER DIEM, NOT FOR AN INPATIENT OR RESIDENT OF A HOSPITAL,NURSING FACILITY, ICF/MR OR	10/1/2012	12/31/2382	1
OPH	T1021	HOME HEALTH AIDE OR CERTIFIED NURSE ASSISTANT, PER VISIT	1/1/2019	12/31/2382	2
OPH	T1022	CONTRACTED HOME HEALTH AGENCY SERVICES, ALL SERVICES PROVIDED UNDER CONTRACT, PER DAY	10/1/2012	12/31/2382	1
OPH	T1023	SCREENING TO DETERMINE THE APPROPRIATENESS OF CONSIDERATION OF AN INDIVIDUAL FOR PARTICIPATION IN A SPECIFIED	10/1/2013	12/31/2382	1
OPH	T1024	TEAM EVALUATION & MANAGEMENT PER ENCOUNTER	1/1/2019	12/31/2382	1
OPH	T1025	INTENSIVE, EXTENDED MULTIDISCIPLINARY SERVICES PROVIDED IN A CLINIC SETTING TO CHILDREN WITH COMPLEX MEDICAL,	10/1/2012	12/31/2382	1
OPH	T1028	ASSESSMENT OF HOME, PHYSICAL AND FAMILY ENVIRONMENT, TO DETERMINE SUITABILITY TO MEET PATIENT'S MEDICAL NEEDS	10/1/2012	12/31/2382	1
OPH	T1029	COMPREHENSIVE ENVIRONMENTAL LEAD INVESTIGATION, NOT INCLUDING LABORATORY	10/1/2012	12/31/2382	1
OPH	T1030	NURSING CARE, IN THE HOME, BY REGISTERED NURSE, PER DIEM	10/1/2012	12/31/2382	1
OPH	T1031	NURSING CARE, IN THE HOME, BY LICENSED PRACTICAL NURSE, PER DIEM	10/1/2012	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	T1040	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER DIEM	7/1/2017	12/31/2382	2
OPH	T1041	MEDICAID CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINIC SERVICES, PER MONTH	7/1/2017	12/31/2382	2
OPH	T1502	ADMINISTRATION OF ORAL, INTRAMUSCULAR AND/OR SUBCUTANEOUS MEDICATION BY HEALTH CARE AGENCY/PROFESSIONAL, PER	10/1/2012	12/31/2382	2
OPH	T1503	ADMINISTRATION OF MEDICATION. OTHER THAN ORAL AND/OR INJECTABLE, BY HEALTH CARE AGENCY/PROFESSIONAL, PER VISIT	1/1/2014	12/31/2382	2
OPH	T1505	ELECTRONIC MEDICATION COMPLIANCE MANAGEMENT DEVICE, INCLUDES ALL COMPONENTS AND ACCESSORIES, NOC	1/1/2014	12/31/2382	1
OPH	T2002	NON-EMERGENCY TRANSPORTATION; PER DIEM	10/1/2012	12/31/2382	1
OPH	T2016	HABILITATION, RESIDENTIAL, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
OPH	T2020	DAY HABILITATION, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
OPH	T2022	CASE MANAGEMENT, PER MONTH	10/1/2012	12/31/2382	1
OPH	T2023	TARGETED CASE MANAGEMENT; PER MONTH	10/1/2012	12/31/2382	1
OPH	T2024	SERVICE ASSESMENT/ PLAN OF CARE DEVELOPMENT, WAIVER	1/1/2014	12/31/2382	1
OPH	T2030	ASSISTED LIVING, WAIVER, PER MONTH	10/1/2012	12/31/2382	1
OPH	T2031	ASSISTED LIVING, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
OPH	T2032	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED, WAIVER, PER MONTH	10/1/2012	12/31/2382	1
OPH	T2033	RESIDENTIAL CARE NOT OTHERWISE SPECIFIED, WAIVER, PER DIEM	10/1/2012	12/31/2382	1
OPH	T2042	HOSPICE ROUTINE HOME CARE; PER DEIM	10/1/2012	12/31/2382	1
OPH	T2044	HOSPICE INPATIENT RESPITE CARE; PER DIEM	10/1/2012	12/31/2382	1
OPH	T2045	HOSPICE GENERAL INPATIENT CARE; PER DIEM	10/1/2012	12/31/2382	1
OPH	T2046	HOSPICE LONG TERM CARE, ROOM AND BOARD ONLY; PER DIEM	10/1/2012	12/31/2382	1
OPH	T2048	BEHAVIORIAL HEALTH; LONG-TERM CARE RESIDENTIAL, WITH ROOM AND BOARD, PER DIEM	10/1/2012	12/31/2382	1
OPH	T5001	POSITIIONING SEAT FOR PERSONS WITH SPECIAL ORTHOPEDIC NEEDS, FOR USE IN VEHICLES	10/1/2013	12/31/2382	1
OPH	U0002	COVID-19 LAB TEST NON-CDC	7/1/2020	12/31/2382	2
OPH	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	7/1/2020	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	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	7/1/2020	12/31/2382	2
OPH	U0005	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, CDC OR NON-CDC, MAKING USE OF HIGH THROUGHPUT	7/1/2021	12/31/2382	1
OPH	V2020	FRAMES, PURCHASES	10/1/2010	12/31/2382	1
OPH	V2025	DELUXE FRAMES	10/1/2014	12/31/2382	1
OPH	V2100	SPHERE, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00, PER LENS	4/1/2015	12/31/2382	2
OPH	V2101	SPHERE, SINGLE VISION, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2102	SPHERE, SINGLE VISION, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2103	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	4/1/2015	12/31/2382	2
OPH	V2104	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2105	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2106	SPHEROCYLINDER, SINGLE VISION, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2107	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00 SPHERE, .12 TO 2.00D CYLINDER, PER LEN	10/1/2010	12/31/2382	2
OPH	V2108	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25D TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER	10/1/2010	12/31/2382	2
OPH	V2109	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	10/1/2010	12/31/2382	2
OPH	V2110	SPEROCYLINDER, SINGLE VISION, PLUS OR MINUS 4.25 TO 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2111	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER L	10/1/2010	12/31/2382	2
OPH	V2112	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25D TO 4.00D CYLINDER, PER	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V2113	SPHEROCYLINDER, SINGLE VISION, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER	10/1/2010	12/31/2382	2
OPH	V2114	SPHEROCYLINDER, SINGLE VISION, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2115	LENTICULAR, (MYODISC), PER LENS, SINGLE VISION	10/1/2010	12/31/2382	2
OPH	V2118	ANISEIKONIC LENS, SINGLE VISION	10/1/2010	12/31/2382	2
OPH	V2121	LENTICULAR LENS,PER LENS, SINGLE	10/1/2010	12/31/2382	2
OPH	V2199	NOT OTHERWISE CLASSIFIED, SINGLE VISION LENS	7/1/2014	12/31/2382	2
OPH	V2200	SPHERE, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2201	SPHERE, BIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2202	SPHERE, BIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00D,PER LENS	10/1/2010	12/31/2382	2
OPH	V2203	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2204	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2205	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2206	SPHEROCYLINDER, BIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2207	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE,.12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2208	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
OPH	V2209	SPHEROCYLINDER,BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2210	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
OPH	V2211	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 25 TO 2.25D CYLINDER,PER LENS	10/1/2010	12/31/2382	2
OPH	V2212	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2213	SPHEROCYLINDER, BIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2214	SPHEROCYLINDER, BIFOCAL, SPHERE OVER PLUS OR MINUS 12.00D, PER LENS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V2215	LENTICULAR (MYODISC), PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
OPH	V2218	ANISEIKONIC, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
OPH	V2219	BIFOCAL SEG WIDTH OVER 28MM	10/1/2010	12/31/2382	2
OPH	V2220	BIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2
OPH	V2221	LENTICULAR LENS, PER LENS, BIFOCAL	10/1/2010	12/31/2382	2
OPH	V2299	SPECIALTY BIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
OPH	V2300	SPHERE, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00.D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2301	SPHERE, TRIFOCAL, PLUS OR MINUS 4.12 TO PLUS OR MINUS 7.00D PER LENS	10/1/2010	12/31/2382	2
OPH	V2302	SPHERE, TRIFOCAL, PLUS OR MINUS 7.12 TO PLUS OR MINUS 20.00, PER LENS	10/1/2010	12/31/2382	2
OPH	V2303	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, .12-2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2304	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 2.25-4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2305	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, 4.25 TO 6.00 CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2306	SPHEROCYLINDER, TRIFOCAL, PLANO TO PLUS OR MINUS 4.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2307	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, .12 TO 2.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2308	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 2.12 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2309	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2310	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 4.25 TO PLUS OR MINUS 7.00D SPHERE, OVER 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2311	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, .25 TO 2.25D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2312	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 2.25 TO 4.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2313	SPHEROCYLINDER, TRIFOCAL, PLUS OR MINUS 7.25 TO PLUS OR MINUS 12.00D SPHERE, 4.25 TO 6.00D CYLINDER, PER LENS	10/1/2010	12/31/2382	2
OPH	V2314	SPHEROCYLINDER, TRIFOCAL, SPHERE OVER PLUS OR MINUS 12 .00D, PER LENS	10/1/2010	12/31/2382	2
OPH	V2315	LENTICULAR, (MYODISC), PER LENS, TRIFOCAL	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V2318	ANISEIKONIC LENS, TRIFOCAL	10/1/2010	12/31/2382	2
OPH	V2319	TRIFOCAL SEG WIDTH OVER 28 MM	10/1/2010	12/31/2382	2
OPH	V2320	TRIFOCAL ADD OVER 3.25D	10/1/2010	12/31/2382	2
OPH	V2321	LENTICULAR LENS,PER LENS,TRIFOCAL	10/1/2010	12/31/2382	2
OPH	V2399	SPECIALTY TRIFOCAL (BY REPORT)	10/1/2010	12/31/2382	2
OPH	V2410	VARIABLE ASPHERICITY LENS, SINGLE VISION, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
OPH	V2430	VARIABLE ASPHERICITY LENS, BIFOCAL, FULL FIELD, GLASS OR PLASTIC, PER LENS	10/1/2010	12/31/2382	2
OPH	V2499	VARIABLE SPHERICITY LENS, OTHER TYPE	7/1/2014	12/31/2382	2
OPH	V2500	CONTACT LENS, PMMA, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
OPH	V2501	CONTACT LENS, PMMA, TORIC OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
OPH	V2502	CONTACT LENS PMMA, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
OPH	V2503	CONTACT LENS PMMA, COLOR VISION DEFICIENCY, PER LENS	10/1/2010	12/31/2382	2
OPH	V2510	CONTACT LENS, GAS PERMEABLE, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
OPH	V2511	CONTACT LENS, GAS PERMEABLE, TORIC, PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
OPH	V2512	CONTACT LENS, GAS PERMEABLE, BIFOCAL,PER LENS	10/1/2010	12/31/2382	2
OPH	V2513	CONTACT LENS, GAS PERMEABLE, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
OPH	V2520	CONTACT LENS HYDROPHILIC, SPHERICAL, PER LENS	10/1/2010	12/31/2382	2
OPH	V2521	CONTACT LENS HYDROPHILIC, TORIC, OR PRISM BALLAST, PER LENS	10/1/2010	12/31/2382	2
OPH	V2522	CONTACT LENS HYDROPHILLIC, BIFOCAL, PER LENS	10/1/2010	12/31/2382	2
OPH	V2523	CONTACT LENS HYDROPHILIC, EXTENDED WEAR, PER LENS	10/1/2010	12/31/2382	2
OPH	V2524	CONTACT LENS, HYDROPHILIC, SPHERICAL, PHOTOCHROMIC ADDITIVE, PER LENS	7/1/2021	12/31/2382	2
OPH	V2530	CONTACT LENS, SCLERAL, GAS IMPERMEABLE, PER LENS (FOR CONTACT LENS MODIFICATION, SEE CODE 92325)	10/1/2010	12/31/2382	2
OPH	V2531	CONTACT LENS, SCLERAL, GAS PERMEABLE, PER LENS FOR CONTACT LENS MODIFICATION SEE CODE 92325	10/1/2010	12/31/2382	2
OPH	V2599	CONTACT LENS, OTHER TYPE	7/1/2014	12/31/2382	2
OPH	V2600	HAND HELD LOW VISION AIDS AND OTHER NONSPECTACLE MOUNTED AIDS	10/1/2010	12/31/2382	1
OPH	V2610	SINGLE LENS SPECTACLE MOUNTED LOW VISION AIDS	10/1/2010	12/31/2382	1
OPH	V2615	TELESCOPIC AND OTHER COMPOUND LENS SYSTEM, INCLUDING DISTANCE VISION TELESCOPIC, NEAR VISION TELESCOPES AND CO	10/1/2010	12/31/2382	2
OPH	V2623	PROSTHETIC EYE, PLASTIC, CUSTOM	10/1/2010	12/31/2382	2
OPH	V2624	POLISHING/RESURFACING OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
OPH	V2625	ENLARGEMENT OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V2626	REDUCTION OF OCULAR PROSTHESIS	10/1/2010	12/31/2382	2
OPH	V2627	SCLERAL COVER SHELL	10/1/2010	12/31/2382	2
OPH	V2628	FABRICATION AND FITTING OF OCULAR CONFORMER	10/1/2010	12/31/2382	2
OPH	V2629	PROSTHETIC EYE, OTHER TYPE	10/1/2010	12/31/2382	2
OPH	V2630	ANTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2
OPH	V2631	IRIS SUPPORTED INTRAOCULAR LENS	10/1/2010	12/31/2382	2
OPH	V2632	POSTERIOR CHAMBER INTRAOCULAR LENS	10/1/2010	12/31/2382	2
OPH	V2700	BALANCE LENS, PER LENS	10/1/2010	12/31/2382	2
OPH	V2710	SLAB OFF PRISM, GLASS OR PLASTIC. PER LENS	10/1/2010	12/31/2382	2
OPH	V2715	PRISM, PER LENS	4/1/2015	12/31/2382	4
OPH	V2718	PRESS-ON LENS, FRESNELL PRISM, PER LENS	10/1/2010	12/31/2382	2
OPH	V2730	SPECIAL BASE CURVE, GLASS OR PLASTIC,PER LENS	10/1/2010	12/31/2382	2
OPH	V2744	TINT, PHOTOCHROMATIC, PER LENS	4/1/2015	12/31/2382	2
OPH	V2745	ADDITION TO LENS, TINT, ANY COLOR, SOLID, GRADIENT OR EQUAL, EXCLUDES PHOTOCHROMATIC, ANY LENS MATERIAL, PER	4/1/2015	12/31/2382	2
OPH	V2750	ANTI-REFLECTIVE COATING, PER LENS	4/1/2015	12/31/2382	2
OPH	V2755	U-V LENS, PER LENS	4/1/2015	12/31/2382	2
OPH	V2756	EYE GLASS CASE	10/1/2014	12/31/2382	1
OPH	V2760	SCRATCH RESISTANT COATING, PER LENS	1/1/2014	12/31/2382	2
OPH	V2761	MIRROR COATING,ANY TYPE,SOLID,GRADIENT OR EQUAL,ANY LENS MATERIAL,PER LENS	1/1/2012	12/31/2382	2
OPH	V2762	POLARIZATION, ANY LENS MATERIAL, PER LENS	1/1/2014	12/31/2382	2
OPH	V2770	OCCLUDER LENS, PER LENS	10/1/2010	12/31/2382	2
OPH	V2780	OVERSIZE LENS, PER LENS	10/1/2010	12/31/2382	2
OPH	V2781	PROGRESSIVE LENS, PER LENS	1/1/2012	12/31/2382	2
OPH	V2782	LENS, INDEX 1.54 TO 1.65 PLASTIC OR 1.60 TO 1.79 GLASS, EXCLUDES POLYCARBONATE, PER LENS	10/1/2010	12/31/2382	2
OPH	V2783	LENS, INDEX GREATER THAN OR EQUAL TO 1.66 PLASTIC OR GREATER THAN OR EQUAL TO 1.80 GLASS, EXCLUDES POLYCAR	10/1/2010	12/31/2382	2
OPH	V2784	LENS, POLYCARBONATE OR EQUAL, ANY INDEX, PER LENS	4/1/2015	12/31/2382	2
OPH	V2785	PROCESSING, PRESERVING AND TRANSPORTING CORNEAL TISSUE	10/1/2010	12/31/2382	2
OPH	V2786	SPECIALTY OCCUPATIONAL MULTIFOCAL LENS,PER LENS	1/1/2014	12/31/2382	2
OPH	V2787	ASTIGMATISM CORRECTING FUNCTION OF INTRAOCULAR LENS	10/1/2013	12/31/2382	2
OPH	V2788	PRESBYOPIA CORRECTING FUNCTION OF INTRAOCULAR LENS	10/1/2013	12/31/2382	2

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V2790	AMNIOTIC MEMBRANE FOR SURGICAL RECONSTRUCTION, PER PROCEDURE	10/1/2010	12/31/2382	1
OPH	V2797	VISION SUPPLY,ACCESSORY AND/OR SERVICE COMPONENT OF ANOTHER HCPCS VISION CODE	10/1/2010	12/31/2382	1
OPH	V5008	HEARING SCREENING	4/1/2012	12/31/2382	1
OPH	V5010	ASSESSMENT FOR HEARING AID	4/1/2012	12/31/2382	1
OPH	V5011	FITTING/ORIENTATION/CHECKING OF HEARING AID	4/1/2012	12/31/2382	1
OPH	V5014	REPAIR/MODIFICATION OF A HEARING AID	10/1/2013	12/31/2382	1
OPH	V5020	CONFORMITY EVALUATION	10/1/2013	12/31/2382	1
OPH	V5030	HEARING AID, MONAURAL, BODY WORN, AIR CONDUCTION	10/1/2013	12/31/2382	1
OPH	V5040	HEARING AID, MONAURAL, BODY WORN, BONE CONDUCTION	10/1/2013	12/31/2382	1
OPH	V5050	HEARING AID, MONAURAL, IN THE EAR	10/1/2013	12/31/2382	1
OPH	V5060	HEARING AID, MONAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
OPH	V5070	GLASSES, AIR CONDUCTION	10/1/2013	12/31/2382	1
OPH	V5080	GLASSES, BONE CONDUCTION	10/1/2013	12/31/2382	1
OPH	V5090	DISPENSING FEE, UNSPECIFIED HEARING AID	10/1/2013	12/31/2382	2
OPH	V5095	SEMI-IMPLANTABLE MIDDLE EAR HEARING PROTHESIS	10/1/2013	12/31/2382	2
OPH	V5100	HEARING AID, BILATERAL, BODY WORN	10/1/2012	12/31/2382	1
OPH	V5110	DISPENSING FEE, BILATERAL	10/1/2012	12/31/2382	1
OPH	V5120	BINAURAL, BODY	10/1/2013	12/31/2382	1
OPH	V5130	BINAURAL, IN THE EAR	10/1/2013	12/31/2382	1
OPH	V5140	BINAURAL, BEHIND THE EAR	10/1/2013	12/31/2382	1
OPH	V5150	BINAURAL, GLASSES	10/1/2013	12/31/2382	1
OPH	V5160	DISPENSING FEE, BINAURAL	10/1/2013	12/31/2382	1
OPH	V5171	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE EAR (ITE)	7/1/2019	12/31/2382	1
OPH	V5172	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, IN THE CANAL (ITC)	7/1/2019	12/31/2382	1
OPH	V5181	HEARING AID, CONTRALATERAL ROUTING DEVICE, MONAURAL, BEHIND THE EAR (BTE)	7/1/2019	12/31/2382	1
OPH	V5190	HEARING AID, CROS, GLASSES	10/1/2013	12/31/2382	1
OPH	V5200	DISPENSING FEE, CROS	10/1/2013	12/31/2382	1
OPH	V5211	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITE	7/1/2019	12/31/2382	1
OPH	V5212	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/ITC	7/1/2019	12/31/2382	1
OPH	V5213	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITE/BTE	7/1/2019	12/31/2382	1
OPH	V5214	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/ITC	7/1/2019	12/31/2382	1
OPH	V5215	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, ITC/BTE	7/1/2019	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V5221	HEARING AID, CONTRALATERAL ROUTING SYSTEM, BINAURAL, BTE/BTE	7/1/2019	12/31/2382	1
OPH	V5230	HEARING AID, BICROS, GLASSES	10/1/2013	12/31/2382	1
OPH	V5240	DISPENSING FEE, BICROS	10/1/2013	12/31/2382	1
OPH	V5241	DISPENSING FEE, MONAURAL HEARING AID, ANY TYPE	10/1/2013	12/31/2382	1
OPH	V5242	HEARING AID, ANALOG, MONAURAL, CIC (COMPLETELY IN THE EAR CANAL)	10/1/2013	12/31/2382	1
OPH	V5243	HEARING AID, ANALOG, MONAURAL, ITC (IN THE CANAL)	10/1/2013	12/31/2382	1
OPH	V5244	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, CIC	10/1/2013	12/31/2382	1
OPH	V5245	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITC	10/1/2013	12/31/2382	1
OPH	V5246	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, ITE (IN THE EAR)	10/1/2013	12/31/2382	1
OPH	V5247	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, MONAURAL, BTE (BEHIND THE EAR)	10/1/2013	12/31/2382	1
OPH	V5248	HEARING AID, ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1
OPH	V5249	HEARING AID, ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
OPH	V5250	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, CIC	10/1/2013	12/31/2382	1
OPH	V5251	HEARING AID, DIGITALLY PROGRAMMABLE ANALOG, BINAURAL, ITC	10/1/2013	12/31/2382	1
OPH	V5252	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, ITE	10/1/2013	12/31/2382	1
OPH	V5253	HEARING AID, DIGITALLY PROGRAMMABLE, BINAURAL, BTE	10/1/2013	12/31/2382	1
OPH	V5254	HEARING AID, DIGITAL, MONAURAL, CIC	10/1/2013	12/31/2382	1
OPH	V5255	HEARING AID, DIGITAL, MONAURAL, ITC	10/1/2013	12/31/2382	1
OPH	V5256	HEARING AID, DIGITAL, MONAURAL, ITE	10/1/2013	12/31/2382	1
OPH	V5257	HEARING AID, DIGITAL, MONAURAL, BTE	10/1/2013	12/31/2382	1
OPH	V5258	HEARING AID, DIGITAL, BINAURAL, CIC	10/1/2013	12/31/2382	1
OPH	V5259	HEARING AID, DIGITAL, BINAURAL, ITC	10/1/2013	12/31/2382	1
OPH	V5260	HEARING AID, DIGITAL, BINAURAL, ITE	10/1/2013	12/31/2382	1
OPH	V5261	HEARING AID, DIGITAL, BINAURAL, BTE	10/1/2013	12/31/2382	1
OPH	V5262	HEARING AID, DISPOSABLE, ANY TYPE, MONAURAL	10/1/2013	12/31/2382	1
OPH	V5263	HEARING AID, DISPOSABLE, ANY TYPE, BINAURAL	10/1/2013	12/31/2382	1
OPH	V5264	EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
OPH	V5265	EAR MOLD/INSERT, DISPOSABLE, ANY TYPE	10/1/2013	12/31/2382	2
OPH	V5268	ASSISTIVE LISTENING DEVICE, TELEPHONE AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
OPH	V5269	ASSISTIVE LISTENING DEVICE, ALERTING, ANY TYPE	10/1/2013	12/31/2382	2
OPH	V5270	ASSISTIVE LISTENING DEVICE, TELEVISION AMPLIFIER, ANY TYPE	10/1/2013	12/31/2382	2
OPH	V5271	ASSISTIVE LISTENING DEVICE, TELEVISION CAPTION DECODER	10/1/2013	12/31/2382	1
OPH	V5272	ASSISTIVE LISTENING DEVICE, TDD	10/1/2013	12/31/2382	1

Type	Procedure Code	Procedure Description	Effective Date	End Date	Units
OPH	V5273	ASSISTIVE LISTENING DEVICE, FOR USE WITH COCHLEAR IMPLANT	10/1/2013	12/31/2382	1
OPH	V5275	EAR IMPRESSION, EACH	10/1/2013	12/31/2382	2
OPH	V5281	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
OPH	V5282	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM SYSTEM, BINAURAL, (2 RECEIVERS, TRANSMITTER, MICROPHONE), ANY TYPE	10/1/2013	12/31/2382	1
OPH	V5283	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM NECK, LOOP INDUCTION RECEIVER	10/1/2013	12/31/2382	1
OPH	V5284	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, EAR LEVEL RECEIVER	10/1/2013	12/31/2382	1
OPH	V5285	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM, DIRECT AUDIO INPUT RECEIVER	10/1/2013	12/31/2382	1
OPH	V5286	ASSISTIVE LISTENING DEVICE, PERSONAL BLUE TOOTH FM/DM RECEIVER	10/1/2013	12/31/2382	1
OPH	V5287	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM RECEIVER; NOT OTHERWISE SPECIFIED	10/1/2013	12/31/2382	1
OPH	V5288	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM TRANSMITTER ASSISTIVE LISTENING DEVICE	10/1/2013	12/31/2382	1
OPH	V5289	ASSISTIVE LISTENING DEVICE, PERSONAL FM/DM ADAPTER/BOOT COUPLING DEVICE FOR RECEIVER;ANY TYPE	10/1/2013	12/31/2382	1
OPH	V5290	ASSISTIVE LISTENING DEVICE, TRANSMITTER MICROPHONE, ANY TYPE	10/1/2013	12/31/2382	1
OPH	V5298	HEARING AID, NOT OTHERWISE CLASSIFIED	10/1/2013	12/31/2382	1
OPH	V5299	HEARING SERVICE, MISCELLANEOUS	4/1/2018	12/31/2382	1
OPH	V5336	REPAIR/MODIFICATION OF AUGMENTATIVE COMMUNICATIVE SYSTEM OR DEVICE (EXCLUDES ADAPTIVE HEARING AID)	10/1/2013	12/31/2382	1
OPH	V5362	SPEECH SCREENING	10/1/2013	12/31/2382	1
OPH	V5363	LANGUAGE SCREENING	10/1/2013	12/31/2382	1
OPH	V5364	DYSPHAGIA SCREENING	10/1/2013	12/31/2382	1