

| DESCRIPTION | LONG DESC |
|---|--|
| DRAINAGE OF SKIN ABSCESS REMOVE FOREIGN BODY DEBRIDE INFECTED SKIN | INCISION AND DRAINAGE OF ABSCESS (EG, CARBUNCLE, SUPPURATIVE HIDRADENITIS, CUTANEOUS OR SUBCUTANEOUS ABSCESS, CYST, FURUNCLE, OR PARONYCHIA); SIMPLE OR SINGLE INCISION AND REMOVAL OF FOREIGN BODY, SUBCUTANEOUS TISSUES; SIMPLE DEBRIDEMENT OF EXTENSIVE ECZEMATOUS OR INFECTED SKIN; UP TO 10% OF BODY SURFACE |
| REMOVE NAIL PLATE ADD-ON DRAIN BLOOD FROM UNDER NAIL | AVULSION OF NAIL PLATE, PARTIAL OR COMPLETE, SIMPLE; EACH ADDITIONAL NAIL PLATE (LIST SEPARATELY IN ADDITION TO CODE FOR PRIMARY PROCEDURE) EVACUATION OF SUBUNGUAL HEMATOMA |
| REPAIR SUPERFICIAL WOUND(S) | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.5 CM OR LESS |
| REPAIR SUPERFICIAL WOUND(S) REPAIR SUPERFICIAL WOUND(S) DRESS/DEBRID P-THICK BURN S | SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF SCALP, NECK, AXILLAE, EXTERNAL GENITALIA, TRUNK AND/OR EXTREMITIES (INCLUDING HANDS AND FEET); 2.6 CM TO 7.5 CM SIMPLE REPAIR OF SUPERFICIAL WOUNDS OF FACE, EARS, EYELIDS, NOSE, LIPS AND/OR MUCOUS MEMBRANES; 2.5 CM OR LESS DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; SMALL (LESS THAN 5% TOTAL BODY SURFACE AREA) |
| DRESS/DEBRID P-THICK BURN M | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; MEDIUM (EG, WHOLE FACE OR WHOLE EXTREMITY, OR 5% TO 10% TOTAL BODY SURFACE AREA) |
| DRESS/DEBRID P-THICK BURN L | DRESSINGS AND/OR DEBRIDEMENT OF PARTIAL-THICKNESS BURNS, INITIAL OR SUBSEQUENT; LARGE (EG, MORE THAN 1 EXTREMITY, OR GREATER THAN 10% TOTAL BODY SURFACE AREA) |
| ROUTINE VENIPUNCTURE | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE |
| REMOVE FOREIGN BODY FROM EYE CLEAR OUTER EAR CANAL | REMOVAL OF FOREIGN BODY, EXTERNAL EYE; CONJUNCTIVAL SUPERFICIAL REMOVAL FOREIGN BODY FROM EXTERNAL AUDITORY CANAL; WITHOUT GENERAL ANESTHESIA |
| REMOVE IMPACTED EAR WAX | REMOVAL IMPACTED CERUMEN (SEPARATE PROCEDURE), ONE OR BOTH EARS |
| RADIOLOGIC EXAM, CHEST; SINGLE VIEW | RADIOLOGIC EXAMINATION, CHEST; SINGLE VIEW |
| X-RAY EXAM OF NECK SPINE | RADIOLOGIC EXAMINATION, SPINE, CERVICAL; MINIMUM OF FOUR VIEWS |
| X-RAY EXAM OF LOWER SPINE | RADIOLOGIC EXAMINATION, SPINE, LUMBOSACRAL; MINIMUM OF FOUR VIEWS |
| X-RAY EXAM OF PELVIS | RADIOLOGIC EXAMINATION, PELVIS; ONE OR TWO VIEWS |
| X-RAY EXAM OF SHOULDER | RADIOLOGIC EXAMINATION, SHOULDER; COMPLETE, MINIMUM OF TWO VIEWS |
| X-RAY EXAM OF ELBOW | RADIOLOGIC EXAMINATION, ELBOW; COMPLETE, MINIMUM OF THREE VIEWS |
| X-RAY EXAM OF FOREARM | RADIOLOGIC EXAMINATION; FOREARM, TWO VIEWS |
| X-RAY EXAM OF WRIST | RADIOLOGIC EXAMINATION, WRIST; COMPLETE, MINIMUM OF THREE VIEWS |
| X-RAY EXAM OF HAND | RADIOLOGIC EXAMINATION, HAND; TWO VIEWS |
| X-RAY EXAM OF HAND | RADIOLOGIC EXAMINATION, HAND; MINIMUM OF THREE VIEWS |
| X-RAY EXAM OF FINGER(S) | RADIOLOGIC EXAMINATION, FINGER(S), MINIMUM OF TWO VIEWS |
| X-RAY EXAM OF KNEE, 3 | RADIOLOGIC EXAMINATION, KNEE; THREE VIEWS |
| X-RAY EXAM OF LOWER LEG | RADIOLOGIC EXAMINATION; TIBIA AND FIBULA, TWO VIEWS |
| X-RAY EXAM OF ANKLE | RADIOLOGIC EXAMINATION, ANKLE; COMPLETE, MINIMUM OF THREE VIEWS |
| X-RAY EXAM OF FOOT | RADIOLOGIC EXAMINATION, FOOT; COMPLETE, MINIMUM OF THREE VIEWS |
| X-RAY EXAM OF TOE(S) | RADIOLOGIC EXAMINATION; TOE(S), MINIMUM OF TWO VIEWS |
| COMPREHEN METABOLIC PANEL | COMPREHENSIVE METABOLIC PANEL THIS PANEL MUST INCLUDE THE FOLLOWING: ALBUMIN (82040) BILIRUBIN, TOTAL (82247) CALCIUM (82310) CARBON DIOXIDE (BICARBONATE) (82374) CHLORIDE (82435) CREATININE (82565) GLUCOSE (82947) PHOSPHATASE, ALKALINE (84075) POTASSIUM (84132) PROTEIN, TOTAL (84155) SODIUM (84295) TRANSFERASE, ALANINE AMINO (ALT) (SGPT) (84460) TRANSFERASE, ASPARTATE AMINO (AST) (SGOT) (84450) UREA NITROGEN (BUN) (84520) |
| DRUG SCREEN NON TLC DEVICES | DRUG SCREEN, ANY NUMBER OF DRUG CLASSES FROM DRUG CLASS LIST A; ANY NUMBER OF NON-TLC DEVICES OR PROCEDURES, (EG, IMMUNOASSAY) CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION, INCLUDING INSTRUMENTED-ASSISTED WHEN PERFORMED (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES), PER DATE OF SERVICE |
| DRUG SCREEN, DIRECT OPTICAL READ | DRUG TEST(S), PRESUMPTIVE, ANY NUMBER OF DRUG CLASSES, ANY NUMBER OF DEVICES OR PROCEDURES (EG, IMMUNOASSAY); CAPABLE OF BEING READ BY DIRECT OPTICAL OBSERVATION ONLY (EG, DIPSTICKS, CUPS, CARDS, CARTRIDGES) INCLUDES SAMPLE VALIDATION WHEN PERFORMED, PER DATE OF SERVICE |
| URINALYSIS NONAUTO W/SCOPE | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY |

| | |
|-------------------------------------|---|
| URINALYSIS NONAUTO W/SCOPE | URINALYSIS, BY DIP STICK OR TABLET REAGENT FOR BILIRUBIN, GLUCOSE, HEMOGLOBIN, KETONES, LEUKOCYTES, NITRITE, PH, PROTEIN, SPECIFIC GRAVITY, UROBILINOGEN, ANY NUMBER OF THESE CONSTITUENTS; NON-AUTOMATED, WITH MICROSCOPY |
| URINE PREGNANCY TEST | URINE PREGNANCY TEST, BY VISUAL COLOR COMPARISON METHODS |
| ASSAY OF BREATH ETHANOL | ALCOHOL (ETHANOL); BREATH |
| COMPLETE CBC W/AUTO DIFF WBC | BLOOD COUNT; COMPLETE (CBC), AUTOMATED (HGB, HCT, RBC, WBC AND PLATELET COUNT) AND AUTOMATED DIFFERENTIAL WBC COUNT |
| HETEROPHILE ANTIBODIES | HETEROPHILE ANTIBODIES; SCREENING |
| TB INTRADERMAL TEST | SKIN TEST; TUBERCULOSIS, INTRADERMAL |
| SYPHILIS TEST NON-TREP QUANT | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE |
| HEP B SURFACE ANTIBODY | HEPATITIS B SURFACE ANTIBODY (HBSAB) |
| Antibody;OUT-SIDE LAB -UPDATED PRIC | Antibody;OUT-SIDE LAB -UPDATED PRICE-08/20/20- acute respiratory syndrome severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); (For severe acute respiratory syndrome coronavirus 2 [SARS-CoV-2] [Coronavirus disease {COVID-19}] antibody testing using single step method, use 86328) |
| HEPATITIS C AB TEST | HEPATITIS C ANTIBODY; |
| SMEAR WET MOUNT SALINE/INK | SMEAR, PRIMARY SOURCE WITH INTERPRETATION; WET MOUNT FOR INFECTIOUS AGENTS (EG, SALINE, INDIA INK, KOH PREPS) |
| POC- BD Veritor System Rapid Detect | POC- BD Veritor System Rapid Detection of SARS-CoV-2 Infectious agent antigen detection Cat. 256082 by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory INFECTIOUS AGENT ANTIGEN DETECTION BY ENZYME IMMUNOASSAY TECHNIQUE, QUALITATIVE OR SEMIQUANTITATIVE, MULTIPLE-STEP METHOD; STREPTOCOCCUS, GROUP A |
| STREP A AG EIA | INFECTIOUS AGENT ANTIGEN DETECTION BY IMMUNOASSAY WITH DIRECT OPTICAL OBSERVATION; INFLUENZA |
| INFLUENZA ASSAY W/OPTIC | Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) |
| SARS-COV-2 COVID19 W/OPTIC | HEPATITIS A VACCINE, ADULT DOSAGE, FOR INTRAMUSCULAR USE |
| HEP A VACCINE ADULT IM | INFLUENZA VIRUS VACCINE, TRIVALENT (IIV3), SPLIT VIRUS, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE |
| FLU VACC (IIV3) 0.5 ML IM | NDC 70461-0201-01 INFLUENZA VIRUS VACCINE, QUADRIVALENT (CCIV4), DERIVED FROM CELL CULTURES, SUBUNIT, PRESERVATIVE AND ANTIBIOTIC FREE, 0.5 ML DOSAGE, FOR INTRAMUSCULAR USE |
| NDC 70461-0201-01 FLU VAC 0.5 ML IM | NDC 333332 420 10 Afluria Quadrivalent 60 mcg/0.5 mL (for persons 6 months of age and older)5 mL multi-dose vial. |
| NDC 333332 420 10 Afluria Quadri | TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE (VICPS), FOR INTRAMUSCULAR USE |
| TYPHOID VACCINE IM | TETANUS, DIPHTHERIA TOXOIDS AND ACELLULAR PERTUSSIS VACCINE (TDAP), WHEN ADMINISTERED TO INDIVIDUALS 7 YEARS OR OLDER, FOR INTRAMUSCULAR USE |
| TDAP VACCINE gt7 IM | NDC 00006-4827-00 VARIVAX VACCINE WITH DILUENT |
| NDC 00006-4827-00 VARIVAX VACCINE W | PNEUMOCOCCAL POLYSACCHARIDE VACCINE, 23-VALENT, ADULT OR IMMUNOSUPPRESSED PATIENT DOSAGE, WHEN ADMINISTERED TO INDIVIDUALS 2 YEARS OR OLDER, FOR SUBCUTANEOUS OR INTRAMUSCULAR USE |
| PNEUMOCOCCAL VACCINE | HEPATITIS B VACCINE, ADULT DOSAGE (3 DOSE SCHEDULE), FOR INTRAMUSCULAR USE |
| HEP B VACC ADULT 3 DOSE IM | VISUAL FIELD EXAMINATION, UNILATERAL OR BILATERAL, WITH INTERPRETATION AND REPORT; LIMITED EXAMINATION (EG, TANGENT SCREEN, AUTO PLOT, ARC PERIMETER, OR SINGLE STIMULUS LEVEL AUTOMATED TEST, SUCH AS OCTOPUS 3 OR 7 EQUIVALENT) |
| VISUAL FIELD EXAMINATION(S) | ELECTROCARDIOGRAM, ROUTINE ECG WITH AT LEAST 12 LEADS; WITH INTERPRETATION AND REPORT |
| ELECTROCARDIOGRAM COMPLETE | VITAL CAPACITY, TOTAL (SEPARATE PROCEDURE) |
| VITAL CAPACITY TEST | PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT FOR ACUTE AIRWAY OBSTRUCTION OR FOR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES (EG, WITH AN AEROSOL GENERATOR, NEBULIZER, METERED DOSE INHALER OR INTERMITTENT POSITIVE PRESSURE BREATHING [IPPB] DEVICE) |
| AIRWAY INHALATION TREATMENT | NONINVASIVE EAR OR PULSE OXIMETRY FOR OXYGEN SATURATION; SINGLE DETERMINATION |
| MEASURE BLOOD OXYGEN LEVEL | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED) |
| ELECTRIC STIMULATION THERAPY | APPLICATION OF A MODALITY TO 1 OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES |
| ULTRASOUND THERAPY | THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY |
| THERAPEUTIC EXERCISES | MANUAL THERAPY TECHNIQUES (EG, MOBILIZATION/ MANIPULATION, MANUAL LYMPHATIC DRAINAGE, MANUAL TRACTION), 1 OR MORE REGIONS, EACH 15 MINUTES |
| MANUAL THERAPY | PHYSICAL THERAPY EVALUATION, LOW COMPLEXITY |
| PHYSICAL THERAPY EVAL, LOW | PHYSICAL THERAPY EVALUATION, MODERATE COMPLEXITY |
| PHYSICAL THERAPY EVAL, MODERATE | PHYSICAL THERAPY EVALUATION, HIGH COMPLEXITY |
| PHYSICAL THERAPY EVAL, HIGH | |

OCCUPATIONAL THERAPY EVAL, LOW
OCCUPATIONAL THERAPY EVAL, MOD
OCCUPATIONAL THERAPY EVAL, HIGH
RE-EVAL OF OCCUPATIONAL THERAPY
RAPID UDS Collection

SPECIAL SUPPLIES PHYS/QHP

OFFICE/OUTPATIENT VISIT NEW

OFFICE/OUTPATIENT VISIT EST

pre-employment physical

SLINGS

SPLINTS

GAUZE NON-IMPREG 16 SQ/LESS W/ADHES

LT COMPRS BANDGE ELAST KNITTED/WOVE

BIO METRIC TESTING ADVANCE PACKAGE

EPS-COVID-19 VD SCREENING

Positive F/U RTW clearance

DMV EXAM

DOT PHYSICAL

IMMIGRATION PHYSICAL

CRTCHES UNDARM OTH THAN WOOD PAIR

FIT FOR DUTY EVALUATION

ESTIM 1 GE NOT WND CARE PART TX PLN

INJECTION LIDO HCL IV INFUS 10 MG

CERVICAL FLEXIBLE NONADJUSTABLE

THORACIC RIB BELT

KO IMMOBLIZR CANVAS LNGTHUDNL PRFAB

SURGICAL BOOT/SHOE EACH

WHO EXT CNTRL COCK-UP NONMOLD PRFB

ANKLE CNTRL ORTHOSIS STIRRUP PRFAB

Series of graduated weight lifts

MMVD-VIRTUAL DOCTOR VISIT

Physical Ability Test(PAT)

pre-employment Phys and Drug Screen

CLEARANCE -COVID-19 POSITIVE

PRE-EMPLOYMENT PHYSICAL

COVID-19 RESULT

SMARTBEAT LITE -HEART SCREENING

OCCUPATIONAL THERAPY EVALUATION, LOW COMPLEXITY

OCCUPATIONAL THERAPY EVALUATION, MODERATE COMPLEXITY

OCCUPATIONAL THERAPY EVALUATION, HIGH COMPLEXITY

RE-EVALUATION OF OCCUPATIONAL THERAPY ESTABLISHED PLAN OF CARE

HANDLING AND/OR CONVEYANCE OF SPECIMEN FOR TRANSFER FROM THE OFFICE TO A LABORATORY

SUPPLIES AND MATERIALS (EXCEPT SPECTACLES), PROVIDED BY THE PHYSICIAN OR OTHER QUALIFIED HEALTH CARE PROFESSIONAL OVER AND ABOVE THOSE USUALLY

INCLUDED WITH THE OFFICE VISIT OR OTHER SERVICES RENDERED (LIST DRUGS, TRAYS, SUPPLIES, OR MATERIALS PROVIDED)

OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF A NEW PATIENT: A COMPREHENSIVE HISTORY; A COMPREHENSIVE EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 45 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

OFFICE OR OTHER OUTPATIENT VISIT FOR THE EVALUATION AND MANAGEMENT OF AN ESTABLISHED PATIENT. A DETAILED HISTORY; A DETAILED EXAMINATION; MEDICAL DECISION MAKING OF MODERATE COMPLEXITY. COUNSELING AND/OR COORDINATION OF CARE WITH OTHER PROVIDERS OR AGENCIES ARE PROVIDED CONSISTENT WITH THE NATURE OF THE PROBLEM(S) AND THE PATIENT'S AND/OR FAMILY'S NEEDS. USUALLY, THE PRESENTING PROBLEM(S) ARE OF MODERATE TO HIGH SEVERITY. PHYSICIANS TYPICALLY SPEND 25 MINUTES FACE-TO-FACE WITH THE PATIENT AND/OR FAMILY.

WORK RELATED OR MEDICAL DISABILITY EXAMINATION BY THE TREATING PHYSICIAN THAT INCLUDES: COMPLETION OF A MEDICAL HISTORY COMMENSURATE WITH THE PATIENT'S CONDITION; PERFORMANCE OF AN EXAMINATION COMMENSURATE WITH THE PATIENT'S CONDITION; FORMULATION OF A DIAGNOSIS, ASSESSMENT OF CAPABILITIES AND STABILITY, AND CALCULATION OF IMPAIRMENT; DEVELOPMENT OF FUTURE MEDICAL TREATMENT PLAN; AND COMPLETION OF NECESSARY DOCUMENTATION/CERTIFICATES AND REPORT.

SLINGS

Splint

Gauze, non-impregnated, pad size 16 sq. in. or less, with any size adhesive border, each dressing

Light compression bandage, elastic, knitted/woven, width greater than or equal to five inches, per yard

Advanced package: total cholesterol, HDL, glucose, blood pressure, height, weight, BMI, and body fat percentage (no fasting required)

EPS-COVID-19 VD SCREENING

Positive F/U RTW clearance

DMV EXAM

DOT PHYSICAL

IMM Physical

Crutches, underarm, other than wood, adjustable or fixed, pair, with pads, tips and handgrips

FIT FOR DUTY EVALUATION WITH FORM COMPLETED

Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Injection, lidocaine HCl for intravenous infusion, 10 mg

Cervical, flexible, nonadjustable (foam collar)

Thoracic, rib belt

KO, immobilizer, canvas longitudinal, prefabricated, includes fitting and adjustment

Surgical boot/shoe, each

WHO, wrist extension control cock-up, nonmolded, prefabricated, includes fitting and adjustment

Ankle control orthosis, stirrup style, rigid, includes any type interface (e.g., pneumatic, gel), prefabricated, includes fitting and adjustment

Series of graduated weight lifts under supervision. Typically, not sold alone and is part of a physical exam.

MMVD-VIRTUAL DOCTOR VISIT

Physical Ability Test(PAT)

pre-employment Phys & Drug Screen

CLEARANCE -COVID-19 POSITIVE

PRE-EMPLOYMENT PHYSICAL

COVID-19 RESULT

SMARTBEAT LITE -Cardio Screening