



### CPT/HCPCS Codes that may be Selected as a Principal Procedure

Code	Description	Rationale
10021-69990	Surgical CPT Section	Most codes in section qualify per the definition of principal procedure.
77371-77373	Stereotactic Radiation Tx Delivery	Definitive treatment
77401-77421	Radiation Tx Delivery	Definitive treatment
77422-77423	Neutron Beam Tx Delivery	Definitive treatment
90760, 90765, 90772, 90774, 90779, C8957	Injections and Infusions, excluding Chemotherapy	Frequently used as therapeutic (definitive treatment)
90870	Electroconvulsive Therapy	Definitive treatment
90901-90911	Biofeedback	Definitive treatment
90918-90999	ESRD Services, including Dialysis	Therapeutic procedure, invasive
91000-91299	Gastroenterology (medical)	Diagnostic procedures, some invasive (91105 therapeutic)
92015-92287	Special Ophthalmological Services	Diagnostic in nature, some definitive treatment, some invasive
92502-92700	Special Otorhinolaryngologic Services	Most are diagnostic in nature, 92502 invasive, 92507-92508 therapeutic, 92601-92604 postsurgical adjustments to cochlear implant, 92606 and 92609 therapeutic
92950-92998	Cardiovascular, Therapeutic	Include all codes in range 92950-92998, since they are all therapeutic or invasive
93501-93581	Cardiac Catheterization	Therapeutic or invasive
93600-93662	Intracardiac Electrophysiological Procedures/Studies	Invasive Mostly diagnostic procedures, few definitive (ablation)
96401-96549	Chemotherapy	Definitive Treatment
	Select Temporary Codes	T codes are allowed at the facility's discretion.
G0104	Colorectal cancer screening; flexible sigmoidoscopy	Invasive, but diagnostic
G0105	Colorectal cancer screening; colonoscopy on individual at high risk	Invasive, but diagnostic
G0121	Colorectal cancer screening; colonoscopy on individual not meeting criteria for high risk	Invasive, but diagnostic
G0166	External counterpulsation	Noninvasive therapy for patients in whom bypass surgery or balloon angioplasty has not been successful and has proven safe and effective for treating chronic angina for as long as three years.
G0259	Injection procedure for sacroiliac joint, arthrography	Invasive, definitive treatment
G0267	Bone marrow or peripheral stem cell harvest, modification or	Invasive, definitive treatment

<b>Code</b>	<b>Description</b>	<b>Rationale</b>
	treatment to eliminate cell type(s)	
G0290	Transcatheter placement of a drug eluting intracoronary stent(s), single vessel	Invasive, definitive treatment
G0297-G0300	Insertion of defibrillator, or insertion or repositioning of electrode leads	Invasive, definitive treatment
G0339-G0340	Image guided robotic linear accelerator base stereotactic radiosurgery	Definitive treatment
G0341-G0343	Islet cell transplant, includes portal vein catheterization and infusion	Invasive, definitive treatment
G0364	Bone marrow aspiration performed with bone marrow biopsy through the same incision on the same date of service	Invasive