

### Blue Cross Medicare Advantage: Radiology Code List

Product	Category	CPT® Code	CPT® Code Description
Radiology	ULTRASOUND	<b>76496</b>	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)
Radiology	ULTRASOUND	<b>76930</b>	Ultrasonic guidance for pericardiocentesis, imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76932</b>	Ultrasonic guidance for endomyocardial biopsy, imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76937</b>	Ultrasound guidance for vascular access requiring ultrasound evaluation of potential access sites, documentation of selected vessel patency, concurrent realtime ultrasound visualization of vascular needle entry, with permanent recording and reporting (List separately in addition to code for primary procedure)
Radiology	ULTRASOUND	<b>76940</b>	Ultrasound guidance for, and monitoring of, parenchymal tissue ablation
Radiology	ULTRASOUND	<b>76941</b>	Ultrasonic guidance for intrauterine fetal transfusion or cordocentesis, imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76942</b>	Ultrasonic guidance for needle placement (eg, biopsy, aspiration, injection, localization device), imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76945</b>	Ultrasonic guidance for chorionic villus sampling, imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76946</b>	Ultrasonic guidance for amniocentesis, imaging supervision and interpretation
Radiology	ULTRASOUND	<b>76948</b>	Ultrasonic guidance for aspiration of ova, imaging supervision and interpretation
Radiology	Ultrasound: OB U/S	<b>76801</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; single or first gestation
Radiology	Ultrasound: OB U/S	<b>76802</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, first trimester (< 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
Radiology	Ultrasound: OB U/S	<b>76805</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; single or first gestation
Radiology	Ultrasound: OB U/S	<b>76810</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation, after first trimester (> or = 14 weeks 0 days), transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
Radiology	Ultrasound: OB U/S	<b>76811</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; single or first gestation
Radiology	Ultrasound: OB U/S	<b>76812</b>	Ultrasound, pregnant uterus, real time with image documentation, fetal and maternal evaluation plus detailed fetal anatomic examination, transabdominal approach; each additional gestation (List separately in addition to code for primary procedure)
Radiology	Ultrasound: OB U/S	<b>76813</b>	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; single or first gestation
Radiology	Ultrasound: OB U/S	<b>76814</b>	Ultrasound, pregnant uterus, real time with image documentation, first trimester fetal nuchal translucency measurement, transabdominal or transvaginal approach; each additional gestation (List separately in addition to code for primary procedure)
Radiology	Ultrasound: OB U/S	<b>76815</b>	Ultrasound, pregnant uterus, real time with image documentation, limited (eg, fetal heart beat, placental location, fetal position and/or qualitative amniotic fluid volume), 1 or more fetuses

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Radiology	Ultrasound: OB U/S	<b>76816</b>	Ultrasound, pregnant uterus, real time with image documentation, follow-up (eg, re-evaluation of fetal size by measuring standard growth parameters and amniotic fluid volume, re-evaluation of organ system(s) suspected or confirmed to be abnormal on a previous scan), transabdominal approach, per fetus
Radiology	Ultrasound: OB U/S	<b>76817</b>	Ultrasound, pregnant uterus, real time with image documentation, transvaginal
Radiology	Ultrasound: OB U/S	<b>76818</b>	Fetal biophysical profile; with non-stress testing
Radiology	Ultrasound: OB U/S	<b>76819</b>	Fetal biophysical profile; without non-stress testing
Radiology	Ultrasound: OB U/S	<b>76820</b>	Doppler velocimetry, fetal; umbilical artery
Radiology	Ultrasound: OB U/S	<b>76821</b>	Doppler velocimetry, fetal; middle cerebral artery
Radiology	Ultrasound: OB U/S	<b>76825</b>	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording;
Radiology	Ultrasound: OB U/S	<b>76826</b>	Echocardiography, fetal, cardiovascular system, real time with image documentation (2D), with or without M-mode recording; follow-up or repeat study
Radiology	Ultrasound: OB U/S	<b>76827</b>	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; complete
Radiology	Ultrasound: OB U/S	<b>76828</b>	Doppler echocardiography, fetal, pulsed wave and/or continuous wave with spectral display; follow-up or repeat study
Radiology	Ultrasound: U/S ( non-OB)	<b>76506</b>	Echoencephalography, real time with image documentation (gray scale) (for determination of ventricular size, delineation of cerebral contents, and detection of fluid masses or other intracranial abnormalities), including A-mode encephalography as secondary component where indicated
Radiology	Ultrasound: U/S ( non-OB)	<b>76536</b>	Ultrasound, soft tissues of head and neck (eg, thyroid, parathyroid, parotid), real time with image documentation
Radiology	Ultrasound: U/S ( non-OB)	<b>76604</b>	Ultrasound, chest (includes mediastinum), real time with image documentation
Radiology	Ultrasound: U/S ( non-OB)	<b>76641</b>	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; complete
Radiology	Ultrasound: U/S ( non-OB)	<b>76642</b>	Ultrasound, breast, unilateral, real time with image documentation, including axilla when performed; limited
Radiology	Ultrasound: U/S ( non-OB)	<b>76700</b>	Ultrasound, abdominal, real time with image documentation; complete
Radiology	Ultrasound: U/S ( non-OB)	<b>76705</b>	Ultrasound, abdominal, real time with image documentation; limited (eg, single organ, quadrant, follow-up)
Radiology	Ultrasound: U/S ( non-OB)	<b>76706</b>	Ultrasound, abdominal aorta, real time with image documentation, screening study for abdominal aortic aneurysm (AAA)
Radiology	Ultrasound: U/S ( non-OB)	<b>76770</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; complete
Radiology	Ultrasound: U/S ( non-OB)	<b>76775</b>	Ultrasound, retroperitoneal (eg, renal, aorta, nodes), real time with image documentation; limited
Radiology	Ultrasound: U/S ( non-OB)	<b>76776</b>	Ultrasound, transplanted kidney, real time and duplex Doppler with image documentation
Radiology	Ultrasound: U/S ( non-OB)	<b>76800</b>	Ultrasound, spinal canal and contents
Radiology	Ultrasound: U/S ( non-OB)	<b>76830</b>	Ultrasound, transvaginal
Radiology	Ultrasound: U/S ( non-OB)	<b>76831</b>	Saline infusion sonohysterography (SIS), including color flow Doppler, when performed

Product	Category	CPT® Code	CPT® Code Description
Radiology	Ultrasound: U/S ( non-OB)	<b>76856</b>	Ultrasound, pelvic (nonobstetric), real time with image documentation; complete
Radiology	Ultrasound: U/S ( non-OB)	<b>76857</b>	Ultrasound, pelvic (nonobstetric), real time with image documentation; limited or follow-up (eg, for follicles)
Radiology	Ultrasound: U/S ( non-OB)	<b>76870</b>	Ultrasound, scrotum and contents
Radiology	Ultrasound: U/S ( non-OB)	<b>76872</b>	Ultrasound, transrectal;
Radiology	Ultrasound: U/S ( non-OB)	<b>76881</b>	Ultrasound, complete joint (i.e., joint space and peri-articular soft tissue structures) real-time with image documentation
Radiology	Ultrasound: U/S ( non-OB)	<b>76882</b>	Ultrasound, limited, joint or other nonvascular extremity structure(s) (e.g., joint space, peri-articular tendon[s], muscle[s], nerve[s], other soft tissue structure[s], or soft tissue mass[es]), real-time with image documentation
Radiology	Ultrasound: U/S ( non-OB)	<b>76885</b>	Ultrasound, infant hips, real time with imaging documentation; dynamic (requiring physician or other qualified health care professional manipulation)
Radiology	Ultrasound: U/S ( non-OB)	<b>76886</b>	Ultrasound, infant hips, real time with imaging documentation; limited, static (not requiring physician or other qualified health care professional manipulation)
Radiology	Ultrasound: U/S ( non-OB)	<b>76970</b>	Ultrasound study follow-up (specify)
Radiology	Ultrasound: U/S ( non-OB)	<b>76975</b>	Gastrointestinal endoscopic ultrasound, supervision and interpretation
Radiology	Ultrasound: U/S ( non-OB)	<b>76999</b>	Unlisted ultrasound procedure (eg, diagnostic, interventional)
Radiology	Ultrasound: U/S ( non-OB)	<b>93880</b>	Duplex scan of extracranial arteries; complete bilateral study
Radiology	Ultrasound: U/S ( non-OB)	<b>93882</b>	Duplex scan of extracranial arteries; unilateral or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93886</b>	Transcranial Doppler study of the intracranial arteries; complete study
Radiology	Ultrasound: U/S ( non-OB)	<b>93888</b>	Transcranial Doppler study of the intracranial arteries; limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93890</b>	Transcranial Doppler study of the intracranial arteries; vasoreactivity study
Radiology	Ultrasound: U/S ( non-OB)	<b>93892</b>	Transcranial Doppler study of the intracranial arteries; emboli detection without intravenous microbubble injection
Radiology	Ultrasound: U/S ( non-OB)	<b>93893</b>	Transcranial Doppler study of the intracranial arteries; emboli detection with intravenous microbubble injection
Radiology	Ultrasound: U/S ( non-OB)	<b>93922</b>	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)

Product	Category	CPT® Code	CPT® Code Description
Radiology	Ultrasound: U/S ( non-OB)	<b>93923</b>	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Radiology	Ultrasound: U/S ( non-OB)	<b>93924</b>	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Radiology	Ultrasound: U/S ( non-OB)	<b>93925</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; complete bilateral study
Radiology	Ultrasound: U/S ( non-OB)	<b>93926</b>	Duplex scan of lower extremity arteries or arterial bypass grafts; unilateral or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93930</b>	Duplex scan of upper extremity arteries or arterial bypass grafts; complete bilateral study
Radiology	Ultrasound: U/S ( non-OB)	<b>93931</b>	Duplex scan of upper extremity arteries or arterial bypass grafts; unilateral or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93965</b>	Noninvasive physiologic studies of extremity veins, complete bilateral study (eg, Doppler waveform analysis with responses to compression and other maneuvers, phleborheography, impedance plethysmography)
Radiology	Ultrasound: U/S ( non-OB)	<b>93970</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; complete bilateral study
Radiology	Ultrasound: U/S ( non-OB)	<b>93971</b>	Duplex scan of extremity veins including responses to compression and other maneuvers; unilateral or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93975</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; complete study
Radiology	Ultrasound: U/S ( non-OB)	<b>93976</b>	Duplex scan of arterial inflow and venous outflow of abdominal, pelvic, scrotal contents and/or retroperitoneal organs; limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93978</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; complete study
Radiology	Ultrasound: U/S ( non-OB)	<b>93979</b>	Duplex scan of aorta, inferior vena cava, iliac vasculature, or bypass grafts; unilateral or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93980</b>	Duplex scan of arterial inflow and venous outflow of penile vessels; complete study
Radiology	Ultrasound: U/S ( non-OB)	<b>93981</b>	Duplex scan of arterial inflow and venous outflow of penile vessels; follow-up or limited study
Radiology	Ultrasound: U/S ( non-OB)	<b>93990</b>	Duplex scan of hemodialysis access (including arterial inflow, body of access and venous outflow)
Radiology	Ultrasound: U/S ( non-OB)	<b>93998</b>	Unlisted noninvasive vascular diagnostic study
Radiology	Ultrasound: U/S ( non-OB)	<b>G0389</b>	Ultrasound b-scan and/or real time with image documentation; for abdominal aortic aneurysm (aaa) screening

Product	Category	CPT® Code	CPT® Code Description
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### Blue Cross Medicare Advantage: Interventional Pain Code List

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Interventional Pain	<b>27096</b>	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Musculoskeletal	Interventional Pain	<b>62280</b>	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; subarachnoid
Musculoskeletal	Interventional Pain	<b>62281</b>	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, cervical or thoracic
Musculoskeletal	Interventional Pain	<b>62282</b>	Injection/infusion of neurolytic substance (eg, alcohol, phenol, iced saline solutions), with or without other therapeutic substance; epidural, lumbar, sacral (caudal)
Musculoskeletal	Interventional Pain	<b>62320</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Musculoskeletal	Interventional Pain	<b>62321</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Musculoskeletal	Interventional Pain	<b>62322</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Musculoskeletal	Interventional Pain	<b>62323</b>	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Musculoskeletal	Interventional Pain	<b>62324</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Musculoskeletal	Interventional Pain	<b>62325</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Musculoskeletal	Interventional Pain	<b>62326</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Musculoskeletal	Interventional Pain	<b>62327</b>	Injection(s), including indwelling catheter placement, continuous infusion or intermittent bolus, of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Interventional Pain	<b>62350</b>	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; without laminectomy
Musculoskeletal	Interventional Pain	<b>62351</b>	Implantation, revision or repositioning of tunneled intrathecal or epidural catheter, for long-term medication administration via an external pump or implantable reservoir/infusion pump; with laminectomy
Musculoskeletal	Interventional Pain	<b>62360</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; subcutaneous reservoir
Musculoskeletal	Interventional Pain	<b>62361</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; nonprogrammable pump
Musculoskeletal	Interventional Pain	<b>62362</b>	Implantation or replacement of device for intrathecal or epidural drug infusion; programmable pump, including preparation of pump, with or without programming
Musculoskeletal	Interventional Pain	<b>63650</b>	Percutaneous implantation of neurostimulator electrode array, epidural
Musculoskeletal	Interventional Pain	<b>63655</b>	Laminectomy for implantation of neurostimulator electrodes, plate/paddle, epidural
Musculoskeletal	Interventional Pain	<b>63685</b>	Insertion or replacement of spinal neurostimulator pulse generator or receiver, direct or inductive coupling
Musculoskeletal	Interventional Pain	<b>64479</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Musculoskeletal	Interventional Pain	<b>64480</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64483</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Musculoskeletal	Interventional Pain	<b>64484</b>	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64490</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Musculoskeletal	Interventional Pain	<b>64491</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64492</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64493</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Musculoskeletal	Interventional Pain	<b>64494</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64495</b>	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64510</b>	Injection, anesthetic agent; stellate ganglion (cervical sympathetic)
Musculoskeletal	Interventional Pain	<b>64520</b>	Injection, anesthetic agent; lumbar or thoracic (paravertebral sympathetic)
Musculoskeletal	Interventional Pain	<b>64633</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, single facet joint

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Interventional Pain	<b>64634</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Musculoskeletal	Interventional Pain	<b>64635</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, single facet joint
Musculoskeletal	Interventional Pain	<b>64636</b>	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)

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### Blue Cross Medicare Advantage: Physical Therapy & Occupational Therapy Code List

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	PT/OT	<b>29105</b>	Application of long arm splint (shoulder to hand)
Musculoskeletal	PT/OT	<b>29125</b>	Application of short arm splint (forearm to hand); static
Musculoskeletal	PT/OT	<b>29126</b>	Application of short arm splint (forearm to hand); dynamic
Musculoskeletal	PT/OT	<b>29130</b>	Application of finger splint; static
Musculoskeletal	PT/OT	<b>29131</b>	Application of finger splint; dynamic
Musculoskeletal	PT/OT	<b>29200</b>	Strapping; thorax
Musculoskeletal	PT/OT	<b>29240</b>	Strapping; shoulder (eg, Velpeau)
Musculoskeletal	PT/OT	<b>29260</b>	Strapping; elbow or wrist
Musculoskeletal	PT/OT	<b>29280</b>	Strapping; hand or finger
Musculoskeletal	PT/OT	<b>29520</b>	Strapping; hip
Musculoskeletal	PT/OT	<b>29530</b>	Strapping; knee
Musculoskeletal	PT/OT	<b>29540</b>	Strapping; ankle and/or foot
Musculoskeletal	PT/OT	<b>29550</b>	Strapping; toes
Musculoskeletal	PT/OT	<b>90911</b>	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry
Musculoskeletal	PT/OT	<b>95831</b>	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
Musculoskeletal	PT/OT	<b>95832</b>	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
Musculoskeletal	PT/OT	<b>95833</b>	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
Musculoskeletal	PT/OT	<b>95834</b>	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
Musculoskeletal	PT/OT	<b>95851</b>	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
Musculoskeletal	PT/OT	<b>95852</b>	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
Musculoskeletal	PT/OT	<b>97010</b>	Application of a modality to 1 or more areas; hot or cold packs
Musculoskeletal	PT/OT	<b>97012</b>	Application of a modality to 1 or more areas; traction, mechanical
Musculoskeletal	PT/OT	<b>97014</b>	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Musculoskeletal	PT/OT	<b>97016</b>	Application of a modality to 1 or more areas; vasopneumatic devices
Musculoskeletal	PT/OT	<b>97018</b>	Application of a modality to 1 or more areas; paraffin bath
Musculoskeletal	PT/OT	<b>97022</b>	Application of a modality to 1 or more areas; whirlpool
Musculoskeletal	PT/OT	<b>97024</b>	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Musculoskeletal	PT/OT	<b>97026</b>	Application of a modality to 1 or more areas; infrared
Musculoskeletal	PT/OT	<b>97028</b>	Application of a modality to 1 or more areas; ultraviolet
Musculoskeletal	PT/OT	<b>97032</b>	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
Musculoskeletal	PT/OT	<b>97033</b>	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Musculoskeletal	PT/OT	<b>97034</b>	Application of a modality to 1 or more areas; contrast baths, each 15 minutes

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	PT/OT	<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
Musculoskeletal	PT/OT	<b>97036</b>	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
Musculoskeletal	PT/OT	<b>97039</b>	Unlisted modality (specify type and time if constant attendance)
Musculoskeletal	PT/OT	<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
Musculoskeletal	PT/OT	<b>97112</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
Musculoskeletal	PT/OT	<b>97113</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises
Musculoskeletal	PT/OT	<b>97116</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
Musculoskeletal	PT/OT	<b>97124</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; massage, including effleurage, petrissage and/or tapotement (stroking, compression, percussion)
Musculoskeletal	PT/OT	<b>97127</b>	Therapeutic interventions that focus on cognitive function (e.g., attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (e.g., managing time or schedules, initiating, organizing and sequencing tasks), direct (one-on-one) patient contact
Musculoskeletal	PT/OT	<b>97139</b>	Unlisted therapeutic procedure (specify)
Musculoskeletal	PT/OT	<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
Musculoskeletal	PT/OT	<b>97150</b>	Therapeutic procedure(s), group (2 or more individuals)
Musculoskeletal	PT/OT	<b>97164</b>	Re-evaluation of physical therapy established plan of care, requiring these components: An examination including a review of history and use of standardized tests and measures is required; and Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome Typically, 20 minutes are spent face-to-face with the patient and/or family.
Musculoskeletal	PT/OT	<b>97168</b>	Re-evaluation of occupational therapy established plan of care, requiring these components: An assessment of changes in patient functional or medical status with revised plan of care; An update to the initial occupational profile to reflect changes in condition or environment that affect future interventions and/or goals; and A revised plan of care. A formal reevaluation is performed when there is a documented change in functional status or a significant change to the plan of care is required. Typically, 30 minutes are spent face-to-face with the patient and/or family.
Musculoskeletal	PT/OT	<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Musculoskeletal	PT/OT	<b>97532</b>	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes
Musculoskeletal	PT/OT	<b>97533</b>	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Musculoskeletal	PT/OT	<b>97535</b>	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Musculoskeletal	PT/OT	<b>97537</b>	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
Musculoskeletal	PT/OT	<b>97542</b>	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Musculoskeletal	PT/OT	<b>97545</b>	Work hardening/conditioning; initial 2 hours
Musculoskeletal	PT/OT	<b>97546</b>	Work hardening/conditioning; each additional hour (List separately in addition to code for primary procedure)

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	PT/OT	<b>97750</b>	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
Musculoskeletal	PT/OT	<b>97755</b>	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Musculoskeletal	PT/OT	<b>97760</b>	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes
Musculoskeletal	PT/OT	<b>97761</b>	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Musculoskeletal	PT/OT	<b>97762</b>	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
Musculoskeletal	PT/OT	<b>97799</b>	Unlisted physical medicine/rehabilitation service or procedure
Musculoskeletal	PT/OT	<b>G0281</b>	Electrical stimulation, (unattended), to one or more areas, for chronic stage iii and stage iv pressure ulcers, arterial ulcers, diabetic ulcers, and venous stasis ulcers not demonstrating measurable signs of healing after 30 days of conventional care, as part of a therapy plan of care
Musculoskeletal	PT/OT	<b>G0282</b>	Electrical stimulation, (unattended), to one or more areas, for wound care other than described in G0281
Musculoskeletal	PT/OT	<b>G0283</b>	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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### Blue Cross Medicare Advantage: Speech Therapy Code List

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Speech Therapy	<b>31575</b>	Laryngoscopy, flexible fiberoptic; diagnostic
Musculoskeletal	Speech Therapy	<b>31579</b>	Laryngoscopy, flexible or rigid telescopic, with stroboscopy
Musculoskeletal	Speech Therapy	<b>92507</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Musculoskeletal	Speech Therapy	<b>92508</b>	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Musculoskeletal	Speech Therapy	<b>92511</b>	Nasopharyngoscopy with endoscope (separate procedure)
Musculoskeletal	Speech Therapy	<b>92520</b>	Laryngeal function studies (ie, aerodynamic testing and acoustic testing)
Musculoskeletal	Speech Therapy	<b>92521</b>	Evaluation of speech fluency (eg, stuttering, cluttering)
Musculoskeletal	Speech Therapy	<b>92522</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria);
Musculoskeletal	Speech Therapy	<b>92523</b>	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
Musculoskeletal	Speech Therapy	<b>92524</b>	Behavioral and qualitative analysis of voice and resonance
Musculoskeletal	Speech Therapy	<b>92526</b>	Treatment of swallowing dysfunction and/or oral function for feeding
Musculoskeletal	Speech Therapy	<b>92597</b>	Evaluation for use and/or fitting of voice prosthetic device to supplement oral speech
Musculoskeletal	Speech Therapy	<b>92605</b>	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Musculoskeletal	Speech Therapy	<b>92606</b>	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification
Musculoskeletal	Speech Therapy	<b>92607</b>	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour
Musculoskeletal	Speech Therapy	<b>92608</b>	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
Musculoskeletal	Speech Therapy	<b>92609</b>	Therapeutic services for the use of speech-generating device, including programming and modification
Musculoskeletal	Speech Therapy	<b>92610</b>	Evaluation of oral and pharyngeal swallowing function
Musculoskeletal	Speech Therapy	<b>92611</b>	Motion fluoroscopic evaluation of swallowing function by cine or video recording
Musculoskeletal	Speech Therapy	<b>92612</b>	Flexible endoscopic evaluation of swallowing by cine or video recording;
Musculoskeletal	Speech Therapy	<b>92613</b>	Flexible endoscopic evaluation of swallowing by cine or video recording; interpretation and report only
Musculoskeletal	Speech Therapy	<b>92614</b>	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording;
Musculoskeletal	Speech Therapy	<b>92615</b>	Flexible endoscopic evaluation, laryngeal sensory testing by cine or video recording; interpretation and report only
Musculoskeletal	Speech Therapy	<b>92616</b>	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording;

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Speech Therapy	<b>92617</b>	Flexible endoscopic evaluation of swallowing and laryngeal sensory testing by cine or video recording; interpretation and report only
Musculoskeletal	Speech Therapy	<b>92618</b>	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
Musculoskeletal	Speech Therapy	<b>96105</b>	Assessment of aphasia (includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading, spelling, writing, eg, by Boston Diagnostic Aphasia Examination) with interpretation and report, per hour
Musculoskeletal	Speech Therapy	<b>96125</b>	Standardized cognitive performance testing (eg, Ross Information Processing Assessment) per hour of a qualified health care professional's time, both face-to-face time administering tests to the patient and time interpreting these test results and preparing the report
Musculoskeletal	Speech Therapy	<b>97532</b>	Development of cognitive skills to improve attention, memory, problem solving (includes compensatory training), direct (one-on-one) patient contact, each 15 minutes

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### Blue Cross Medicare Advantage: Chiropractic Code List

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Chiro	<b>95831</b>	Muscle testing, manual (separate procedure) with report; extremity (excluding hand) or trunk
Musculoskeletal	Chiro	<b>95832</b>	Muscle testing, manual (separate procedure) with report; hand, with or without comparison with normal side
Musculoskeletal	Chiro	<b>95833</b>	Muscle testing, manual (separate procedure) with report; total evaluation of body, excluding hands
Musculoskeletal	Chiro	<b>95834</b>	Muscle testing, manual (separate procedure) with report; total evaluation of body, including hands
Musculoskeletal	Chiro	<b>95851</b>	Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine)
Musculoskeletal	Chiro	<b>95852</b>	Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side
Musculoskeletal	Chiro	<b>97010</b>	Application of a modality to 1 or more areas; hot or cold packs
Musculoskeletal	Chiro	<b>97012</b>	Application of a modality to 1 or more areas; traction, mechanical
Musculoskeletal	Chiro	<b>97014</b>	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Musculoskeletal	Chiro	<b>97016</b>	Application of a modality to 1 or more areas; vasopneumatic devices
Musculoskeletal	Chiro	<b>97018</b>	Application of a modality to 1 or more areas; paraffin bath
Musculoskeletal	Chiro	<b>97022</b>	Application of a modality to 1 or more areas; whirlpool
Musculoskeletal	Chiro	<b>97024</b>	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Musculoskeletal	Chiro	<b>97026</b>	Application of a modality to 1 or more areas; infrared
Musculoskeletal	Chiro	<b>97028</b>	Application of a modality to 1 or more areas; ultraviolet
Musculoskeletal	Chiro	<b>97032</b>	Application of a modality to 1 or more areas; electrical stimulation (manual), each 15 minutes
Musculoskeletal	Chiro	<b>97033</b>	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes
Musculoskeletal	Chiro	<b>97034</b>	Application of a modality to 1 or more areas; contrast baths, each 15 minutes
Musculoskeletal	Chiro	<b>97035</b>	Application of a modality to 1 or more areas; ultrasound, each 15 minutes
Musculoskeletal	Chiro	<b>97036</b>	Application of a modality to 1 or more areas; Hubbard tank, each 15 minutes
Musculoskeletal	Chiro	<b>97039</b>	Unlisted modality (specify type and time if constant attendance)
Musculoskeletal	Chiro	<b>97110</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility
Musculoskeletal	Chiro	<b>97112</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities
Musculoskeletal	Chiro	<b>97116</b>	Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)
Musculoskeletal	Chiro	<b>97140</b>	Manual therapy techniques (eg, mobilization/ manipulation, manual lymphatic drainage, manual traction), 1 or more regions, each 15 minutes
Musculoskeletal	Chiro	<b>97530</b>	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes

Product	Category	CPT® Code	CPT® Code Description
Musculoskeletal	Chiro	<b>97750</b>	Physical performance test or measurement (eg, musculoskeletal, functional capacity), with written report, each 15 minutes
Musculoskeletal	Chiro	<b>97760</b>	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremit(ies), lower extremit(ies), and/or trunk, initial orthotic(s) encounter, each 15 minutes
Musculoskeletal	Chiro	<b>97761</b>	Prosthetic(s) training, upper and/or lower extremit(ies), initial prosthetic(s) encounter, each 15 minutes
Musculoskeletal	Chiro	<b>97762</b>	Checkout for orthotic/prosthetic use, established patient, each 15 minutes
Musculoskeletal	Chiro	<b>98940</b>	Chiropractic manipulative treatment (CMT); spinal, 1-2 regions
Musculoskeletal	Chiro	<b>98941</b>	Chiropractic manipulative treatment (CMT); spinal, 3-4 regions
Musculoskeletal	Chiro	<b>98942</b>	Chiropractic manipulative treatment (CMT); spinal, 5 regions
Musculoskeletal	Chiro	<b>98943</b>	Chiropractic manipulative treatment (CMT); extraspinal, 1 or more regions
Musculoskeletal	Chiro	<b>G0283</b>	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

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### Blue Cross Medicare Advantage: Sleep Code List

Product	Category	CPT® Code	CPT® Code Description
Sleep	Sleep	<b>95782</b>	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Sleep	Sleep	<b>95783</b>	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Sleep	Sleep	<b>95800</b>	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Sleep	Sleep	<b>95801</b>	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Sleep	Sleep	<b>95805</b>	Multiple sleep latency or maintenance of wakefulness testing, recording, analysis and interpretation of physiological measurements of sleep during multiple trials to assess sleepiness
Sleep	Sleep	<b>95806</b>	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory effort (eg, thoracoabdominal movement)
Sleep	Sleep	<b>95807</b>	Sleep study, simultaneous recording of ventilation, respiratory effort, ECG or heart rate, and oxygen saturation, attended by a technologist
Sleep	Sleep	<b>95808</b>	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Sleep	Sleep	<b>95810</b>	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Sleep	Sleep	<b>95811</b>	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Sleep	Sleep	<b>A4604</b>	Tubing with integrated heating element for use with positive airway pressure device
Sleep	Sleep	<b>A7027</b>	Combination oral/nasal mask, used with continuous positive airway pressure device, each
Sleep	Sleep	<b>A7028</b>	Oral cushion for combination oral/nasal mask, replacement only, each
Sleep	Sleep	<b>A7029</b>	Nasal pillows for combination oral/nasal mask, replacement only, pair
Sleep	Sleep	<b>A7030</b>	Full face mask used with positive airway pressure device, each
Sleep	Sleep	<b>A7031</b>	Face mask interface, replacement for full face mask, each
Sleep	Sleep	<b>A7032</b>	Cushion for use on nasal mask interface, replacement only, each
Sleep	Sleep	<b>A7033</b>	Pillow for use on nasal cannula type interface, replacement only, pair
Sleep	Sleep	<b>A7034</b>	Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap
Sleep	Sleep	<b>A7035</b>	Headgear used with positive airway pressure device
Sleep	Sleep	<b>A7036</b>	Chinstrap used with positive airway pressure device
Sleep	Sleep	<b>A7037</b>	Tubing used with positive airway pressure device
Sleep	Sleep	<b>A7038</b>	Filter, disposable, used with positive airway pressure device
Sleep	Sleep	<b>A7039</b>	Filter, non disposable, used with positive airway pressure device
Sleep	Sleep	<b>A7044</b>	Oral interface used with positive airway pressure device, each



Product	Category	CPT® Code	CPT® Code Description
Sleep	Sleep	<b>A7045</b>	Exhalation port with or without swivel used with accessories for positive airway devices, replacement only
Sleep	Sleep	<b>A7046</b>	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Sleep	Sleep	<b>E0470</b>	Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
Sleep	Sleep	<b>E0471</b>	Respiratory assist device, bi-level pressure capability, with back-up rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device)
Sleep	Sleep	<b>E0561</b>	Humidifier, non-heated, used with positive airway pressure device
Sleep	Sleep	<b>E0562</b>	Humidifier, heated, used with positive airway pressure device
Sleep	Sleep	<b>E0601</b>	Continuous positive airway pressure (cpap) device
Sleep	Sleep	<b>G0398</b>	Home sleep study test (hst) with type ii portable monitor, unattended; minimum of 7 channels: eeg, eog, emg, ecg/heart rate, airflow, respiratory effort and oxygen saturation
Sleep	Sleep	<b>G0399</b>	Home sleep test (hst) with type iii portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow, 1 ecg/heart rate and 1 oxygen saturation
Sleep	Sleep	<b>G0400</b>	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels

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