

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
10060	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	100	1
10061	INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS,	100	1
10080	INCISION AND DRAINAGE OF PILONIDAL CYST; SIMPLE	100	1
10120	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE	100	1
10121	INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; COMPLICATED	100	1
10140	INCISION AND DRAINAGE OF HEMATOMA, SEROMA OR FLUID COLLECTION	100	1
10160	PUNCTURE ASPIRATION OF ABSCESS, HEMATOMA, BULLA, OR CYST	100	1
10180	INCISION AND DRAINAGE, COMPLEX, POSTOPERATIVE WOUND INFECTION	100	1
11000	DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE	100	1
11004	DEBRIDEMENT OF SKIN, SUBCUTANEOUS TISSUE, MUSCLE AND FASCIA FOR NECROTIZING	100	1
11042	DEBRIDEMENT, SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS, IF PERFORMED);	100	1
11045	DEBRIDEMENT SUBCUTANEOUS TISSUE (INCLUDES EPIDERMIS AND DERMIS IF PERFORMED);	100	1
11046	DEBRIDEMENT MUSCLE AND/OR FASCIA (INCLUDES EPIDERMIS DERMIS AND SUBCUTANEOUS	100	1
11047	DEBRIDEMENT BONE (INCLUDES EPIDERMIS DERMIS SUBCUTANEOUS TISSUE MUSCLE	100	1
11055	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); SINGLE	100	1
11056	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); 2 TO 4	100	1
11057	PARING OR CUTTING OF BENIGN HYPERKERATOTIC LESION (EG, CORN OR CALLUS); MORE	100	1
11100	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	100	1
11101	BIOPSY OF SKIN, SUBCUTANEOUS TISSUE AND/OR MUCOUS MEMBRANE (INCLUDING SIMPLE	100	1
11102	TANGENTIAL BIOPSY OF SKIN; SINGLE LESION	100	1
11103	TANGENTIAL BIOPSY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	100	1
11104	PUNCH BIOPSY OF SKIN; SINGLE LESION	100	1
11105	PUNCH BIOPSY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	100	1
11106	INCISIONAL BIOSPY OF SKIN; SINGLE LESION	100	1
11107	INCISIONAL BIOSPY OF SKIN; EACH SEPARATE/ADDITIONAL LESION	100	1
11200	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; UP TO AND	100	1
11201	REMOVAL OF SKIN TAGS, MULTIPLE FIBROCUTANEOUS TAGS, ANY AREA; EACH ADDITIONAL	100	1
11300	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	100	1
11301	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	100	1
11302	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	100	1
11303	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, TRUNK, ARMS OR LEGS;	100	1
11305	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	100	1
11306	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	100	1
11307	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, SCALP, NECK, HANDS, FEET,	100	1
11310	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	100	1
11311	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	100	1
11312	SHAVING OF EPIDERMAL OR DERMAL LESION, SINGLE LESION, FACE, EARS, EYELIDS,	100	1
11400	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11401	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11402	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11403	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11404	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11406	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11420	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11421	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11422	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11423	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11424	EXCISION, BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11440	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11441	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11442	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11443	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11444	EXCISION, OTHER BENIGN LESION INCLUDING MARGINS, EXCEPT SKIN TAG (UNLESS LISTED	100	1
11600	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
11601	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	100	1
11602	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	100	1
11603	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	100	1
11604	EXCISION, MALIGNANT LESION INCLUDING MARGINS, TRUNK, ARMS, OR LEGS; EXCISED	100	1
11620	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	100	1
11621	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	100	1
11622	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	100	1
11623	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	100	1
11624	EXCISION, MALIGNANT LESION INCLUDING MARGINS, SCALP, NECK, HANDS, FEET,	100	1
11640	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	100	1
11641	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	100	1
11642	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	100	1
11643	EXCISION, MALIGNANT LESION INCLUDING MARGINS, FACE, EARS, EYELIDS, NOSE, LIPS;	100	1
11719	TRIMMING OF NONDYSTROPHIC NAIL(S), ANY NUMBER	100	1
11720	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 1 TO 5	100	1
11721	DEBRIDEMENT OF NAIL(S) BY ANY METHOD(S); 6 OR MORE	100	1
11730	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; SINGLE	100	1
11732	AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE	100	1
11740	EVACUATION OF SUBUNGUAL HEMATOMA	100	1
11750	EXCISION OF NAIL AND NAIL MATRIX, PARTIAL OR COMPLETE, (EG, INGROWN OR DEFORMED	100	1
11765	WEDGE EXCISION OF SKIN OF NAIL FOLD (EG, FOR INGROWN TOENAIL)	100	1
11770	EXCISION OF PILONIDAL CYST OR SINUS; SIMPLE	100	1
11900	INJECTION, INTRALESIONAL; UP TO AND INCLUDING 7 LESIONS	100	1
11901	INJECTION, INTRALESIONAL; MORE THAN 7 LESIONS	100	1
11976	REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	100	1
11981	INSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	100	1
11982	REMOVAL, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	100	1
11983	REMOVAL WITH REINSERTION, NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	100	1
12001	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	100	1
12002	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL	100	1
12011	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	100	1
12013	SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR	100	1
12020	TREATMENT OF SUPERFICIAL WOUND DEHISCENCE; SIMPLE CLOSURE	100	1
12031	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	100	1
12032	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	100	1
12034	REPAIR, INTERMEDIATE, WOUNDS OF SCALP, AXILLAE, TRUNK AND/ OR EXTREMITIES	100	1
12041	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA;	100	1
12042	REPAIR, INTERMEDIATE, WOUNDS OF NECK, HANDS, FEET AND/OR EXTERNAL GENITALIA;	100	1
12051	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	100	1
12052	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	100	1
12053	REPAIR, INTERMEDIATE, WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS	100	1
16000	INITIAL TREATMENT, FIRST DEGREE BURN, WHEN NO MORE THAN LOCAL TREATMENT IS	100	1
16020	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	100	1
16025	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	100	1
16030	DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT;	100	1
17000	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	100	1
17003	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	100	1
17004	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	100	1
17110	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	100	1
17111	DESTRUCTION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY, CHEMOSURGERY,	100	1
17250	CHEMICAL CAUTERIZATION OF GRANULATION TISSUE (PROUD FLESH, SINUS OR FISTULA)	100	1
17260	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17261	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17262	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
17270	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17271	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17272	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17280	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17281	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
17282	DESTRUCTION, MALIGNANT LESION (EG, LASER SURGERY, ELECTROSURGERY, CRYOSURGERY,	100	1
19000	PUNCTURE ASPIRATION OF CYST OF BREAST;	100	1
19100	BIOPSY OF BREAST; PERCUTANEOUS, NEEDLE CORE, NOT USING IMAGING GUIDANCE	100	1
20520	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; SIMPLE	100	1
20525	REMOVAL OF FOREIGN BODY IN MUSCLE OR TENDON SHEATH; DEEP OR COMPLICATED	100	1
20526	INJECTION, THERAPEUTIC (EG, LOCAL ANESTHETIC, CORTICOSTEROID), CARPAL TUNNEL	100	1
20527	INJECTION, ENZYME (EG, COLLAGENASE), PALMAR FASCIAL CORD (IE, DUPUYTREN'S	100	1
20550	INJECTION(S); SINGLE TENDON SHEATH, OR LIGAMENT, APONEUROSIS (EG, PLANTAR	100	1
20551	SINGLE TENDON ORIGIN/INSERTION	100	1
20552	INJECTION(S); SINGLE OR MULTIPLE TRIGGER POINT(S), 1 OR 2 MUSCLE(S)	100	1
20553	SINGLE OR MULTIPLE TRIGGER POINT(S), 3 OR MORE MUSCLES	100	1
20600	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; SMALL JOINT OR BURSA (EG, FINGERS,	100	1
20605	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; INTERMEDIATE JOINT OR BURSA (EG,	100	1
20610	ARTHROCENTESIS, ASPIRATION AND/OR INJECTION; MAJOR JOINT OR BURSA (EG,	100	1
20612	ASPIRATION AND/OR INJECTION OF GANGLION CYST(S) ANY LOCATION	100	1
20680	REMOVAL OF IMPLANT; DEEP (EG, BURIED WIRE, PIN, SCREW, METAL BAND, NAIL, ROD OR	100	1
21011	ARTHROTOMY, TEMPOROMANDIBULAR JOINT; BILATERAL	100	1
21012	EXCISION, TUMOR, SOFT TISSUE OF FACE OR SCALP, SUBCUTANEOUS; 2 CM OR GREATER	100	1
21013	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	100	1
21014	EXCISION, TUMOR, SOFT TISSUE OF FACE AND SCALP, SUBFASCIAL (EG, SUBGALEAL,	100	1
21073	MANIPULATION OF TEMPOROMANDIBULAR JOINT(S) (TMJ) THERAPEUTIC REQUIRING AN	100	1
21552	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBCUTANEOUS; 3 CM OR	100	1
21554	EXCISION, TUMOR, SOFT TISSUE OF NECK OR ANTERIOR THORAX, SUBFASCIAL (EG,	100	1
21800	CLOSED TREATMENT OF RIB FRACTURE, UNCOMPLICATED, EACH	100	1
21931	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBCUTANEOUS; 3 CM OR GREATER	100	1
21932	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	100	1
21933	EXCISION, TUMOR, SOFT TISSUE OF BACK OR FLANK, SUBFASCIAL (EG, INTRAMUSCULAR);	100	1
22901	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBFASCIAL (EG, INTRAMUSCULAR);	100	1
22902	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; LESS THAN 3 CM	100	1
22903	EXCISION, TUMOR, SOFT TISSUE OF ABDOMINAL WALL, SUBCUTANEOUS; 3 CM OR GREATER	100	1
23071	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBCUTANEOUS; 3 CM OR GREATER	100	1
23073	EXCISION, TUMOR, SOFT TISSUE OF SHOULDER AREA, SUBFASCIAL (EG, INTRAMUSCULAR);	100	1
23500	CLOSED TREATMENT OF CLAVICULAR FRACTURE; WITHOUT MANIPULATION	100	1
23600	CLOSED TREATMENT OF PROXIMAL HUMERAL (SURGICAL OR ANATOMICAL NECK) FRACTURE;	100	1
23620	CLOSED TREATMENT OF GREATER HUMERAL TUBEROSITY FRACTURE; WITHOUT MANIPULATION	100	1
23650	CLOSED TREATMENT OF SHOULDER DISLOCATION, WITH MANIPULATION; WITHOUT ANESTHESIA	100	1
23930	INCISION AND DRAINAGE, UPPER ARM OR ELBOW AREA; DEEP ABSCESS OR HEMATOMA	100	1
24071	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBCUTANEOUS; 3 CM OR	100	1
24073	EXCISION, TUMOR, SOFT TISSUE OF UPPER ARM OR ELBOW AREA, SUBFASCIAL (EG,	100	1
24500	CLOSED TREATMENT OF HUMERAL SHAFT FRACTURE; WITHOUT MANIPULATION	100	1
24530	CLOSED TREATMENT OF SUPRACONDYLAR OR TRANSCONDYLAR HUMERAL FRACTURE, WITH OR	100	1
24560	CLOSED TREATMENT OF HUMERAL EPICONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	100	1
24576	CLOSED TREATMENT OF HUMERAL CONDYLAR FRACTURE, MEDIAL OR LATERAL; WITHOUT	100	1
24650	CLOSED TREATMENT OF RADIAL HEAD OR NECK FRACTURE; WITHOUT MANIPULATION	100	1
24670	CLOSED TREATMENT OF ULNAR FRACTURE, PROXIMAL END (OLECRANON PROCESS); WITHOUT	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
25071	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBCUTANEOUS; 3 CM	100	1
25073	EXCISION, TUMOR, SOFT TISSUE OF FOREARM AND/OR WRIST AREA, SUBFASCIAL (EG,	100	1
25500	CLOSED TREATMENT OF RADIAL SHAFT FRACTURE; WITHOUT MANIPULATION	100	1
25530	CLOSED TREATMENT OF ULNAR SHAFT FRACTURE; WITHOUT MANIPULATION	100	1
25560	CLOSED TREATMENT OF RADIAL AND ULNAR SHAFT FRACTURES; WITHOUT MANIPULATION	100	1
25600	CLOSED TREATMENT OF DISTAL RADIAL FRACTURE (EG, COLLES OR SMITH TYPE) OR	100	1
25622	CLOSED TREATMENT OF CARPAL SCAPHOID (NAVICULAR) FRACTURE; WITHOUT MANIPULATION	100	1
25630	CLOSED TREATMENT OF CARPAL BONE FRACTURE (EXCLUDING CARPAL SCAPHOID	100	1
26010	DRAINAGE OF FINGER ABSCESS; SIMPLE	100	1
26110	ARTHROTOMY WITH BIOPSY; INTERPHALANGEAL JOINT, EACH	100	1
26111	EXCISION, TUMOR OR VASCULAR MALFORMATION, SOFT TISSUE OF HAND OR FINGER,	100	1
26113	EXCISION, TUMOR, SOFT TISSUE, OR VASCULAR MALFORMATION, OF HAND OR FINGER,	100	1
26341	MANIPULATION, PALMAR FASCIAL CORD (IE, DUPUYTREN'S CORD), POST ENZYME INJECTION	100	1
26600	CLOSED TREATMENT OF METACARPAL FRACTURE, SINGLE; WITHOUT MANIPULATION, EACH BONE	100	1
26720	CLOSED TREATMENT OF PHALANGEAL SHAFT FRACTURE, PROXIMAL OR MIDDLE PHALANX,	100	1
26750	CLOSED TREATMENT OF DISTAL PHALANGEAL FRACTURE, FINGER OR THUMB; WITHOUT	100	1
27043	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBCUTANEOUS; 3 CM OR	100	1
27045	EXCISION, TUMOR, SOFT TISSUE OF PELVIS AND HIP AREA, SUBFASCIAL (EG,	100	1
27267	CLOSED TREATMENT OF FEMORAL FRACTURE PROXIMAL END HEAD; WITHOUT MANIPULATION	100	1
27337	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBCUTANEOUS; 3 CM OR	100	1
27339	EXCISION, TUMOR, SOFT TISSUE OF THIGH OR KNEE AREA, SUBFASCIAL (EG,	100	1
27632	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBCUTANEOUS; 3 CM OR GREATER	100	1
27634	EXCISION, TUMOR, SOFT TISSUE OF LEG OR ANKLE AREA, SUBFASCIAL (EG,	100	1
27750	CLOSED TREATMENT OF TIBIAL SHAFT FRACTURE (WITH OR WITHOUT FIBULAR FRACTURE);	100	1
27760	CLOSED TREATMENT OF MEDIAL MALLEOLUS FRACTURE; WITHOUT MANIPULATION	100	1
27767	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITHOUT MANIPULATION	100	1
27768	CLOSED TREATMENT OF POSTERIOR MALLEOLUS FRACTURE; WITH MANIPULATION	100	1
27780	CLOSED TREATMENT OF PROXIMAL FIBULA OR SHAFT FRACTURE; WITHOUT MANIPULATION	100	1
27786	CLOSED TREATMENT OF DISTAL FIBULAR FRACTURE (LATERAL MALLEOLUS); WITHOUT	100	1
27808	CLOSED TREATMENT OF BIMALLEOLAR ANKLE FRACTURE, (INCLUDING POTTS); WITHOUT	100	1
27816	CLOSED TREATMENT OF TRIMALLEOLAR ANKLE FRACTURE; WITHOUT MANIPULATION	100	1
28039	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBCUTANEOUS; 1.5 CM OR GREATER	100	1
28041	EXCISION, TUMOR, SOFT TISSUE OF FOOT OR TOE, SUBFASCIAL (EG, INTRAMUSCULAR);	100	1
28190	REMOVAL OF FOREIGN BODY, FOOT; SUBCUTANEOUS	100	1
28400	CLOSED TREATMENT OF CALCANEAL FRACTURE; WITHOUT MANIPULATION	100	1
28430	CLOSED TREATMENT OF TALUS FRACTURE; WITHOUT MANIPULATION	100	1
28450	TREATMENT OF TARSAL BONE FRACTURE (EXCEPT TALUS AND CALCANEUS); WITHOUT	100	1
28470	CLOSED TREATMENT OF METATARSAL FRACTURE; WITHOUT MANIPULATION, EACH	100	1
28490	CLOSED TREATMENT OF FRACTURE GREAT TOE, PHALANX OR PHALANGES; WITHOUT	100	1
28510	CLOSED TREATMENT OF FRACTURE, PHALANX OR PHALANGES, OTHER THAN GREAT TOE;	100	1
29065	APPLICATION, CAST; SHOULDER TO HAND (LONG ARM)	100	1
29075	APPLICATION, CAST; ELBOW TO FINGER (SHORT ARM)	100	1
29085	APPLICATION, CAST; HAND AND LOWER FOREARM (GAUNTLET)	100	1
29086	APPLICATION, CAST; FINGER (EG, CONTRACTURE)	100	1
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);	100	1
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE	100	1
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)	100	1
29540	STRAPPING; ANKLE AND/OR FOOT	100	1
29550	STRAPPING; TOES	100	1
29580	STRAPPING; UNNA BOOT	100	1
29581	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; LEG (BELOW KNEE), INCLUDING	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
29582	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; THIGH AND LEG, INCLUDING ANKLE	100	1
29583	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM AND FOREARM	100	1
29584	APPLICATION OF MULTI-LAYER COMPRESSION SYSTEM; UPPER ARM, FOREARM, HAND, AND	100	1
30300	REMOVAL FOREIGN BODY, INTRANASAL; OFFICE TYPE PROCEDURE	100	1
30901	CONTROL NASAL HEMORRHAGE, ANTERIOR, SIMPLE (LIMITED CAUTERY AND/OR PACKING) ANY	100	1
31295	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF MAXILLARY SINUS OSTIUM (EG	100	1
31296	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF FRONTAL SINUS OSTIUM (EG	100	1
31297	NASAL/SINUS ENDOSCOPY SURGICAL; WITH DILATION OF SPHENOID SINUS OSTIUM (EG	100	1
31500	INTUBATION, ENDOTRACHEAL, EMERGENCY PROCEDURE	100	1
31515	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; FOR ASPIRATION	100	1
31520	LARYNGOSCOPY DIRECT, WITH OR WITHOUT TRACHEOSCOPY; DIAGNOSTIC, NEWBORN	100	1
31626	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	100	1
31627	BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE, WHEN	100	1
31634	BRONCHOSCOPY RIGID OR FLEXIBLE INCLUDING FLUOROSCOPIC GUIDANCE WHEN	100	1
32551	TUBE THORACOSTOMY, INCLUDES CONNECTION TO DRAINAGE SYSTEM (EG, WATER SEAL),	100	1
32552	REMOVAL OF INDWELLING TUNNELED PLEURAL CATHETER WITH CUFF	100	1
32554	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITHOUT	100	1
32555	THORACENTESIS, NEEDLE OR CATHETER, ASPIRATION OF THE PLEURAL SPACE; WITH	100	1
32556	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITHOUT	100	1
32557	PLEURAL DRAINAGE, PERCUTANEOUS, WITH INSERTION OF INDWELLING CATHETER; WITH	100	1
36000	INTRODUCTION OF NEEDLE OR INTRACATHETER, VEIN	100	1
36430	TRANSFUSION, BLOOD OR BLOOD COMPONENTS	100	1
36600	ARTERIAL PUNCTURE, WITHDRAWAL OF BLOOD FOR DIAGNOSIS	100	1
36660	CATHETERIZATION, UMBILICAL ARTERY, NEWBORN, FOR DIAGNOSIS OR THERAPY	100	1
38300	DRAINAGE OF LYMPH NODE ABSCESS OR LYMPHADENITIS; SIMPLE	100	1
38505	BIOPSY OR EXCISION OF LYMPH NODE(S); BY NEEDLE, SUPERFICIAL (EG, CERVICAL,	100	1
39540	REPAIR, DIAPHRAGMATIC HERNIA (OTHER THAN NEONATAL), TRAUMATIC; ACUTE	100	1
45300	PROCTOSIGMOIDOSCOPY, RIGID; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF	100	1
45330	SIGMOIDOSCOPY, FLEXIBLE; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S)	100	1
46083	INCISION OF THROMBOSED HEMORRHOID, EXTERNAL	100	1
46600	ANOSCOPY; DIAGNOSTIC, WITH OR WITHOUT COLLECTION OF SPECIMEN(S) BY BRUSHING OR	100	1
46604	ANOSCOPY; WITH DILATION (EG, BALLOON, GUIDE WIRE, BOUGIE)	100	1
46608	ANOSCOPY; WITH REMOVAL OF FOREIGN BODY	100	1
46900	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	100	1
46924	DESTRUCTION OF LESION(S), ANUS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	100	1
49082	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITHOUT IMAGING GUIDANCE	100	1
49083	ABDOMINAL PARACENTESIS (DIAGNOSTIC OR THERAPEUTIC); WITH IMAGING GUIDANCE	100	1
51100	ASPIRATION OF BLADDER; BY NEEDLE	100	1
51101	ASPIRATION OF BLADDER; BY TROCAR OR INTRACATHETER	100	1
52287	CYSTOURETHROSCOPY, WITH INJECTION(S) FOR CHEMODENERVATION OF THE BLADDER	100	1
54050	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	100	1
54056	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	100	1
54065	DESTRUCTION OF LESION(S), PENIS (EG, CONDYLOMA, PAPILOMA, MOLLUSCUM	100	1
55200	VASOTOMY, CANNULIZATION WITH OR WITHOUT INCISION OF VAS, UNILATERAL OR	100	1
55250	VASECTOMY, UNILATERAL OR BILATERAL (SEPARATE PROCEDURE), INCLUDING	100	1
55300	VASOTOMY FOR VASOGRAMS, SEMINAL VESICULOGRAMS, OR EPIDIDYMOGRAMS, UNILATERAL OR	100	1
55450	LIGATION (PERCUTANEOUS) OF VAS DEFERENS, UNILATERAL OR BILATERAL (SEPARATE	100	1
55600	VESICULOTOMY;	100	1
56405	INCISION AND DRAINAGE OF VULVA OR PERINEAL ABSCESS	100	1
56420	INCISION AND DRAINAGE OF BARTHOLIN'S GLAND ABSCESS	100	1
56440	MARSUPIALIZATION OF BARTHOLIN'S GLAND CYST	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
56441	LYSIS OF LABIAL ADHESIONS	100	1
56442	HYMENOTOMY SIMPLE INCISION	100	1
56501	DESTRUCTION OF LESION(S), VULVA; SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	100	1
56515	DESTRUCTION OF LESION(S), VULVA; EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	100	1
56605	BIOPSY OF VULVA OR PERINEUM (SEPARATE PROCEDURE); ONE LESION	100	1
56740	EXCISION OF BARTHOLIN'S GLAND OR CYST	100	1
56820	COLPOSCOPY OF THE VULVA;	100	1
56821	COLPOSCOPY OF THE VULVA; WITH BIOPSY(S)	100	1
57061	DESTRUCTION OF VAGINAL LESION(S); SIMPLE (EG, LASER SURGERY, ELECTROSURGERY,	100	1
57065	DESTRUCTION OF VAGINAL LESION(S); EXTENSIVE (EG, LASER SURGERY, ELECTROSURGERY,	100	1
57100	BIOPSY OF VAGINAL MUCOSA; SIMPLE (SEPARATE PROCEDURE)	100	1
57105	BIOPSY OF VAGINAL MUCOSA; EXTENSIVE, REQUIRING SUTURE (INCLUDING CYSTS)	100	1
57135	EXCISION OF VAGINAL CYST OR TUMOR	100	1
57150	IRRIGATION OF VAGINA AND/OR APPLICATION OF MEDICAMENT FOR TREATMENT OF	100	1
57160	FITTING AND INSERTION OF PESSARY OR OTHER INTRAVAGINAL SUPPORT DEVICE	100	1
57170	DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	100	1
57420	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT;	100	1
57421	COLPOSCOPY OF THE ENTIRE VAGINA, WITH CERVIX IF PRESENT; WITH BIOPSY(S) OF	100	1
57452	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA;	100	1
57454	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	100	1
57455	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH BIOPSY(S) OF THE	100	1
57456	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH ENDOCERVICAL	100	1
57460	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	100	1
57461	COLPOSCOPY OF THE CERVIX INCLUDING UPPER/ADJACENT VAGINA; WITH LOOP ELECTRODE	100	1
57500	BIOPSY, SINGLE OR MULTIPLE, OR LOCAL EXCISION OF LESION, WITH OR WITHOUT	100	1
57505	ENDOCERVICAL CURETTAGE (NOT DONE AS PART OF A DILATION AND CURETTAGE)	100	1
57510	CAUTERY OF CERVIX; ELECTRO OR THERMAL	100	1
57511	CAUTERY OF CERVIX; CRYOCAUTERY, INITIAL OR REPEAT	100	1
57513	CAUTERY OF CERVIX; LASER ABLATION	100	1
57520	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	100	1
57522	CONIZATION OF CERVIX, WITH OR WITHOUT FULGURATION, WITH OR WITHOUT DILATION AND	100	1
57558	DILATION AND CURETTAGE OF CERVICAL STUMP	100	1
57800	DILATION OF CERVICAL CANAL, INSTRUMENTAL (SEPARATE PROCEDURE)	100	1
58100	ENDOMETRIAL SAMPLING (BIOPSY) WITH OR WITHOUT ENDOCERVICAL SAMPLING (BIOPSY),	100	1
58110	ENDOMETRIAL SAMPLING (BIOPSY) PERFORMED IN CONJUNCTION WITH COLPOSCOPY (LIST	100	1
58120	DILATION AND CURETTAGE, DIAGNOSTIC AND/OR THERAPEUTIC (NONOBSTETRICAL)	100	1
58300	INSERTION OF INTRAUTERINE DEVICE (IUD)	100	1
58301	REMOVAL OF INTRAUTERINE DEVICE (IUD)	100	1
58340	CATHETERIZATION AND INTRODUCTION OF SALINE OR CONTRAST MATERIAL FOR SALINE	100	1
58558	HYSTEROSCOPY, SURGICAL; WITH SAMPLING (BIOPSY) OF ENDOMETRIUM AND/OR	100	1
58565	HYSTEROSCOPY, SURGICAL; WITH BILATERAL FALLOPIAN TUBE CANNULATION TO INDUCE	100	1
59025	FETAL NON-STRESS TEST	100	1
59051	FETAL MONITORING DURING LABOR BY CONSULTING PHYSICIAN (IE, NON-ATTENDING	100	1
59409	VAGINAL DELIVERY ONLY (WITH OR WITHOUT EPISIOTOMY AND/OR FORCEPS);	100	1
59425	ANTEPARTUM CARE ONLY; 4-6 VISITS	100	1
59426	ANTEPARTUM CARE ONLY; 7 OR MORE VISITS	100	1
59430	POSTPARTUM CARE ONLY (SEPARATE PROCEDURE)	100	1
59812	TREATMENT OF INCOMPLETE ABORTION, ANY TRIMESTER, COMPLETED SURGICALLY	100	1
60300	ASPIRATION AND/OR INJECTION THYROID CYST	100	1
62270	SPINAL PUNCTURE, LUMBAR, DIAGNOSTIC	100	1
62272	SPINAL PUNCTURE, THERAPEUTIC, FOR DRAINAGE OF CEREBROSPINAL FLUID (BY NEEDLE OR	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
62369	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	100	1
62370	ELECTRONIC ANALYSIS OF PROGRAMMABLE, IMPLANTED PUMP FOR INTRATHECAL OR EPIDURAL	100	1
64430	INJECTION, ANESTHETIC AGENT; PUDENDAL NERVE	100	1
64450	INJECTION, ANESTHETIC AGENT; OTHER PERIPHERAL NERVE OR BRANCH	100	1
64455	INJECTION(S), ANESTHETIC AGENT AND/OR STEROID, PLANTAR COMMON DIGITAL NERVE(S)	100	1
64611	CHEMODENERVATION OF PAROTID AND SUBMANDIBULAR SALIVARY GLANDS BILATERAL	100	1
64615	CHEMODENERVATION OF MUSCLE(S); MUSCLE(S) INNERVATED BY FACIAL, TRIGEMINAL,	100	1
64632	DESTRUCTION BY NEUROLYTIC AGENT; PLANTAR COMMON DIGITAL NERVE	100	1
64650	CHEMODENERVATION OF ECCRINE GLANDS; BOTH AXILLAE	100	1
64653	CHEMODENERVATION OF ECCRINE GLANDS; OTHER AREA(S) (EG, SCALP, FACE, NECK), PER	100	1
65205	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL	100	1
65222	REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CORNEAL, WITH SLIT LAMP	100	1
65778	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING;	100	1
65779	PLACEMENT OF AMNIOTIC MEMBRANE ON THE OCULAR SURFACE FOR WOUND HEALING; SINGLE	100	1
66821	DISCISSION OF SECONDARY MEMBRANOUS CATARACT (OPACIFIED POSTERIOR LENS CAPSULE	100	1
67229	TREATMENT OF EXTENSIVE OR PROGRESSIVE RETINOPATHY ONE OR MORE SESSIONS;	100	1
67820	CORRECTION OF TRICHIASIS; EPILATION, BY FORCEPS ONLY	100	1
68761	CLOSURE OF THE LACRIMAL PUNCTUM; BY PLUG, EACH	100	1
68801	DILATION OF LACRIMAL PUNCTUM, WITH OR WITHOUT IRRIGATION	100	1
68816	PROBING OF NASOLACRIMAL DUCT WITH OR WITHOUT IRRIGATION; WITH TRANSLUMINAL	100	1
69000	DRAINAGE EXTERNAL EAR, ABSCESS OR HEMATOMA; SIMPLE	100	1
69200	REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA	100	1
69210	REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS	100	1
69424	VENTILATING TUBE REMOVAL REQUIRING GENERAL ANESTHESIA	100	1
70554	MAGNETIC RESONANCE IMAGING BRAIN FUNCTIONAL MRI; INCLUDING TEST SELECTION AND	100	1
72291	RADIOLOGICAL SUPERVISION AND INTERPRETATION, PERCUTANEOUS VERTEBROPLASTY,	100	1
74174	COMPUTED TOMOGRAPHIC ANGIOGRAPHY, ABDOMEN AND PELVIS, WITH CONTRAST	100	1
74176	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL	100	1
74177	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITH CONTRAST MATERIAL(S)	100	1
74178	COMPUTED TOMOGRAPHY, ABDOMEN AND PELVIS; WITHOUT CONTRAST MATERIAL IN ONE OR	100	1
76776	ULTRASOUND TRANSPLANTED KIDNEY REAL TIME AND DUPLEX DOPPLER WITH IMAGE	100	1
76801	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	100	1
76802	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	100	1
76805	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	100	1
76810	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	100	1
76811	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FETAL AND	100	1
76815	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, LIMITED (EG,	100	1
76816	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, FOLLOW-UP (EG,	100	1
76817	ULTRASOUND, PREGNANT UTERUS, REAL TIME WITH IMAGE DOCUMENTATION, TRANSVAGINAL	100	1
76819	FETAL BIOPHYSICAL PROFILE; WITHOUT NON-STRESS TESTING	100	1
76830	ULTRASOUND, TRANSVAGINAL	100	1
76831	SALINE INFUSION SONOHYSTEROGRAPHY (SIS), INCLUDING COLOR FLOW DOPPLER, WHEN	100	1
76856	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; COMPLETE	100	1
76857	ULTRASOUND, PELVIC (NONOBSTETRIC), REAL TIME WITH IMAGE DOCUMENTATION; LIMITED	100	1
76870	ULTRASOUND, SCROTUM AND CONTENTS	100	1
76872	ULTRASOUND, TRANSRECTAL;	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
76881	ULTRASOUND EXTREMITY NONVASCULAR REAL-TIME WITH IMAGE DOCUMENTATION; COMPLETE	100	1
76882	ULTRASOUND EXTREMITY NONVASCULAR REAL-TIME WITH IMAGE DOCUMENTATION;	100	1
77002	FLUOROSCOPIC GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION INJECTION	100	1
77003	FLUOROSCOPIC GUIDANCE AND LOCALIZATION OF NEEDLE OR CATHETER TIP FOR SPINE OR	100	1
77011	COMPUTED TOMOGRAPHY GUIDANCE FOR STEREOTACTIC LOCALIZATION	100	1
77012	COMPUTED TOMOGRAPHY GUIDANCE FOR NEEDLE PLACEMENT (EG BIOPSY ASPIRATION	100	1
77031	STEREOTACTIC LOCALIZATION GUIDANCE FOR BREAST BIOPSY OR NEEDLE PLACEMENT (EG	100	1
77032	MAMMOGRAPHIC GUIDANCE FOR NEEDLE PLACEMENT, BREAST (EG, FOR WIRE LOCALIZATION	100	1
77046	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; UNILATERAL	100	1
77047	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT CONTRAST MATERIAL; BILATERAL	100	1
77048	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL; UNILATERAL	100	1
77049	MAGNETIC RESONANCE IMAGING, BREAST, WITHOUT AND WITH CONTRAST MATERIAL; BILATERAL	100	1
77051	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	100	1
77052	COMPUTER-AIDED DETECTION (COMPUTER ALGORITHM ANALYSIS OF DIGITAL IMAGE DATA FOR	100	1
77053	MAMMARY DUCTOGRAM OR GALACTOGRAM SINGLE DUCT RADIOLOGICAL SUPERVISION AND	100	1
77054	MAMMARY DUCTOGRAM OR GALACTOGRAM MULTIPLE DUCTS RADIOLOGICAL SUPERVISION AND	100	1
77065	MAMMOGRAPHY; UNILATERAL	100	1
77066	MAMMOGRAPHY; BILATERAL	100	1
77067	SCREENING MAMMOGRAPHY, BILATERAL (2-VIEW FILM STUDY OF EACH BREAST)	100	1
77071	MANUAL APPLICATION OF STRESS PERFORMED BY PHYSICIAN OR OTHER QUALIFIED HEALTH	100	1
77072	BONE AGE STUDIES	100	1
77073	BONE LENGTH STUDIES (ORTHOROENTGENOGRAM, SCANOGRAM)	100	1
77074	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; LIMITED (EG, FOR METASTASES)	100	1
77075	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY; COMPLETE (AXIAL AND APPENDICULAR	100	1
77076	RADIOLOGIC EXAMINATION, OSSEOUS SURVEY, INFANT	100	1
77077	JOINT SURVEY, SINGLE VIEW, 2 OR MORE JOINTS (SPECIFY)	100	1
80195	SIROLIMUS	100	1
90681	IHS EPSDT: ONE IMMUNIZATION	100	1
90696	DIPHTHERIA, TETANUS TOXOIDS, ACELLULAR PERTUSSIS VACCINE AND POLIOVIRUS	100	1
90791	PSYCHIATRIC DIAGNOSTIC EVALUATION	100	1
90792	PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	100	1
90832	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	100	1
90833	PSYCHOTHERAPY, 30 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	100	1
90834	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	100	1
90836	PSYCHOTHERAPY, 45 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	100	1
90837	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER	100	1
90838	PSYCHOTHERAPY, 60 MINUTES WITH PATIENT AND/OR FAMILY MEMBER WHEN PERFORMED WITH	100	1
90839	PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES	100	1
90840	INDIVIDUAL PSYCHOTHERAPY HALF HOUR	100	1
90846	FAMILY PSYCHOTHERAPY (WITHOUT THE PATIENT PRESENT)	100	1
90847	FAMILY PSYCHOTHERAPY (CONJOINT PSYCHOTHERAPY) (WITH PATIENT PRESENT)	100	1
90951	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	100	1
90952	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	100	1
90953	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS YOUNGER	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
90954	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	100	1
90955	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	100	1
90956	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 2-11	100	1
90957	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	100	1
90958	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	100	1
90959	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 12-19	100	1
90960	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	100	1
90961	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	100	1
90962	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES MONTHLY, FOR PATIENTS 20 YEARS	100	1
90963	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	100	1
90964	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	100	1
90965	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	100	1
90966	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR HOME DIALYSIS PER FULL	100	1
90967	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	100	1
90968	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	100	1
90969	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	100	1
90970	END-STAGE RENAL DISEASE (ESRD) RELATED SERVICES FOR DIALYSIS LESS THAN A FULL	100	1
92002	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	100	1
92004	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION WITH INITIATION	100	1
92012	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	100	1
92014	OPHTHALMOLOGICAL SERVICES: MEDICAL EXAMINATION AND EVALUATION, WITH INITIATION	100	1
92020	GONIOSCOPY (SEPARATE PROCEDURE)	100	1
92025	COMPUTERIZED CORNEAL TOPOGRAPHY UNILATERAL OR BILATERAL WITH INTERPRETATION	100	1
92071	FITTING OF CONTACT LENS FOR TREATMENT OF OCULAR SURFACE DISEASE	100	1
92072	FITTING OF CONTACT LENS FOR MANAGEMENT OF KERATOCONUS, INITIAL FITTING	100	1
92081	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	100	1
92082	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	100	1
92083	VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND	100	1
92100	SERIAL TONOMETRY (SEPARATE PROCEDURE) WITH MULTIPLE MEASUREMENTS OF INTRAOCULAR	100	1
92132	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING ANTERIOR SEGMENT WITH	100	1
92133	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING POSTERIOR SEGMENT WITH	100	1
92134	SCANNING COMPUTERIZED OPHTHALMIC DIAGNOSTIC IMAGING POSTERIOR SEGMENT WITH	100	1
92227	REMOTE IMAGING FOR DETECTION OF RETINAL DISEASE (EG RETINOPATHY IN A PATIENT	100	1
92228	REMOTE IMAGING FOR MONITORING AND MANAGEMENT OF ACTIVE RETINAL DISEASE (EG	100	1
92250	FUNDUS PHOTOGRAPHY WITH INTERPRETATION AND REPORT	100	1
92285	EXTERNAL OCULAR PHOTOGRAPHY WITH INTERPRETATION AND REPORT FOR DOCUMENTATION OF	100	1
92540	BASIC VESTIBULAR EVALUATION, INCLUDES SPONTANEOUS NYSTAGMUS TEST WITH ECCENTRIC	100	1
92550	TYMPANOMETRY AND REFLEX THRESHOLD MEASUREMENTS	100	1
92551	SCREENING TEST, PURE TONE, AIR ONLY	100	1
92552	PURE TONE AUDIOMETRY (THRESHOLD); AIR ONLY	100	1
92567	TYMPANOMETRY (IMPEDANCE TESTING)	100	1
92568	ACOUSTIC REFLEX TESTING; THRESHOLD	100	1
92570	ACOUSTIC IMMITTANCE TESTING, INCLUDES TYMPANOMETRY (IMPEDANCE TESTING),	100	1
92618	EVALUATION FOR PRESCRIPTION OF NON-SPEECH-GENERATING AUGMENTATIVE AND	100	1
92626	EVALUATION OF AUDITORY REHABILITATION STATUS; FIRST HOUR	100	1
92627	EVALUATION OF AUDITORY REHABILITATION STATUS; EACH ADDITIONAL 15 MINUTES (LIST	100	1
92630	AUDITORY REHABILITATION; PRE-LINGUAL HEARING LOSS	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
92633	AUDITORY REHABILITATION; POST-LINGUAL HEARING LOSS	100	1
93279	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93280	CARDIAC FLUOROSCOPY	100	1
93281	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93282	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93283	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93284	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93285	PROGRAMMING DEVICE EVALUATION (IN PERSON) WITH ITERATIVE ADJUSTMENT OF THE	100	1
93286	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM	100	1
93287	PERI-PROCEDURAL DEVICE EVALUATION (IN PERSON) AND PROGRAMMING OF DEVICE SYSTEM	100	1
93288	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	100	1
93289	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	100	1
93290	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	100	1
93291	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	100	1
93292	INTERROGATION DEVICE EVALUATION (IN PERSON) WITH ANALYSIS, REVIEW AND REPORT BY	100	1
93293	TRANSTELEPHONIC RHYTHM STRIP PACEMAKER EVALUATION(S) SINGLE, DUAL, OR MULTIPLE	100	1
93294	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	100	1
93295	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	100	1
93296	INTERROGATION DEVICE EVALUATION(S) (REMOTE), UP TO 90 DAYS; SINGLE, DUAL, OR	100	1
93297	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE	100	1
93298	INTERROGATION DEVICE EVALUATION(S), (REMOTE) UP TO 30 DAYS; IMPLANTABLE LOOP	100	1
93750	INTERROGATION OF VENTRICULAR ASSIST DEVICE (VAD), IN PERSON, WITH PHYSICIAN OR	100	1
93922	LIMITED BILATERAL NONINVASIVE PHYSIOLOGIC STUDIES OF UPPER OR LOWER EXTREMITY	100	1
93925	DUPLEX SCAN OF LOWER EXTREMITY ARTERIES OR ARTERIAL BYPASS GRAFTS; COMPLETE	100	1
93970	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	100	1
93971	DUPLEX SCAN OF EXTREMITY VEINS INCLUDING RESPONSES TO COMPRESSION AND OTHER	100	1
93975	DUPLEX SCAN OF ARTERIAL INFLOW AND VENOUS OUTFLOW OF ABDOMINAL, PELVIC, SCROTAL	100	1
94010	SPIROMETRY, INCLUDING GRAPHIC RECORD, TOTAL AND TIMED VITAL CAPACITY,	100	1
94011	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS IN AN INFANT OR CHILD	100	1
94012	MEASUREMENT OF SPIROMETRIC FORCED EXPIRATORY FLOWS, BEFORE AND AFTER	100	1
94013	MEASUREMENT OF LUNG VOLUMES (IE, FUNCTIONAL RESIDUAL CAPACITY \dot{V}_{RC} , FORCED	100	1
94060	BRONCHODILATION RESPONSIVENESS, SPIROMETRY AS IN 94010, PRE- AND	100	1
94640	PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION	100	1
94664	DEMONSTRATION AND/OR EVALUATION OF PATIENT UTILIZATION OF AN AEROSOL GENERATOR,	100	1
94726	PLETHYSMOGRAPHY FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED, AIRWAY	100	1
94727	GAS DILUTION OR WASHOUT FOR DETERMINATION OF LUNG VOLUMES AND, WHEN PERFORMED,	100	1
94728	AIRWAY RESISTANCE BY IMPULSE OSCILLOMETRY	100	1
94729	DIFFUSING CAPACITY (EG, CARBON MONOXIDE, MEMBRANE) (LIST SEPARATELY IN ADDITION	100	1
94780	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	100	1
94781	CAR SEAT/BED TESTING FOR AIRWAY INTEGRITY, NEONATE, WITH CONTINUAL NURSING	100	1
94799	UNLISTED PULMONARY SERVICE OR PROCEDURE	100	1
95004	PERCUTANEOUS TESTS (SCRATCH, PUNCTURE, PRICK) WITH ALLERGENIC EXTRACTS,	100	1
95017	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND	100	1
95018	ALLERGY TESTING, ANY COMBINATION OF PERCUTANEOUS (SCRATCH, PUNCTURE, PRICK) AND	100	1
95076	INGESTION CHALLENGE TEST (SEQUENTIAL AND INCREMENTAL INGESTION OF TEST ITEMS,	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
95115	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	100	1
95117	PROFESSIONAL SERVICES FOR ALLERGEN IMMUNOTHERAPY NOT INCLUDING PROVISION OF	100	1
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; EXTREMITY (EXCLUDING	100	1
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE) WITH REPORT; HAND, WITH OR WITHOUT	100	1
95885	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	100	1
95886	NEEDLE ELECTROMYOGRAPHY, EACH EXTREMITY, WITH RELATED PARASPINAL AREAS, WHEN	100	1
95887	NEEDLE ELECTROMYOGRAPHY, NON-EXTREMITY (CRANIAL NERVE SUPPLIED OR AXIAL)	100	1
95905	MOTOR AND/OR SENSORY NERVE CONDUCTION, USING PRECONFIGURED ELECTRODE ARRAY(S),	100	1
95938	SHORT-LATENCY SOMATOSENSORY EVOKED POTENTIAL STUDY, STIMULATION OF ANY/ALL	100	1
95939	CENTRAL MOTOR EVOKED POTENTIAL STUDY (TRANSCRANIAL MOTOR STIMULATION); IN UPPER	100	1
96101	PSYCHOLOGICAL TESTING (INCLUDES PSYCHODIAGNOSTIC ASSESSMENT OF EMOTIONALITY,	100	1
96110	DEVELOPMENTAL SCREEN W/SCORE	100	1
96116	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND	100	1
96118	NEUROPSYCHOLOGICAL TESTING (EG, HALSTEAD-REITAN NEUROPSYCHOLOGICAL BATTERY,	100	1
96130	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; FIRST HOUR	100	1
96131	PSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; EACH ADD'L HOUR	100	1
96132	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; FIRST HOUR	100	1
96133	NEUROPSYCHOLOGICAL TESTING EVALUATION SERVICES BY PHYS OR OTH QUAL PROF; EACH ADD'L HOUR	100	1
96136	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY PHYS OR OTH QUAL PROF, 2 OR MORE TESTS; FIRST 30 MIN	100	1
96137	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY PHYS OR OTH QUAL PROF, 2 OR MORE TESTS; EACH ADD'L 30 MIN	100	1
96138	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY TECHNICIAN, 2 OR MORE TESTS; FIRST 30 MIN	100	1
96139	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN AND SCORING BY TECHNICIAN, 2 OR MORE TESTS; EACH ADD'L 30 MIN	100	1
96146	PSYCHOLOGICAL OR NEUROPSY TEST ADMIN WITH SINGLE AUTOMATED, STANDARADIZED INSTRUMENT W/ AUTO RESULTS	100	1
96150	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	100	1
96151	HEALTH AND BEHAVIOR ASSESSMENT (EG, HEALTH-FOCUSED CLINICAL INTERVIEW,	100	1
96152	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; INDIVIDUAL	100	1
96154	HEALTH AND BEHAVIOR INTERVENTION, EACH 15 MINUTES, FACE-TO-FACE; FAMILY (WITH	100	1
96360	INTRAVENOUS INFUSION, HYDRATION; INITIAL, 31 MINUTES TO 1 HOUR	100	1
96361	INTRAVENOUS INFUSION, HYDRATION; EACH ADDITIONAL HOUR (LIST SEPARATELY IN	100	1
96365	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	100	1
96366	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	100	1
96367	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	100	1
96368	INTRAVENOUS INFUSION, FOR THERAPY, PROPHYLAXIS, OR DIAGNOSIS (SPECIFY SUBSTANCE	100	1
96369	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	100	1
96370	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	100	1
96371	SUBCUTANEOUS INFUSION FOR THERAPY OR PROPHYLAXIS (SPECIFY SUBSTANCE OR DRUG);	100	1
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	100	1
96373	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	100	1
96374	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	100	1
96375	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	100	1
96376	THERAPEUTIC, PROPHYLACTIC, OR DIAGNOSTIC INJECTION (SPECIFY SUBSTANCE OR DRUG);	100	1
96401	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; NON-HORMONAL	100	1
96402	CHEMOTHERAPY ADMINISTRATION, SUBCUTANEOUS OR INTRAMUSCULAR; HORMONAL	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
96409	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, SINGLE OR INITIAL	100	1
96411	CHEMOTHERAPY ADMINISTRATION; INTRAVENOUS, PUSH TECHNIQUE, EACH ADDITIONAL	100	1
96413	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; UP TO 1 HOUR,	100	1
96415	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	100	1
96416	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; INITIATION OF	100	1
96417	CHEMOTHERAPY ADMINISTRATION, INTRAVENOUS INFUSION TECHNIQUE; EACH ADDITIONAL	100	1
96446	CHEMOTHERAPY ADMINISTRATION INTO THE PERITONEAL CAVITY VIA INDWELLING PORT OR	100	1
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS	100	1
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL	100	1
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	100	1
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES	100	1
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH	100	1
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL	100	1
97024	APPLICATION OF A MODALITY TO 1 OR MORE AREAS; DIATHERMY (EG, MICROWAVE)	100	1
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED	100	1
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET	100	1
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION	100	1
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES	100	1
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES	100	1
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES	100	1
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES	100	1
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC	100	1
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR	100	1
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH	100	1
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING	100	1
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING	100	1
97140	MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC	100	1
97597	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE	100	1
97598	DEBRIDEMENT (EG, HIGH PRESSURE WATERJET WITH/WITHOUT SUCTION, SHARP SELECTIVE	100	1
97602	REMOVAL OF DEVITALIZED TISSUE FROM WOUND(S), NON-SELECTIVE DEBRIDEMENT, WITHOUT	100	1
97802	MEDICAL NUTRITION THERAPY, ASSESSMENT & INTERVENTION; EACH 15 MINUTES	100	1
97803	MEDICAL NUTRITION THERAPY, RE-ASSESSMENT & INTERVENTION; EACH 15 MINUTES	100	1
98925	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 1-2 BODY REGIONS INVOLVED	100	1
98926	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 3-4 BODY REGIONS INVOLVED	100	1
98927	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 5-6 BODY REGIONS INVOLVED	100	1
98928	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 7-8 BODY REGIONS INVOLVED	100	1
98929	OSTEOPATHIC MANIPULATIVE TREATMENT (OMT); 9-10 BODY REGIONS INVOLVED	100	1
98940	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 1-2 REGIONS	100	1
98941	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 3-4 REGIONS	100	1
98942	CHIROPRACTIC MANIPULATIVE TREATMENT (CMT); SPINAL, 5 REGIONS	100	1
99201	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99202	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99203	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99204	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99205	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99211	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99212	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99213	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99214	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99215	OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
99224	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99225	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99226	SUBSEQUENT OBSERVATION CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99241	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	100	1
99242	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	100	1
99243	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	100	1
99244	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	100	1
99245	OFFICE CONSULTATION FOR A NEW OR ESTABLISHED PATIENT, WHICH REQUIRES THESE 3	100	1
99304	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99305	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99306	INITIAL NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF A	100	1
99307	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	100	1
99308	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	100	1
99309	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	100	1
99310	SUBSEQUENT NURSING FACILITY CARE, PER DAY, FOR THE EVALUATION AND MANAGEMENT OF	100	1
99315	NURSING FACILITY DISCHARGE DAY MANAGEMENT; 30 MINUTES OR LESS	100	1
99318	EVALUATION AND MANAGEMENT OF A PATIENT INVOLVING AN ANNUAL NURSING FACILITY	100	1
99324	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99325	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99326	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99327	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99328	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW	100	1
99334	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99335	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99336	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99337	DOMICILIARY OR REST HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN	100	1
99341	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	100	1
99342	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	100	1
99343	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT, WHICH REQUIRES	100	1
99347	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	100	1
99348	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	100	1
99349	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	100	1
99350	HOME VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT, WHICH	100	1
99354	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT	100	1
99355	PROLONGED SERVICE IN THE OFFICE OR OTHER OUTPATIENT SETTING REQUIRING DIRECT	100	1
99356	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	100	1
99357	PROLONGED SERVICE IN THE INPATIENT OR OBSERVATION SETTING, REQUIRING UNIT/FLOOR	100	1
99381	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99382	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99383	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99384	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99385	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99386	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99387	INITIAL COMPREHENSIVE PREVENTIVE MEDICINE EVALUATION AND MANAGEMENT OF AN	100	1
99391	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99392	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99393	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
99394	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99395	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99396	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99397	PERIODIC COMPREHENSIVE PREVENTIVE MEDICINE REEVALUATION AND MANAGEMENT OF AN	100	1
99401	PREVENTIVE MEDICINE COUNSELING AND/OR RISK FACTOR REDUCTION INTERVENTION(S)	100	1
D0120	Periodic oral examination	100	1
D0140	Limited oral examination-problem focused	100	100
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	100	1
D0150	Comprehensive oral examination-new or established patient	100	1
D0160	Detailed and extensive oral evaluation-problem focused by report	100	100
D0170	Re-evaluation-limited, problem focused (established patient; not post-operative visit)	100	100
D0190	Screening of a patient	100	100
D0210	Intraoral - complete series (including bitewings)	100	100
D0220	Intraoral-periapical-first film	100	100
D0230	Intraoral-periapical-each additional film	100	100
D0240	Intraoral-occlusal film	100	100
D0270	Bitewing-single film	100	100
D0272	Bitewings-two films	100	100
D0273	Bitewings - three films	100	100
D0274	Bitewings - four films	100	100
D0277	Vertical bitewings - 7 to 8 films	100	100
D0290	Posteroanterior and lateral skull and facial bone, survey film	100	100
D0330	Panoramic film	100	100
D0340	Cephalometric film	100	100
D1110	Prophylaxis-adult	100	1
D1120	Prophylaxis-child	100	1
D1206	Topical fluoride varnish; therapeutic application for moderate to high caries risk patients	100	1
D1208	Topical application of fluoride	100	1
D1351	Sealant-per tooth	100	1
D1352	Preventive resin restoration in a moderate to high caries risk patient - permanent tooth	100	1
D1353	Sealant Repair - per tooth	100	1
D1354	Interim Caries arresting medicament application	100	1
D1510	Space maintainer-fixed-unilateral	100	1
D1516	Space Maintainer - fixed - bilateral, maxillary	100	1
D1517	Space Maintainer - fixed - bilateral, mandibular	100	1
D1520	Space maintainer-removable-unilateral	100	1
D1526	Space Maintainer - removable - bilateral, maxillary	100	1
D1527	Space Maintainer - removable - bilateral, mandibular	100	1
D1550	Recementation of space maintainer	100	1
D1555	Removal of fixed space maintainer	100	1
D1575	Distal shoe spacer maintainer	100	1
D2140	Amalgam-one surface, primary or permanent	100	100
D2150	Amalgam-two surfaces, primary or permanent	100	100
D2160	Amalgam-three surfaces, primary or permanent	100	100
D2161	Amalgam-four or more surface-primary or permanent	100	100
D2330	Resin-based composite-one surface, anterior	100	100
D2331	Resin-based composite-two surfaces, anterior	100	100
D2332	Resin-based composite-three surfaces, anterior	100	100
D2335	Resin-based composite-four or more surfaces or involving incisal angle (anterior)	100	100
D2390	Resin-based composite crown, anterior (replacement code for D2336)	100	100

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
D2391	Resin-based composite - one surface, posterior-permanent (replaces D2380 and D2385)	100	100
D2392	Resin-based composite-two surfaces, posterior-permanent	100	100
D2393	Resin-based composite-three surfaces, posterior-permanent	100	100
D2394	Resin-based composite-four or more surfaces, posterior, permanent	100	100
D2751	Crown porcelain fused base m	100	100
D2910	Recement inlay	100	100
D2920	Recement crown	100	100
D2929	Prefabricated porcelain/ceramic crown	100	100
D2930	Prefabricated stainless steel crown-primary tooth	100	100
D2931	Prefabricated stainless steel crown-permanent tooth	100	100
D2932	Prefabricated resin crown	100	100
D2933	Prefabricated stainless steel crown with resin window	100	100
D2940	Sedative filling	100	100
D2950	Core build-up incl any pins	100	100
D2980	Crown repair-by report	100	100
D3220	Therapeutic pulpotomy (excluding final restoration)-removal of pulp coronal to the dentinocemental junction and application of medicament	100	1
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	100	1
D3230	Pulpal therapy (resorbable filling)-anterior, primary tooth (excluding final restoration)	100	1
D3240	Pulpal therapy (resorbable filling)-posterior, primary tooth (excluding final restoration)	100	1
D3310	Anterior (excluding final restoration)	100	1
D3320	Bicuspid (excluding final restoration)	100	1
D3330	Molar (excluding final restoration)	100	1
D3351	Apexification/recalcification-initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	100	1
D3352	Apexification/recalcification-interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.)	100	1
D3353	Apexification/recalcification-final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.)	100	1
D3410	Apicoectomy/periradicular surgery-anterior	100	1
D3421	Apicoectomy/periradicular surgery- bicuspid (first root)	100	1
D3425	Apicoectomy/periradicular surgery-molar (first root)	100	1
D3426	Apicoectomy/periradicular surgery-(each additional root)	100	1
D3430	Retrograde filling-per root	100	1
D4210	Gingivectomy or ginivoplasty-four or more contiguous teeth or bounded teeth spaces, per quadrant	100	1
D4211	Gingivectomy or ginivoplasty-one to three teeth per quadrant	100	1
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	100	1
D4240	Gingival flap procedure, including root planning- four or more contiguous teeth or bounded teeth spaces, per quadrant	100	1
D4241	Gingival flap procedure, including root planing - one to three contiguous teeth or tooth bounded spaces per quadrant	100	1
D4341	Periodontal splinting-intracoronal	100	1
D4342	Periodontal scaling and root planning - one to three teeth, per quadrant	100	1
D4346	Scaling - full mouth	100	1
D4355	Full mouth debridement to enable comprehensive evaluation and diagnosis	100	100
D4910	Periodontal Maint Procedures	100	1
D5110	Complete upper denture	100	100
D5120	Complete lower denture	100	100
D5130	Immediate upper	100	100
D5140	Immediate lower	100	100
D5211	Upper partial-acrylic base (including any conventional clasps and rests)	100	100
D5212	Lower partial-acrylic base (including any conventional clasps and rests)	100	100
D5213	Maxillary partial denture-cast metal framework with resin denture bases	100	100

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any conventional clasps, rests and teeth)	100	100
D5221	Immed max part denture resin	100	100
D5222	Immed man part denture resin	100	100
D5223	Immed max part denture metal	100	100
D5224	Immed man part denture metal	100	100
D5410	Adjust complete denture - maxillary	100	1
D5411	Adjust complete denture - mandibular	100	1
D5421	Adjust partial denture - maxillary	100	1
D5422	Adjust partial denture – mandibular	100	1
D5511	Repair broken complete denture base, mandibular	100	1
D5512	Repair broken complete denture base, maxillary	100	1
D5520	Replace missing or broken teeth- complete denture (each tooth)	100	100
D5611	Repair resin partial denture base, mandibular	100	1
D5612	Repair resin partial denture base, maxillary	100	1
D5621	Repair cast framework, mandibular	100	1
D5622	Repair cast framework, maxillary	100	1
D5630	Repair or replace broken clasp	100	100
D5640	Replace broken teeth-per tooth	100	100
D5650	Add tooth to existing partial denture	100	100
D5660	Add clasp to existing partial denture	100	100
D5730	Reline complete maxillary denture (chairside)	100	100
D5731	Reline complete mandibular denture (chairside)	100	100
D5740	Reline maxillary partial denture (chairside)	100	100
D5741	Reline mandibular partial denture (chairside)	100	100
D5750	Reline complete maxillary denture (laboratory)	100	100
D5751	Reline complete mandibular denture (laboratory)	100	100
D5760	Reline maxillary partial denture (laboratory)	100	100
D5761	Reline mandibular partial denture (laboratory)	100	100
D5820	Interim partial denture (maxillary)	100	100
D5821	Interim partial denture (mandibular)	100	100
D5899	OTHER DENTAL	100	100
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra or intraoral) other than required adjustments, by report	100	100
D6930	Recement fixed partial denture	100	100
D7111	Coronal remnants - deciduous tooth	100	100
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	100	100
D7210	Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth	100	100
D7220	Removal of impacted tooth-soft tissue	100	100
D7230	Removal of impacted tooth-partially bony	100	100
D7240	Removal of impacted tooth-completely bony	100	100
D7241	Removal of impacted tooth-completely bony, with unusual surgical complications	100	100
D7250	Surgical removal of residual tooth roots (cutting procedure)	100	100
D7251	Coronectomy - Intentional Partial Tooth Removal	100	100
D7260	Orolantral fistula closure	100	1
D7270	Tooth replacement and/or stabilization of accidentally evulsed or displaced tooth	100	1
D7280	Surgical access of an unerupted tooth	100	100
D7285	Biopsy of oral tissue- hard (bone, tooth)	100	1
D7286	Biopsy or oral tissue- soft (all others)	100	1
D7310	Alveoplasty in conjunction with extractions-per quadrant	100	100
D7320	Alveoplasty not in conjunction with extractions-per quadrant	100	100
D7410	Excision Of Benign Lesion Up To 1.25 Cm	100	1
D7411	Excision Of Benign Lesion Greater Than 1.25 Cm	100	1

Valid E&M Codes for Qualified Encounters	Description	Value	CDT21 Value
D7441	Excision of malignant tumor- lesion diameter greater than 1.25 cm	100	100
D7450	Removal of benign odontogenic cyst or tumor-lesion diameter up to 1.25 cm	100	1
D7451	Removal of benign odontogenic cyst or tumor-lesion diameter greater than 1.25 cm	100	1
D7460	Removal of benign nonodontogenic cyst or tumor-lesion diameter up to 1.25 cm	100	1
D7461	Removal of benign nonodontogenic cyst or tumor-lesion diameter greater than 1.25 cm	100	1
D7510	Incision and drainage of abscess- intraoral soft tissue	100	100
D7520	Incision and drainage of abscess- extraoral soft tissue	100	100
D7610	Maxilla- open reduction (teeth immobilized, if present)	100	100
D7620	Maxilla- closed reduction (teeth immobilized, if present)	100	100
D7630	Mandible- open reduction (teeth immobilized, if present)	100	100
D7640	Mandible- closed reduction (teeth immobilized, if present)	100	100
D7660	Malar and/or zygomatic arch-closed reduction	100	100
D7670	Alveolus- closed reduction, may include stabilization of teeth	100	100
D7680	Facial bones- complicated reduction with fixation and multiple surgical approaches	100	100
D7710	Maxilla- open reduction	100	100
D7720	Maxilla-Closed Reduction	100	100
D7730	Mandible- open reduction	100	100
D7740	Mandible- closed reduction	100	100
D7750	Malar and/or zygomatic arch-open reduction	100	100
D7770	Alveolus- open reduction stabilization of teeth	100	100
D7820	Closed reduction of dislocation	100	100
D7910	Suture of recent small wounds up to 5 cm	100	100
D7911	Complicated suture- up to 5 cm	100	100
D7912	Complicated suture- greater than 5 cm	100	100
D7980	Sialolithotomy	100	100
D7999	Unspecified oral surgery procedure, by report	100	1
D8010	Limited orthodontic treatment of the primary dentition	100	1
D8020	Limited orthodontic treatment of the transitional dentition	100	1
D8030	Limited orthodontic treatment of the adolescent dentition	100	1
D8040	Limited orthodontic treatment of the adult dentition	100	1
D8050	Interceptive orthodontic treatment of the primary dentition	100	1
D8060	Interceptive orthodontic treatment of the transitional dentition	100	1
D8070	Comprehensive orthodontic treatment of the transitional dentition	100	1
D8080	Comprehensive orthodontic treatment of the adolescent dentition	100	1
D8090	Comprehensive orthodontic treatment of the adult dentition	100	1
D8210	Removable appliance therapy	100	1
D8220	Fixed appliance therapy	100	1
D9110	Treatment of dental pain - minor procedure	100	1
D9120	Fixed partial denture sectioning	100	100
D9222	Deep sedation/general anesthesia - first 15 minutes	100	1
D9223	Deep sedation/general anesthesia - each additional 15 minutes	100	1
D9230	Analgesia, anxiolysis, inhalation of nitrous oxide	100	100
D9241	Intravenous conscious sedation/analgesia-first 30 minutes	100	1
G0101	CA SCREEN; PELVIC/BREAST EXAM	100	1
G0438	ANNUAL WELLNESS VISIT - FIRST	100	1
G0439	ANNUAL WELLNESS VISIT - SUBSEQUENT	100	1
Q0091	OBTAINING SCREEN PAP SMEAR	100	1
Q3014	Telehealth originating Site facility fee	100	1