

		Small En	nployer / Individual	Large Employer		
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0001F	Heart failure assessed (includes assessment of all the following components) (cad)	Х	-	Х	-	
0005F	Osteoarthritis assessed (oa)	Х	-	Х	-	
0012F	Community acquired bacterial pneumonia assessed (cap)	Х	-	Х	-	
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	Х	-	Х	-	
	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	Х	-	Х	-	
	Initial prenatal care visit	Χ	-	Х	_	
	Prenatal flow sheet documented in medical record by first prenatal visit	X	-	X	-	
	Subsequent prenatal care visit	Х	_	Х	-	
	Postpartum care visit2	Х	-	Х	-	
	Hemodialysis plan of care documented (esrd)	Х	-	Х	-	
	Peritoneal dialysis plan of care documented (esrd)	Х	-	Х	-	
	Urinary incontinence plan of care documented (ger)	Х	-	Х	-	
	Elevated blood pressure plan of care documented (ckd)1	Х	-	Х	-	
	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis- stimulating agent (esa) thera	Х	-	Х	-	
0516F	Anemia plan of care documented (esrd)1	Х	-	Х		
	Glaucoma plan of care documented (ec)5	X	_	X	_	
	Falls plan of care documented (ger)5	X	-	X	-	
0519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	X	-	Х	-	
0520F	Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra	Х	-	Х	-	
0521F	Plan of care to address pain documented (onc)1	Х	-	Х	-	
	Initial visit for episode (bkp)2	Х	-	Х	-	
0526F	Subsequent visit for episode (bkp)2	Х	-	Х	-	
	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp)	Х	-	Х	-	
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	_	Х	_	
	Dyspnea management plan of care, documented (pall cr)	X	-	X	-	
	Glucorticoid management plan documented (ra)	X	-	Х	-	
	Plan for follow-up care for major depressive disorder, documented (mdd adol)	X	-	Х	-	
	Cytopath report-nongyn spcmn	X	-	Х	-	
	Cytopath report non-routine	X	-	Х	-	

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0555F	Symptom management plan of care documented (hf)	Х	-	Х	-	
0556F	Plan of care to achieve lipid control documented (cad)	Х	-	Х	-	
0557F	Plan of care to manage anginal symptoms documented (cad)	Х	-	Х	-	
0575F	Hiv rna control plan of care, documented (hiv)	Х	-	Х	-	
0580F	Multidisciplinary care plan	Х	-	Х	-	
0581F	Pt trnsfrd from anesth to cc	Х	-	Х	-	
0582F	No trnsfr from anesth to cc	Х	-	Х	-	
0583F	Transfer care checklist used	Х	-	Х	-	
0584F	No transfer care chklist used	Х	-	Х	-	
1000F	Tobacco use, smoking, assessed1	Х	-	Х	-	
1002F	Anginal symptoms and level of activity assessed (nma - no measure associated)	Х	-	Х	-	
1003F	Level of activity assessed (nma no measure associated)	Х	-	Х	-	
1004F	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	Х	-	Х	-	
1005F	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no	Х	-	Х	-	
1006F	Osteoarthritis symptoms and functional status assessed	Х	-	Х	-	
1007F	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed	Х	-	Х	-	
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids	Х	-	Х	-	
	Severity of angina assessed by level of activity (cad)	Х	-	Х	-	
	Angina present (cad)	Х	-	Х	-	
	Angina absent (cad)	Х	-	Х	-	
	Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at least one of the following:	Х	-	Х	-	
1018F	Dyspnea assessed, not present (copd)	Х	-	Х	_	
	Dyspnea assessed, present (copd)	X	-	X	-	
	Pneumococcus immunization status assessed (cap, copd)	X	_	X	_	
	Co-morbid conditions assessed 9eg, includes assessment for presence or absence of:	Х	-	Х	-	
10205	malignancy, liver disease,	X				
	Influenza immunization status assessed (cap)		-	X	-	
	Smoking status and exposure to second hand smoke in the home assessed (asthma)	X	-	X	-	
	Current tobacco smoker or currently exposed to secondhand smoke (asthma)	X	-	X	-	
	Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)	X	-	X	-	
	Current tobacco smoker (cad, cap, copd, dm, pv)	X	-	X	-	

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1035F	Current smokeless tobacco user (eg chew, snuff)(pv)	Χ	-	Х	-	
1036F	Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd)	Χ	-	Х	-	
1038F	Persistent asthma (mild, moderate or severe)	Х	-	Х	-	
1039F	Intermittent asthma	Χ	-	Х	-	
1040F	Dsm-iv¿ criteria for major depressive disorder documented (mdd)	Χ	-	Х	-	
1050F	History obtained regarding new or changing moles (ml)	Χ	-	Х	-	
052F	Type, anatomic location, and activity all assessed (ibd)	Χ	-	Х	-	
1055F	Visual functional staus assessed (ec)	Χ	-	Х	-	
060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (str)	Χ	-	Х	-	
	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str)	Х	-	Х	-	
1065F	Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)	Х	-	Х	-	
	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str)	Х	-	Х	-	
	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed;	V		. V		
	none present (gerd)	Х	-	Х	-	
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one	Х	_	Х	_	
	or more present (gerd)					
	Presence or absence of urinary incontinence assessed (ger)	Χ	-	Χ	-	
	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger)	Х	-	Х	-	
1100F	Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th	Х	-	Х	-	
101F	Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y	Х	-	Х	-	
110F	Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within	Х	-	Х	-	
111F	Discharge medications reconciled with the current medication list in outpatient medical record (ger)	Х	-	Х	-	
1116F	Auricular or periauricular pain assessed (aoe)	Х	-	Х	-	
	Gerd symptoms assessed after 12 months of therapy (gerd)5	Х	-	Х	-	
	Initial evaluation for condition (hep c)1	Х	-	Х	-	
	Subsequent evaluation for condition (hep c)1	Х	-	Х	-	
123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	Х	-	Х	-	
124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (Х	-	Х	-	

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1125F	Pain severity quantified; pain present (onc)1	Х	-	Х	-	
	Pain severity quantified; no pain present (onc)1	Х	-	Х	-	
1127F	New episode for condition (nma-no measure associated)	Х	-	Х	-	
1128F	Subsequent episode for condition (nma-no measure associated)	Х	-	Х	-	
1130F	Back pain and function assessed, including all of the following: pain assessment and functional	V		V		
	status and patient histo	X	-	X	-	
1134F	Episode of back pain lasting 6 weeks or less (bkp)	Х	-	Х	-	
1135F	Episode of back pain lasting longer than six weeks (bkp)2	Х	-	Х	-	
	Episode of back pain lasting 12 weeks or less (bkp)2	Х	-	Х	-	
1137F	Episode of back pain lasting longer than 12 weeks (bkp)2	Х	-	Х	-	
1150F	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	Х	-	Х	-	
	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	Х	-	Х	-	
1152F	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	Х	-	Х	-	
	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	Х	-	Х	-	
	Advance care plan or similar legal document present in the medical record (coa)	Х	-	Х	-	
	Advance care planning discussion documented in the medical record (coa)	Х	-	Х	-	
	Medication list documented in medical record (coa)	Х	-	Х	-	
1160F	Rvw meds by rx/dr in rcrd	Х	-	Х	-	
	Functional status assessed (coa) (ra)	Х	-	Х	-	
	Functional status for dementia assessed and results reviewed (dem)	Х	-	Х	-	
	All specified thromboembolic risk factors assessed (afib)	Х	-	Х	-	
	Neuropsychiatric symptoms assessed and results reviewed (dem)	Х	-	Х	-	
	Neuropsychiatric symptoms, one or more present (dem)	Х	-	Х	-	
	Neuropsychiatric symptoms, absent (dem)	Х	-	Х	-	
	Seizure type(s) and current seizure frequency(ies) documented (epi)	Х	-	Х	-	
	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	Х	-	Х	-	
	Patient screened for depression (sud)	Х	-	Х	-	
	Prkns diag rviewed	Х	-	Х	-	
	Symptoms improved or remained consistent with treatment goals since last assessment (hf)	Х	_	Х	_	
	Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-	X	_	
	Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-	X	_	
	No qualifying cardiac event/diagnosis in previous 12 months (cad)	X	_	X	_	
	Dementia severity classified, mild (dem)	X	_	X	-	
	Dementia severity classified, moderate (dem)	X	_	X	-	
	Dementia severity classified, severe (dem)	X	_	X	-	
	performance develop number of vicits. Limit depends on plan/provider type	^		, ·		

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Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
1494F	Cognition assessed and reviewed (dem)	Χ	-	Х	-	
1500F	Symptom + sign symm polyneuro	Χ	-	Х	-	
	Not initial eval for cond	Χ	-	Х	-	
1502F	Pt queried pain fxn w/instr	Χ	-	Х	-	
1503F	Pt queried symp resp insufficient	Χ	-	Х	-	
1504F	Pt has resp insufficiency	Χ	-	Х	-	
1505F	Pt has no resp insufficiency	Χ	-	Х	-	
2000F	Blood pressure measured (ckd)(dm)	Χ	-	Х	-	
2001F	Weight recorded (pag)	Χ	-	Х	-	
2002F	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	Χ	-	Х	-	
2004F	Initial examination of the involved joint(s)	Χ	-	Х	-	
2010F	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood	Х		Х		
	pressure)(cap)	^	-	^	-	
2014F	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	Χ	-	Х	-	
2015F	Asthma impairment assessed (asthma)	Χ	-	Х	-	
2016F	Asthma risk assessed (asthma)	Χ	-	Х	-	
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	Χ	-	Х	-	
2019F	Dilated macular exam performed, including documentation of the presence or absence of	Х		V		
	macular thickening or hemmorrhage	^	-	Х	-	
2020F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Χ	-	Х	-	
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	Х	-	Х	-	
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	Х	-	Х	-	
2023F	Dilat rta xm w/o rtnopthy	Х	-	Х	_	
	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	X	-	Х	-	
2025E	F 7 fld rta photo w/o rtnopthy	Х		Х		
	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results					
20201	documented and reviewed	Х	-	Х	-	
2027F	Optic nerve head evaluation performed (ec)	Х	_	Х		
	Foot examination performed (includes examination through visual inspection, sensory exam with					
	monofilament, and pulse	Х	-	Х	-	
	Complete physical skin exam performed (ml)	Χ	-	Χ	-	
2030F	Hydration status documented, normally hydrated (pag)	Χ	-	Χ		

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2031F	Hydration status documented, dehydrated (pag)	Х	-	Х	-	
2033F	Eye img valid w/o rtnopthy	Х	-	Х	-	
2035F	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	Х	-	Х	-	
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-	Х	-	
2044F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	Х	-	Х	-	
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	Х	-	Х	-	
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-	Х	-	
3006F	Chext xray results documented and reviewed (cap)	Х	-	Х	-	
	Body mass index (bmi), documented (pv)	Х	-	Х	-	
3011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-	Х	-	
3014F	Screening mammography results documented and reviewed	Х	_	Х	-	
	Cervical cancer screening results documented and reviewed (pv)	Х	-	Х	-	
	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-	Х	-	
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-	Х	-	
3018F	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (end/polyp)	х	-	Х	-	
3019F	Left ventricular ejection fraction (Ivef) assessment planned post discharge (hf)	Х	-	Х	•	
3020F	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	Х	-	Х	-	
3021F	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular	Х	-	Х	-	
3022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-	Х	-	
3023F	Spirometry results documented and reviewed (copd)	Х	-	Х	-	
		X	-	Х	-	

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027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	-	Х	-	
028F	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood gas	Х	-	Х	-	
035F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	Х	-	Х	-	
	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-	X	-	
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	-	X	-	
	Functional expiratory volume (fev1) <40% of predicted value (copd)	X	-	X	-	
	Functional expiratory volume (fev1) >=40% of predicted value (copd)	X	-	X	-	
	Most recent hemoglobin a1c level <7.0% (dm)	X	-	Х	-	
	Hemoglobin a1c level > 9.0%	X	-	Х	-	
	Most recent IdI-c less than 100 mg/dl (cad) (dm)	X	-	Х	-	
	Most recent IdI-c 100-129 mg/dl (cad) (dm)	X	-	Х	_	
	Most recent Idl-c greater than or equal to 130 mg/dl (cad) (dm)	X	-	Х	_	
	Hg a1c>equal 7.0%<8.0%	X	-	Х	_	
	Hg a1c>equal 8.0%	X	-	Х	-	
	Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)	X	-	Х	-	
	Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)	X	-	Х	-	
	Positive microalbuminuria test result documneted and reviewed (dm)	Х	-	Х	-	
	Negative microalbuminuria test result documented and reviewed (dm)	Х	-	Х	-	
	Positive macroalbuminuria test result documented and reviewed (dm)	Х	-	Х	-	
066F	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	Х	-	Х	-	
072F	Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	Х	-	Х	-	
	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	X	-	Х	-	
074F	Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-	Х	-	
	Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	X	_	X	_	
	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	X	_	X	_	
	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	-	X	_	
	Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	X	-	X	_	
	Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	X	-	X	_	
	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	-	X	_	
	Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-	X	_	
	Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	_	X	_	

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3085F	Suicide risk assessed (mdd)	Х	-	Х	-	
3088F	Major depressive disorder, mild (mdd)	Χ	-	Х	-	
3089F	Major depressive disorder, moderate (mdd)	Χ	-	Х	-	
3090F	Major depressive disorder, severe without psychotic features (mdd)	Χ	-	Х	-	
3091F	Major depressive disorder, severe with psychotic features (mdd)	Χ	-	Х	-	
3092F	Major depressive disorder, in remission (mdd)	Χ	-	Х	-	
	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	Х	-	Х	-	
3095F	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	Х	-	Х	-	
	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	Х	-	Х	-	
3100F	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	Х	-	Х	-	
3110F	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-	Х	-	
3111F	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	Х	-	Х	-	
3112F	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	Х	-	Х	-	
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	Х		Х		
	Heart failure disease specific structured assessment tool completed (hf)	X		X		
	New york heart association (nyha) class documented (hf)	X		X		
	No evaluation of level of activity or clinical symptoms (hf)	X		X		
	12-lead ecg performed (em)	X		X		
	Esoph bx rprt w/dyspl info	X	-	X	-	
	Upper gastrointestinal endoscopy performed (gerd)	X	-	X	-	
	Documentation of referral for upper gastrointestinal endoscopy (gerd)	X	-	X	-	
	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	X	-	X	-	
	Upper gastrointestinal endoscopy report indicates ouspicion of barrett's esophagus (gerd)	X	-	X	-	
	Barium swallow test ordered (gerd)	X	-	X	-	
	Forceps esophageal biopsy performed (gerd)	X	-	X	-	
	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-	Х	-	
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	Х	-	Х	-	
	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-	X	-	
	Barium swallow test not ordered (gerd)	X	_	X	_	
	Definition available test not ordered (gerd)	^		^		

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		Small En	nployer / Individual	Laı	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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3210F	Group a strep test performed (phar)	Х	-	Х	-
3215F	Patient has documented immunity to hepatitis a (hep-c)	Х	-	Х	-
3216F	Patient has documented immunity to hepatitis b (hep-c)	Х	-	Х	-
3218F	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	Х	-	Х	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-	Х	-
	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	-	Х	-
3250F	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	Х	-	Х	-
	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa	Х	-	Х	-
3265F	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-	Х	-
3266F	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-	Х	-
3267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	-	Х	-
	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	Х	-	Х	-
	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-	Х	-
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	Х	-	Х	-
	Low risk of recurrence, prostate cancer (prca)1	Х	-	Х	-
	Intermediate risk of recurrence, prostate cancer (prca)1	Х	-	Х	-
	High risk of recurrence, prostate cancer (prca)1	Х	-	Х	-
	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	Х	-	Х	-
	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	Х	-	Х	-
3279F	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-	Х	-
	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Х	-	Х	-
	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-	Х	-
3284F	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre- intervention level (ec)5	Х	-	Х	-

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Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable		
3285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	Х	-	Х	-		
3288F	Falls risk assessment documented (ger)5	Х	-	Χ	=		
3290F	Patient is d (rh) negative and unsensitized (prenatal)1	Х	-	Χ	-		
3291F	Patient is d (rh) positive or sensitized (prenatal)1	Χ	-	Χ	-		
3292F	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	Х	-	Х	-		
3293F	Abo and rh blood typing documented as performed (pre-cr)	Χ	-	Х	-		
	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-	Х	-		
3300F	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	Х	-	Х	-		
3301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-	Х	-		
3315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-	Х	-		
	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-	Х	-		
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-	Х	-		
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-	Х	-		
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	-	Х	-		
3320F	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	Х	-	Х	-		
3321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-	Х	-		
	Melanoma greater than ajcc stage 0 or ia (ml)	Х	-	Х	-		
	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-	Х	-		
3324F	Mri or ct scan ordered, reviewed or requested (epi)	Х	-	Х	-		
	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	Х	-	Х	-		
3328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Х	-	Х	-		
	Imaging study ordered (bkp)2	Х	-	Х	-		
	Imaging study not ordered (bkp)2	Х	-	Х	-		

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3340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	Х	-	Х	-	
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	Х	-	Х	-	
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Х	-	Х	-	
3343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	Х	-	Х	-	
3344F	Mammogram assessment category of "suspicious," documented (rad)	Х	-	Х	-	
	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Х	-	Х	-	
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	-	Х	-	
	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	Х	-	Х	-	
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-	Х	-	
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	Х	-	Х	-	
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (Х	-	Х	-	
3370F	Ajcc breast cancer stage 0, documented (onc)	Х	-	Х	-	
3372F	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	Х	-	Х	-	
3374F	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-	Х	-	
	Ajcc breast cancer stage ii, documented (onc)	X	-	Х	-	
	Ajcc breast cancer stage iii, documented (onc)	X	-	Х	-	
	Ajcc breast cancer stage iv, documented (onc)	X	-	X	-	
	Ajcc colon cancer, stage 0, documented (onc)	X	-	X	-	
	Ajcc colon cancer, stage i, documented (onc)	X	-	Х	-	
	Ajcc colon cancer, stage ii, documented (onc)	Х	-	Х	-	
	Ajcc colon cancer, stage iii, documented (onc)	Х	-	X	-	
	Ajcc colon cancer, stage iv, documented (onc)	Х	-	X	-	
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х		Х	-	
	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	Х	-	Х	-	

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3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Χ	-	Х	-	
3451F	Dyspnea screened, moderate or severe dyspnea (pall cr)	Χ	-	Х	-	
3452F	Dyspnea not screened (pall cr)	Χ	-	Х	-	
3455F	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra (ra)	Х	-	Х	-	
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-	Х	_	
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	Х	-	Х	-	
	Rheumatoid arthritis (ra) disease activity, high (ra)	X	-	X	_	
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	Х	-	X	-	
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	Х	-	Х	-	
	History of aids-defining condition (hiv)	Х	-	Х	-	
	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	Х	-	Х	-	
	History of nadir cd4+ cell count <350 cells/mm (hiv)	Х	-	Х	-	
	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	Х	-	Х	-	
3494F	Cd4+ cell count <200 cells/mm (hiv)	Х	-	Х	-	
	Cd4+ cell count 200 - 499 cells/mm (hiv)	Х	-	Х	-	
3496F	Cd4+ cell count >=500 cells/mm (hiv)	Х	-	Х	-	
	Cd4+ cell percentage <15% (hiv)	Х	-	Х	-	
	Cd4+ cell percentage >=15% (hiv)	Х	-	Х	-	
3500F	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	Х	-	Х	-	
	Hiv rna viral load below limits of quantification (hiv)	Х	-	Х	-	
3503F	Hiv rna viral load not below limits of quantification (hiv)	Х	-	Х	-	
3510F	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	Χ	-	Х	-	
3511F	Chlamydia and gonorrhea screenings documented as performed (hiv)	Х	-	Х	-	
3512F	Syphilis screening documented as performed (hiv)	Х	-	Х	-	
	Hepatitis b screening documented as performed (hiv)	Х	-	Х	-	
3514F	Hepatitis c screening documented as performed (hiv)	Х	-	Х	-	
	Patient has documented immunity to hepatitis c (hiv)	Х	-	Х	-	
3517F	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a	V		V		
	first course of anti-tnf (tumor necrosis factor) therapy (ibd)	Х	-	X	-	
3520F	Clostridium difficile testing performed (ibd)	Х	-	Х	-	
	Low risk for thromboembolism (afib)	Х	-	Х	-	
	Intermediate risk for thromboembolism (afib)	Х	-	Х	-	
	High risk for thromboembolism (afib)	Х	-	Х	-	
	Patient had international normalized ratio (inr) measurement performed (afib)	Х	-	Х	-	

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3570F	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	Х	-	Х	-		
3572F	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	-	Х	-		
3573F	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	-	Х	-		
	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	Х	-	Х	-		
3700F	Psych disorders assessed	Х	-	Х	-		
3720F	Cognit impairment assessed	Х	-	Х	-		
3725F	Screening for depression performed (dem)	Х	-	Х	-		
	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	Х	-	Х	-		
3751F	Electrodiag polyneuro6mon	Х	-	Х	-		
	No electrodiag polyneuro6mon	Х	_	Х	_		
	Pt has symp plus signs neuropathy	Х	_	Х	_		
	Screening tests dm done	Х	_	Х	_		
	Cog and behav imprmnt scrng done	Х	_	Х	_		
	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	_	Х	_		
	Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	-	Х	-		
	Pt ref pulmon fx test with peak flow	Х	_	Х	_		
	Pt scrn dysphag /wt loss/nutrition	Х	_	Х	_		
	Pt w/ dysphag /wt loss/nutr	Х	-	Х	-		
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	Х	-	Х	-		
	Patient is dysarthric	Х	-	Х	-		
	Patient is not dysarthric	Х	-	Х	-		
	Adenoma detected screening	Х	-	Х	-		
	Adenoma not detect screening	Х	-	Х	-		
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	Х	-	Х	-		
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	Х	-	Х	-		
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	Х	-	Х	-		
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-	Х	-		
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-	Х	-		
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	X	_	X			

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4010F	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	Х	-	Х	-	
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-	Х	-	
4012F	Warfarin therapy prescribed (nma-no measure associated)	Х	-	Х	-	
	Statin therapy prescribed or currently being taken (cad)	Х	-	Х	-	
	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	Х	-	Х	-	
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio	Х	-	Х	-	
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc medication(s)]	Х	-	Х	-	
4017F	Gastrointestinal prophylaxis for nsaid use prescribed	Х	-	Х	-	
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	Х	-	Х	-	
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot	Х	-	Х	-	
4025F	Inhaled bronchodilator prescribed (copd)	Х	-	Х	-	
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	Х	-	Х	-	
	Pulmonary rehabilitation exercise training recommended (copd)	Х	-	Х	-	
	Influenza immunization recommended (copd)(ibd)	Х	-	Х	-	
4037F	Influenza immunization ordered or administered (copd, pv)	Х	-	Х	-	
4040F	Pneumococcal vaccine administer or previously received (copd) (pv)	Χ	-	Χ	-	
4041F	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Χ	-	Χ	-	
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	Х	-	Х	-	
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Х	-	Х	-	
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	Х	-	Х	-	
4045F	Appropriate empiric antibio0	Х	-	Х	-	
	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	Х	-	X	-	
	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroguinolone or vancom	Х	-	Х	-	

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	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	Х	-	Х	-
	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	Х	-	Х	-
	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	X	-	X	_
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	Х	-	X	_
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	-	Х	_
	Hemodialysis via catheter (esrd)	X	-	X	-
	Patient receiving peritoneal dialysis (esrd)	Х	-	Х	_
	Appropriate oral rehydration solution recommended (pag)	X	-	X	_
	Pediatric gastroenteritis education provided to caregiver (pag)	Х	-	Х	-
	Psychotherapy services provided (mdd)	Х	-	Х	-
	Patient referral for psychotherapy documented (mdd)	Х	-	Х	-
	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Х	-	Х	-
	Antidepressant pharmacotherapy prescribed (mdd)	Х	-	Х	-
	Antipsychotic pharmacotherapy prescribed (mdd)	Х	-	Х	-
	Electroconvulsive therapy (ect) provided (mdd)	Х	-	Х	-
	Patient referral for electroconvulsive therapy (ect) documented (mdd)	Х	-	Х	-
	Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-	Х	-
	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	-	Х	-
	Oral antiplatelet therapy prescribed at discharge (str)	Х	-	Х	-
	Anticoagulant therapy prescribed at discharge (str)	Х	-	Х	-
	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	Х	-	Х	-
	Documentation that rehabilitation services were considered (str)	Х	-	Х	-
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-	Х	-
	Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-	Х	-
	Patient receiving erythropoietin therapy (hem)	X	-	X	_
	Patient not receiving erythropoietin therapy (hem)	X	-	X	_
	Bisphosphonate therapy, intravenous, ordered or received (hem)	X	-	X	-
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	Х	-	X	-
	Beta blocker administered within 24 hours prior to surgical incision (cabg)	Х	-	Х	-
	Antibiotic prescribed or dispensed (uri, phar)	X	-	X	_

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4124F	Antibiotic neither prescribed nor dispensed (uri, phar)	Х	-	Х	-
	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	Χ	ı	Χ	-
4131F	Systemic antimicrobial therapy prescribed (aoe)	Х	-	Х	=
4132F	Systemic antimicrobial therapy not prescribed (aoe)	Х	-	Χ	=
4133F	Antihistamines or decongestants prescribed or recommended (ome)	Х	-	Χ	=
4134F	Antihistamines or decongestants neither prescribed nor recommended (ome)	Х	-	Х	-
4135F	Systemic corticosteroids prescribed (ome)	Х	-	Х	-
	Systemic corticosteroids not prescribed (ome)	Χ	-	Х	-
4140F	Inhaled corticosteroids prescribed (asthma)	Х	-	Х	=
4142F	Corticosteroid sparing therapy prescribed (ibd)	Х	-	Х	-
4144F	Alternative long-term control medication prescribed (asthma)	Х	-	Х	-
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	Χ	-	Х	-
4148F	Hepatitis a vaccine injection administered or previously received (hep-c)	Χ	-	Х	-
4149F	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Х	-	Х	-
	Patient receiving antiviral treatment for hepatitis c (hep-c)	Χ	-	Х	-
	Patient not receiving antiviral treatment for hepatitis c (hep-c)	Х	-	Х	-
4153F	Combination peginterferon and ribavirin therapy prescribed (hep-c)	Χ	-	Х	-
4155F	Hepatitis a vaccine series previously received (hep-c)	Χ	-	Х	-
	Hepatitis b vaccine series previously received (hep-c)	Х	-	Х	-
	Patient counseled about risks of alcohol use (hep-c)	Х	-	Х	-
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	Х	-	Х	-
	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-	Х	-
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-	Х	-
4165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-	Х	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	_	Х	-
	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24				
	hours or less (crit)1	Х	-	Х	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-	Х	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-	Х	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	_	X	

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4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-	Х	-	
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-	Х	-	
4176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-	Х	-	
4177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-	Х	-	
4178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Χ	-	Х	-	
4179F	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Χ	-	Х	-	
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-	Х	-	
4181F	Conformal radiation therapy received (onc)1	Х	-	Х	-	
	Conformal radiation therapy not received (onc)1	Х	-	Х	-	
	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Х	-	Х	-	
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	Х	-	Х	-	
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	_	Х	-	
	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-	Х	-	
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-	Х	-	
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	Χ	-	Х	-	
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	Χ	-	Х	-	
4192F	Patient not receiving glucocorticoid therapy (ra)	Χ	-	Х	-	
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	Х	-	Х	-	
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	Х	-	Х	-	
4195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-	Х	-	
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-	Х	-	
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-	Х	-	

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Decision Pease rote that coverage may very by plan bye and may not bloke the library of the plan bye and may not bloke the library by plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan by the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the library of the plan bye and may not bloke the setting of the plan bye and may not bloke the plan bye and the plan bye and may not bloke the plan bye and the plan bye and the plan bye and may not bloke the plan bye and may not bloke the plan bye and the plan by and the plan bye and th			Small Employer / Individual Large Employer					
dougs, or specially medications and should be directed to the Pharmary link cyticn within the website. 4201F External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient 4216P Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2 4220F Digoxin medication therapy for 6 months or more (mm)2 4221F Diuritic medication therapy for 6 months or more (mm)2 4230F Anticonvulsant medication therapy for 6 months or more (mm)2 4240F Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las 4242F Counseling for supervised exercise program provided to patients during episode of back pain las 4242F Patient counseled during the initial visit to maintain or resume normal activities (bkp)2 4245F Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 4256F Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) 4266F Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) 4266F Undown surface culture technique used (cwc) 4266F Undown surface culture technique used (cwc) 4266F Undown surface culture technique used (cwc) 4266F Use of wet to dry dressings neither prescribed or recommended (cwc) 4266F Use of wet to dry dressings neither prescribed or recommended (cwc) 4266F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) 4266F Patient receiving potent antiretroviral therapy for 6 months or not receiving potent antiretroviral therapy for 6 months or not receiving potent antiretroviral therapy for 6 months or not receiving potent antiretroviral therapy for 8 months or not receiving potent antiretroviral therapy for 8 months or not receiving potent antiretroviral therapy for 8 months or not	Codes	Description						
prostate cancer patient 4210F Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2 4220F Digoxin medication therapy for 6 months or more (mm)2 4221F Diuretic medication therapy for 6 months or more (mm)2 4230F Anticonvulsant medication therapy for 6 months or more (mm)2 4240F Instruction in therapy tick exercise with follow-up by the physician provided to patients during episode of back pain las 4240F Counseling for supervised exercise program provided to patients during episode of back pain las 4242F Patient counseled during the initial visit to maintain or resume normal activities (bkp)2 4248F Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2 4248F Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2 4250F Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal 4256F Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) 4260F Wound surface culture technique used (cwc) 4260F Wound surface culture technique used (cwc) 4260F Use of wet to dry dressings prescribed or recommended (cwc) 4260F Use of wet to dry dressings prescribed or recommended (cwc) 4260F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) 4260F Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) 4270F Patient receiving potent antiretroviral therapy for 6 months or not receiving potent 4270F Potent antiretroviral therapy for seconds or not received (hiv) 4270F Potent antiretroviral therapy for seconds or not received (hiv) 4270F Potent antiretroviral therapy for seconds or not received (hiv) 4270F Potent antiretroviral therapy for seconds or not received (hiv) 4270F Potent antiretroviral t	Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable		
for 6 months or more (mm)2 #220F Digoxin medication therapy for 6 months or more (mm)2 #221F Digoxin medication therapy for 6 months or more (mm)2 #221F Diluretic medication therapy for 6 months or more (mm)2 #221F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy for 6 months or more (mm)2 #222F Diluretic medication therapy prescribed or recommended (cwc) #222F Diluretic medication therapy prescribed or recommended (cwc) #222F Diluretic medication therapy prescribed or recommended (cwc) #222F Diluretic medication therapy prescribed or previously months or longer (hiv) #222F Diluretic medication regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) #222F Diluretic method of officading (pressure relief) prescribed (cwc) #222F Diluretic method of officading (pressure relief) prescribed (cwc) #222F Diluretic method of officading (pressure relief) prescribed (cwc) #222F Diluretic method of officading (pr	4201F	· · · · · · · · · · · · · · · · · · ·	Х	-	Х	-		
A221F Diuretic medication therapy for 6 months or more (mm)2	4210F		Х	-	Х	-		
Auticonvulsant medication therapy for 6 months or more (mm)2	4220F	Digoxin medication therapy for 6 months or more (mm)2	Х	-	Χ	-		
Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las August	4221F	Diuretic medication therapy for 6 months or more (mm)2	Х	-	Χ	-		
episode of back pain las 4242F Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks 4245F Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	4230F	Anticonvulsant medication therapy for 6 months or more (mm)2	Х	-	Χ	-		
lasting longer than 12 weeks 4245F Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	4240F	· · · · · · · · · · · · · · · · · · ·	Х	-	Х	-		
A248F Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (lokp)2 Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal X	4242F		Х	-	Х	-		
Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (lokp)2 Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal X	4245F		Х	-	Х	-		
Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal		Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4	Х	-	Х	-		
A255F Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) X	4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least	Х	-	Х	-		
4256F Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit) X	4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the	Х	-	Х	-		
4260F Wound surface culture technique used (cwc)	4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the	Х	-	Х	-		
4261F Tech other than surfc cultr	4260F		Х	-	Χ	-		
4265F Use of wet to dry dressings prescribed or recommended (cwc)			Х	-	Х	-		
4266F Use of wet to dry dressings neither prescribed nor recommended (cwc) X - X - 4267F Compression therapy prescribed (cwc) X - X - 4268F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) X - X - 4269F Appropriate method of offloading (pressure relief) prescribed (cwc) X - X - 4270F Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) X - X - 4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h X - X - 4274F Influenza immunization administered or previously received (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X	4265F	Use of wet to dry dressings prescribed or recommended (cwc)	Х	-		-		
4267F Compression therapy prescribed (cwc) X - X - 4268F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) X - X - 4269F Appropriate method of offloading (pressure relief) prescribed (cwc) X - X - 4270F Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) X - X - 4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h X - X - 4274F Influenza immunization administered or previously received (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X -			Х	-	Х	-		
4268F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) X - X - - - - - - -			Х	-	Х	-		
4269FAppropriate method of offloading (pressure relief) prescribed (cwc)X-X-4270FPatient receiving potent antiretroviral therapy for 6 months or longer (hiv)X-X-4271FPatient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (hX-X-4274FInfluenza immunization administered or previously received (hiv)X-X-4276FPotent antiretroviral therapy prescribed (hiv)X-X-		Patient education regarding the need for long term compression therapy including interval	Х	-	Х	-		
4270F Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) X - X - 4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h X - X - 4274F Influenza immunization administered or previously received (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X -	4269F		X	_	Х	_		
4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h X - X - 4274F Influenza immunization administered or previously received (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X -				_		_		
4274F Influenza immunization administered or previously received (hiv) X - X - 4276F Potent antiretroviral therapy prescribed (hiv) X - X -		Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent		-		-		
4276F Potent antiretroviral therapy prescribed (hiv) X - X -	4274F	, , ,	X		X	_		
				_		_		
			X	-	X	_		

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		Small En	rge Employer		
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4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	Х	-	Х	-
4290F	Patient screened for injection drug use (hiv)	Х	-	Х	-
4293F	Patient screened for high-risk sexual behavior (hiv)	Х	-	Х	-
4300F	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Χ	-	Χ	-
	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-	Х	-
	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-	Х	-
4306F	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-	Х	-
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-	Х	-
4322F	Caregiver provided with education and referred to additional resources for support (dem)	Х	-	Х	_
	Pt queried prkns complic	Х	-	Х	_
	Med txmnt options rvwd w/pt	Х	-	Х	_
	Pt asked re symp auto dysfxn	Х	-	Х	_
	Pt asked re sleep disturb	Х	-	Х	_
	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	Х	-	Х	_
	Counseling for women of childbearing potential with epilepsy (epi)	Х	-	Х	-
	Counseling provided on symptom management, end of life decisions, and palliation (dem)	Х	-	Х	-
	Rehab thxpy options w/pt	Х	-	Х	-
	Self-care education provided to patient (hf)	Х	-	Х	-
	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Х	-	Х	-
	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	Х	-	Х	-
	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	Х	-	Х	-
	Referred to an outpatient cardiac rehabilitation program (cad)	Х	-	Х	-
	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	Х	-	Х	-
	Neuropsychiatric intervention ordered (dem)	Х	-	Х	-
	Neuropsychiatric intervention received (dem)	Х	-	Х	-
	Disease modified pharmacothxpy	Х	-	Х	-
	Pt offered tx for pseudobulb	Х	-	Х	-
	Noninvas resp support talk	Х	-	Х	-
	Nutritional support offered	Х	-	Х	-
	Pt ref for speech lang path	Х	-	Х	-
	Pt asst re end life issues	Х	-	Х	-

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4554F	Pt recvd inhal anesthetic	Х	-	Х	-	
4555F	Pt recvd no inhal anesthic	Х	-	Х	-	
4556F	Ptw/3+ post-op nausea and vommiting	Х	-	Х	-	
4557F	Pt w/o 3+ pot-op nausea and vommiting	Х	-	Х	-	
4558F	Pt recvd 2 rx anti-emetagnts	Х	-	Х	-	
4559F	1 bodytemp >=35.5 cw/in 30 mins	Х	-	Х	-	
4560F	Anesth w/o general or neurax anesth	Х	-	Х	-	
4561F	Pt w/ cornonary artery stent	Х	-	Х	-	
4562F	Patient does not have coronary artery stent	Х	-	Х	-	
4563F	Pt recvd aspirin w/in 24 hours	Х	-	Х	-	
5005F	Patient counseled on self - examination for new or changing moles (ml)	Х	-	Х	-	
5010F	Findings of dilated macular or fundus exam communicated to the physician managing the	Х		Х		
	diabetes care (ec)	^	-	^	-	
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste	Х	-	Х	-	
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	Х	-	Х	-	
5050F	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Х	-	Х	-	
5060F	Findings from diagnostic mammogram communicated to practice managing patient¿s on-going care within 3 business days of e	Х	-	Х	-	
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	Х	-	Х	-	
5100F	Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	Х	-	Х	-	
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	Х	-	Х	-	
5250F	Asthma discharge plan present (asthma)	Х	-	Х	-	
	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-	X	-	
	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	-	X	-	
6015F	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Х	_	Х	-	
	Npo (nothing by mouth) ordered (str)	X	_	X	-	
6030F	All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a	Х	-	Х	-	

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	Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen	Х	-	Х	-
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	Х	-	Х	-
6070F	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	Χ	-	Х	-
6080F	Pt/caregiver queried falls	Х	-	Х	-
6090F	Pt/caregiver counsel safety	Х	-	Х	-
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	Х	-	Х	-
6101F	Safety counsel dementia prov	Х	-	Х	-
6102F	Safety counsel dementia ord	Х	-	Х	-
6110F	Counsel risks driving and alternatives	Χ	-	Х	-
6150F	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Х	-	Х	-
	Patient information entered into a recall system that includes: target date for the next exam specified and a process to	Х	-	Х	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	Х	-	Х	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	Х	-	Х	-
	Immunohisto antibod add slid	Х	-	Х	-
9002F	Aortic aneurysm 5-5.4cm diam	Х	-	Х	-
	Aortic anrysm5.5-5.9cm diam	Χ	-	Х	-
	Aortic anrysm 6/> cm diam	Χ	-	Х	-
9005F	Asympt carot/vrtbrbas sten	Χ	-	Х	-
9006F	Sympt sten-tia/strk<120days	Χ	-	Х	-
9007F	Other carot sten 120 days/>	Χ	-	Х	-
0002M	Liver disease, 10 biochem assays	Χ	-	Х	-
0003M	Liver disease, 10 biochem assays	Χ	-	Х	-
0004M	Scoliosis dna alys	Х	-	Х	-
0006M	Onc hep gene risk classifier	Х	-	Х	-
	Onc gastro 51 gene nomogram	Х	-	Х	-
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	Х	-	Χ
	Onc mrna 5 genes ur alg risk urothelial cancer	Х	-	Х	-
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	Х	-	Х	-

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0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using Immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Х	-	Х	-
0015M	Adrnl cortcl tum bchm asy 25	Х	-	Х	-
	Onc bladder mrna 219 gen alg	Х	-	Х	-
	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	х	-	Х	-
0018M	Trnsplj rnl meas cd154+cll	Х	-	Х	-
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	Х	-	Х	-
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	Х	-	Х	-
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic	Х	-	Х	-
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on ct/mri images	Х	-	Х	-
0071T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-
0072T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-	Х	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-	Х	-
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	Х	-	Х	-
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-	Х	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	Х	-	Х	-	
0109T	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	Х	-	Х	-	
0110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	-	Х	-	
0163T	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х	-	Х	
0174T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-	Х	-	
0175T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-	Х	-	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-	Х	-	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-	Х	-	
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	Х	-	Х	-	
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-	Х	-	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	
0219T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	

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	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0221T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	Х	-	
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	-	Х	-	
0263T	Im autol b1 mrw cel ther 1 leg compl incl hrvst	Х	-	Х	-	
	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	Х	-	Х	-	
	Im autol b1 mrw cel ther uni/bi hrvst only	Х	-	Х	-	
	Impltj/rplcmt crtd sns brorflx actv dev tot sys	Х	-	Х	-	
0267T	Impltj/rplcmt crtd sns brorflx actv dev lead uni	Х	-	Х	-	
	Impltj/rplcmt crtd sns brorflx actv dev pls gen	Х	-	Х	-	
	Rev/remvl crtd sns brorflx actv dev tot sys	Х	-	Х	-	
	Rev/remvl crtd sns brorflx actv dev lead uni	Х	-	Х	-	
0271T	Rev/remvl crtd sns brorflx actv dev pls gen	Х	-	Х	-	
	Interrogation eval crtd sns brorflx actv sys	Х	-	Х	-	
	Interrogation eval crtd sns brorflx w/progrmg	Х	-	Х	-	
	Perg lamot/lam any meth single/mlt lvl crv/thrc	Х	-	Х	-	
	Perg lamot/lam any meth single/mlt lvl lumbar	Х	-	Х	-	
	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	Х	-	Х	-	
0308T	Insertion of ocular telescope prothesis including removal of crystalline lens	Х	-	Х	-	
	Laps impltj nstim vagus	Х	-	Х	-	
	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator	Х	-	Х	ı	
0314T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator	Х	-	Х	-	
0315T	Rmvl vagus nerve pls gen	Х	_	Х	-	
	Replc vagus nerve pls gen	X	-	X	-	
	Elec analysis vagus nerve pls gen	X	_	X	-	
	Mntr io press 24hrs/> uni/bi	X	_	X	-	
	Tear film img uni/bi w/i&r	X	_	X	_	
	Heart symp image plnr	X	_	X	_	
	Heart symp image plnr spect	X	-	X	_	
	Visual ep acuity screen auto	X	_	X	_	
	peeded after certain number of visits. Limit depends on plan/provider type					

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0338T	Trnscth renal symp denry unl	Х	-	Х	-	
0339T	Trnscth renal symp denry bil	Х	-	Х	-	
0347T	Ins bone device for rsa	Χ	-	Х	-	
0348T	Rsa spine exam	Χ	-	Х	-	
0349T	Rsa upper extr exam	Χ	-	Х	-	
0350T	Rsa lower extr exam	Χ	-	Χ	-	
0351T	Intraop oct brst/node spec	Χ	-	Χ	-	
0352T	Oct brst/node i&r per spec	Х	-	Х	-	
0353T	Intraop oct breast cavity	Χ	-	Х	-	
0354T	Oct breast surg cavity i&r	Х	-	Х	-	
0358T	Bia whole body	Х	-	Х	-	
	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic	.,		,,		
	dosimetry, when performed	Х	-	X	-	
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction,					
	includes basic dosimetry, when performed	Х	-	Х	-	
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list					
	separately in addition to code for primary procedure)	Х	-	Х	-	
0398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic			.,		
	ablation lesion, intracranial for movement disorder including stereotactic navigation	Х	-	Х	-	
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized	.,				
	diabetes prevention program curriculum, provided to individuals in a group setting	Х	-	-	-	
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including					
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	X	-	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including	.,		.,		
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including	.,		.,		
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including					
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	X	-	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Х	-	Х	-	
	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or					
	ventricular)	Х	-	Х	-	
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator	,,		, , , ,		
	only	Х	-	Х	-	

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		Small En	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Х	-	Х	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Χ	-	Х	-
	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Х	-	Х	-
	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	Х	-	Х	-
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Х	-	Х	-
	Myocrd contrast prfuj echo	Χ	-	Х	-
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Х	-	Х	-
	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Х	-	Х	-
	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Х	-	Х	-
	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	-	Х	-
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Х	-	Х	-
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including retraining, and removal of existing insert, unilateral or bilateral	Х	-	Х	-
	Crtj subq insj impltbl glucose sensor sys	Х	-	Х	-
	Rmvl impltbl glucose sensor subq pocket via inc	Χ	-	Х	-
0448T	Rmvl insj impltbl gluc sensor dif anatomic site	Χ	_	Х	-
0464T	Visual ep testing for glaucoma w/interpj & reprt	Χ	_	Х	-
0470T	Oct skn img acquisj i&r 1st	Χ	_	Х	-
0471T	Oct skn img acquisj i&r addl	Х	-	Х	-
0472T	Prgrmg io rta eltrd ra	Х	-	Х	•
0473T	Reprgrmg io rta eltrd ra	Χ	-	Х	-
	Insj aqueous drg dev io rsvr	Χ	-	Х	-
	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	-	X	-	Х
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	-	Х	-	Х
	Oct middle ear with i&r unilateral	Х	-	Х	-
	Oct middle ear with i&r bilateral	X	-	X	-

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		Small En	nployer / Individual	Laı	ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0488T	Diabetes prev online/electronic prgrm pr 30 days	Х	-	Х	-
0489T	Autol regn cell tx scleroderma hands	Х	-	Χ	-
0490T	Autol regn cell tx scldr mlt inj one or both hands	Х	-	Х	-
0510T	Removal of sinus tarsi implant	Χ	-	Χ	-
0511T	Removal and reinsertion of sinus tarsi implant	Х	-	Х	-
0512T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Х	-	Х	-
0513T	Esw integ wnd hlg ea addl	Χ	-	Х	-
	Ev cath dir chem abltj w/img	Χ	-	Х	-
0537T	Chimeric antigen receptor t-cell (car-t) therapy; harvesting of blood-derived t lymphocytes for development of genetically modified autologous car-t cells, per day	Х	-	Х	-
0538T	Chimeric antigen receptor t-cell (car-t) therapy; preparation of blood-derived t lymphocytes for transportation (eg, cryopreservation, storage)	Х	-	Х	-
0539T	Chimeric antigen receptor t-cell (car-t) therapy; receipt and preparation of car-t cells for administration	Х	-	Х	-
0540T	Chimeric antigen receptor t-cell (car-t) therapy; car-t cell administration, autologous	Х	_	Х	-
	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	X	-	X	-
0544T		Х	-	Х	-
0545T		Х	-	Х	-
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Х	-	Х	-
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Х	-	Х	-
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Х	-	Х	-
0555T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Х	-	Х	-

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral					
,	density, utilizing data from a computed tomography scan; assessment of bone strength and	Х	-	Х	-	
	fracture risk and bone mineral density					
0557T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral	V		V		
	density, utilizing data from a computed tomography scan; interpretation and report	X	-	X	-	
0558T	Computed tomography scan taken for the purpose of biomechanical computed tomography	V		V		
	analysis	X	-	X	-	
0559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed	V		V		
	component of an anatomic structure	X	-	X	-	
0560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and					
	processed component of an anatomic structure (list separately in addition to code for primary	Х	-	Х	-	
	procedure)					
0561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-	Х	-	
	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide	.,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
	(list separately in addition to code for primary procedure)	X	-	X	-	
	Evac meibomian glnd heat bi	Х	-	Х	-	
	Onc chemo rx cytotox csc 14	Х	-	Х	-	
0565T	Autol cell implt adps hrvg	Х	-	Х	-	
0566T	Autol cell implt adps njx	Х	-	Х	_	
0569T	Ttvr perq appr 1st prosth	Х	-	Х	-	
0570T	Ttvr perq ea addl prosth	Х	-	Х	-	
0584T	Perq islet cell transplant	Х	-	Х	_	
0585T	Laps islet cell transplant	Х	-	Х	_	
0586T	Open islet cell transplant	Х	-	Х	-	
0591T	Hlth&wb coaching indiv 1st	Х	-	Х	-	
0592T	Hlth&wb coaching indiv f-up	Х	-	Х	-	
0593T	Hlth&wb coaching group	Х	-	Х	-	
0594T	Osteot hum xtrnl lngth dev	Χ	-	Х	_	
0596T	Temp fml iu vlv-pmp 1st insj	Χ	-	Х	-	
0597T	Temp fml iu valve-pmp rplcmt	Х	-	Х	_	
0598T	Ncntc r-t fluor wnd img 1st	Х	-	Х	-	
0599T	Ncntc r-t fluor wnd img ea	Х	-	Х	-	
	Ire abltj 1+tum organ perq	Х	-	Х	-	
	Ire abltj 1+tumors open	Х	-	Х	-	
	Transdermal gfr measurements	Х	-	Х	-	

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Security		Small En	nployer / Individual	Large Employer		
Page Place note that occurage may vary by glan type and may not follow the literal carvious. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunications, rejectable rugs, or specially remoilations and abroad be directed to the Pharmacy link option within the website. Page	Codes Description	Not	Preauthorization	Not	Preauthorization	
Comparison Com		Covered	Required	Covered	Required	
19604T Rem oct rta dev setup&educaj	Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	y, these coding lists	do not reflect information	regarding immu	unizations, injectable	
19604T Rem oct rta dev setup&educaj	0603T Transdermal gfr monitoring	Х	-	Х	-	
Rem cot rta phys/qhp ea 30d	0604T Rem oct rta dev setup&educaj	Х	-	Х	-	
Decoration Dec	0605T Rem oct rta techl sprt min 8		-		-	
No.	0606T Rem oct rta phys/ghp ea 30d	X	-	Χ	-	
Mrs disc pain acquisj data	0607T Rem mntr pulm flu mntr setup	X	-	Χ	-	
Mrs disc pain transmis data	0608T Rem mntr pulm flu mntr alys	X	-	Χ	-	
Ministry	0609T Mrs disc pain acquisj data	Х	-	Χ	-	
Mrs discogenic pain i&r	0610T Mrs disc pain transmis data	Х	-	Χ	-	
Def 13T Perq total intratri septi sht X	0611T Mrs disc pain alg alys data	Х	-	Х	-	
De15T Eye mvmt alys w/o calbrj i&r	0612T Mrs discogenic pain i&r	Х	-	Х	-	
De21T Trabeculostomy interno laser	0613T Perq tcat intratrl septl sht	Х	-	Х	-	
Dec22T Trabeculostomy int Isr w/scp	0615T Eye mvmt alys w/o calbrj i&r	Х	-	Х	-	
Auto quantification c plaque	0621T Trabeculostomy interno laser	Х	-	Χ	-	
Dec24T	0622T Trabeculostomy int lsr w/scp	Х	-	Χ	-	
Auto quan c plaq cptr alys	0623T Auto quantification c plaque	Х	-	Χ	-	
December Auto quan c plaq i&r	0624T Auto quan c plaq data prep	Х	-	Χ	-	
Dec Perq njx algc fluor lmbr 1st X	0625T Auto quan c plaq cptr alys	Х	-	Χ	-	
December Perq njx algc fluor Imbr ea X	0626T Auto quan c plaq i&r	Х	-	Х	-	
December 1 Perq njx algo ct Imbr 1st	0627T Perq njx algc fluor Imbr 1st	Х	-	Χ	-	
Degraphy algo ct Imbr ea	0628T Perq njx algc fluor Imbr ea	Х	-	Χ	-	
Defast Perq to tat us abltj nrv p-art	0629T Perq njx algc ct lmbr 1st	Х	-	Χ	-	
0633T Ct breast w/3d uni c 0634T Ct breast w/3d uni c+ 0635T Ct breast w/3d uni c-/c+ 0635T Ct breast w/3d uni c-/c+ 0636T Ct breast w/3d bi c 0637T Ct breast w/3d bi c+ 0637T Ct breast w/3d bi c+ 0638T Ct breast w/3d bi c-/c+ 0639T Wrls skn snr anisotropy meas 0640T Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, 0643T Transcatheter left ventricular restoration device implantation including right and left heart	0630T Perq njx algc ct lmbr ea	Х	-	Х	-	
Ct breast w/3d uni c+ Ct breast w/3d uni c-/c+ Ct breast w/3d bi c Ct breast w/3d bi c- Ct breast w/3d bi c- Ct breast w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C Concept w/3d bi c-/c+ X - C X - C X - C X - C X - C X - C Concept w/3d bi c-/c+ X - C X -	0632T Perq tcat us abltj nrv p-art	Х	-	Х	-	
Ct breast w/3d uni c-/c+ Ct breast w/3d bi c Ct breast w/3d bi c Ct breast w/3d bi c+ Ct breast w/3d bi c- Ct breast w/3d bi c- Ct breast w/3d bi c- Ct breast w/3d bi c-/c+ X - X - C Concept a conc	0633T Ct breast w/3d uni c	Х	-	Х	-	
Ct breast w/3d bi c	0634T Ct breast w/3d uni c+	Х	-	Х	-	
Ct breast w/3d bi c+ 0638T Ct breast w/3d bi c-/c+ X - X	0635T Ct breast w/3d uni c-/c+	Х	-	Х	-	
Ct breast w/3d bi c-/c+ 0639T Vrls skn snr anisotropy meas Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart	0636T Ct breast w/3d bi c	Х	-	Х	-	
Wrls skn snr anisotropy meas Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart	0637T Ct breast w/3d bi c+	Х	-	Х	-	
Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart	0638T Ct breast w/3d bi c-/c+	Х	-	Χ	-	
deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart	0639T Wrls skn snr anisotropy meas	X	-	Х	-	
interpretation and report, each flap or wound Transcatheter left ventricular restoration device implantation including right and left heart	0640T Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of					
0643T Transcatheter left ventricular restoration device implantation including right and left heart		X	-	Х	-	
	0643T Transcatheter left ventricular restoration device implantation including right and left heart					
יו און און און און און און און און און או	catheterization and left ventriculography when performed, arterial approach	X	-	X	-	

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		Small En	nployer / Individual	Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	х	-	Х	-
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Х	-	Х	-
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Х	-	Х	-
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Х	-	Х	-
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Х	-	Х	-
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Х	-	Х	-
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-	Х	-
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	Х	-	Х	-
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-	Х	-
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Х	-	Х	ı
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Х	-	Х	-
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Х	-	Х	-
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-	Х	-
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Х	-	Х	-
0662T	Scalp cooling, mechanical; initial measurement and calibration of cap	Х	-	Χ	•
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	-	Х	-
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Χ	-	Χ	-
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Х	-	X	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Х	-	Х	-

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Decimine Places and that coverage may very by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunications, injectable dauge, or specialty medications and should be directed to the Pharmacy list, option within the weballet. Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor Cadaver or living donor Cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vain(s) and uterine artery(ies), as necessary Cadaver or living donor uterus allograft prior to transplantation; X			Small En	nployer / Individual	Large Employer		
drugs, or specially medications and should be directed to the Pharmary like option within the website. Common	Codes	Description				Preauthorization Required	
cadaver or living donor			ese coding lists	do not reflect information	regarding imm	unizations, injectable	
transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary venous anastomosis, each 3	0667T		Х	-	Х	-	
venous anastomosis, each	0668T	transplantation, including dissection and removal of surrounding soft tissues and preparation of	Х	-	Х	-	
arterial anastomosis, each	0669T		Х	-	Х	-	
0673T Laps insj nw/rpcmt prin isdss X - X - 0674T Laps insj nw/rpcmt prin isdss X - X - 0676T Laps insj nw/rpcmt isdss ea X - X - 0676T Laps insj nw/rpcmt isdss ea X - X - 0677T Laps repos lead isdss 1st ld X - X - 0679T Laps repos lead isdss ea add X - X - 0679T Laps rmvl lead isdss X - X - 1 Laps rmvl lead isdss X - X - X - X - X - - C680T Laps rmvl lead isdss X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X -	0670T		Х	-	Х	-	
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0007		Quan mr tis wo mri mlt orgn	Х	-	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual			Large Employer		
Codes	Description	Not	Preauthorization	Not	Preauthorization		
		Covered	Required	Covered	Required		
	te that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the edications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable		
	mr tiss w/mri mlt orgn	Х	-	Х	-		
	fluor img sus nev 1st	Х	-	Х	-		
	fluor img sus nev ea	X	_	X	-		
	k amblyopia setup&edu	Х	_	Х	-		
	k amblyopia tech sprt	Х	-	Х	-		
	c amblyopia i&r phy/qhp	Х	-	Х	_		
	sub mtrl sbchdrl dfct	Х	-	Х	_		
	mmntx prep & 1st njx	Х	-	Х	_		
	mmntx each addl nix	Х	-	Х	-		
0710T N-invas	,	Х	-	Х	-		
	artl plag alys dat prp	Х	-	Х	-		
	arti plaq alys quan	Х	1	Х	-		
	artl plaq alys rvw i&r	Х	1	Х	-		
	sr ablt b9 prst8 hypr	Х	-	Х	-		
	ous wavfrm rec cad rsk	Х	-	Х	-		
0717T Adrc the	ner prtl rc tear	Х	-	Х	-		
0718T Adrc th	ner prtl rc tear njx	Х	-	Х	-		
	jt rplcmt lmbr 1 sgm	Х	-	Х	-		
0720T Prq elc	c nrv stim cn wo implt	Х	-	Х	-		
0721T Quan c	ct tiss charac w/o ct	Х	-	Х	-		
0722T Quan c	ct tiss charac w/ct	Х	-	Х	-		
0723T Qmrcp	w/o dx mri sm anat ses	Х	-	Х	-		
0724T Qmrcp	w/dx mri same anatomy	Х	-	Х	-		
0725T Vestibu	ular dev impltj uni	Х	-	Х	_		
0726T Rmvl in	mplt vstibular dev uni	Х	-	Х	_		
0727T Rmvl&r	rplcmt implt vstblr dev	Х	-	Х	-		
0728T Dx alys	s vstblr implt uni 1st	Х	-	Х	-		
0729T Dx alys	s vstblr implt uni sbq	Х	-	Х	-		
0730T Trabec	culotomy lsr w/oct gdn	Х	-	Х	-		
0731T Augmn	nt ai-based fcl phnt a/r	Χ	-	Χ	-		
0732T Immntx	x admn electroporatn im	Χ	-	Χ	-		
0733T Rem bo	dy&lmb knmtc ther sply	Х	-	Х	-		
0734T Rem bo	dy&lmb knmtc tx mgmt	Х	-	Х	-		
0736T Colonic	c lavage 35+l water	Χ	-	Χ	-		
0737T Xenogr	raft impltj artclr surf	Х	-	Χ	-		

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (mri) examination	Х	-	Х	ı	
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and intraprocedural temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle activation	Х	-	Х	-	
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	Х	-	Х	-	
0741T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	Х	-	Х	-	
0742T	Absolute quantitation of myocardial blood flow (aqmbf), single-photon emission computed tomography (spect), with exercise or pharmacologic stress, and at rest, when performed (list separately in addition to code for primary procedure)	Х	-	Х	-	
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral density and classification of any vertebral fractures, with overall fracture risk assessment, interpretation and report	х	-	х	-	
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester, eptfe, bovine pericardium), when performed	Х	-	Х	-	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Х	-	Х	-	
0749T	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report;	Х	-	Х	-	
0750T	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report; with single-view digital x-ray examination of the hand taken for the purpose of dxr-bmd	х	-	х	-	

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		Small En	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0751T	Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-
0752T	Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-
0753T	Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-
0754T	Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-
0755T	Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-
0756T	Digitization of glass microscope slides for special stain, including interpretation and report, group i, for microorganisms (eg, acid fast, methenamine silver) (list separately in addition to code for primary procedure)	Х	-	Х	-
0757T	Digitization of glass microscope slides for special stain, including interpretation and report, group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (list separately in addition to code for primary procedure)	Х	-	Х	-
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (list separately in addition to code for primary procedure)	Х	-	Х	-
0759T	Digitization of glass microscope slides for special stain, including interpretation and report, group iii, for enzyme constituents (list separately in addition to code for primary procedure)	Х	-	Х	-
0760T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (list separately in addition to code for primary procedure)	Х	-	Х	-
0761T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (list separately in addition to code for primary procedure)	Х	-	Х	-
0762T	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (list separately in addition to code for primary procedure)	Х	-	Х	-
0763T	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (list separately in addition to code for primary procedure)	х	-	Х	-

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			nployer / Individual	Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.		•		
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low- ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (list separately in addition to code for primary procedure)	Х	-	х	-
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	Х	-	х	-
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Х	-	Х	-
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (list separately in addition to code for primary procedure)	х	-	х	-
0770T	Virtual reality technology to assist therapy (list separately in addition to code for primary procedure)	Х	-	Х	-
0771T	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	х	-	х	-
0772T	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service)	х	-	х	-
0773T	Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Х	-	х	-

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0774T	Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older each additional 15 minutes intraservice time (list separately in addition to code for primary service	х	-	x	-	
0776T	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [scat5]), 30 minutes of treatment	х	-	Х	-	
0777T	Real-time pressure-sensing epidural guidance system (list separately in addition to code for primary procedure)	Х	-	Х	-	
0778T	Surface mechanomyography (smmg) with concurrent application of inertial measurement unit (imu) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	Х	-	Х	-	
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Х	-	Х	-	
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	Х	-	Х	-	
	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	х	-	х	-	
0782T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	Х	-	Х	-	
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Х	-	Х	-	
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Х	-	Х	-	
0785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Χ	-	Χ	=	
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Х	-	Х	-	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Х	-	Х		
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Х	-	Х	-	
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)	-	Х	-	Х	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Х	-	Х	-	
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	Х	-	Х	-	
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	Х	-	Х	-	
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	Х	-	Х	-	
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or equal to 50 mL	Х	-	Х	-	
0868T	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	Х	-	Х	-	
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Х	-	Х	-	
0878T		Х	-	Х	-	
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Х	-	Х	-	
0880T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Х	-	Х	-	
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	Х	-	Х	-	

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	Description		nployer / Individual	Large Employer	
Codes			Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve				
	regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	Х	-	Х	-
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-	Х	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	Х	-	Х	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI—guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Х	-	Х	-
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-	Х	-
0892T	Accelerated, repetitive high-dose functional connectivity MRI—guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Х	-	Х	-
0898T	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image- guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	Х	-	Х	-
0001U	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х	-	Х
	Onc clrct quan 3 ur metabolites alg adnmts plp	Χ	-	X	-
	Onc ovarian assay 5 proteins serum alg scor	Х	-	X	-
	Onco prst8 3 gene ur alg	-	Χ	-	X
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in	Х	-	Х	-
U8000	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	Х	-	Х	-
0009U	Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting	Х	-	Х	-
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Х	-	Х	-
0011U	Prescription drug monitoring, evaluation of drugs present by lc-ms/ms, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service inclu	Х	-	Х	-

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Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation		Х		Х
	sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	^	-	^
0013U	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-	_	Х	_	Х
	generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	_	^	_	^
0014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-	- _	X	_	X
	generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	_	^	_	^
0018U	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle	_	Х	_	Х
	aspirate, algorithm reported as a positive or negative result for moderate to	_	^	_	^
0019U	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin	_	Х	_	Х
	embedded tissue or fresh frozen tissue, predictive algorithm reported as potential	_	^	_	^
0021U	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-	Х	_	X	_
	ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow	^	-	^	•
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis,	Х		Х	
	23 genes, interrogation for sequence variants and rearrangements, reported as pr	^	-		•
0024U	Glyca nuc mr spectroscopy quantitative	Χ	-	Χ	•
0025U	Tenofovir liq chrom tandem mass spect ur quan	Χ	-	Χ	•
0026U	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	Χ	-	Χ
0029U	Rx metab advrs rx rxn & rspse trgt seq alys	-	Χ	-	Χ
	Rx metab warfarin rx response trgt seq alys	-	Χ	-	Χ
0032U	Comt gene analysis c.472g>a variant	-	Χ	-	Χ
	Htr2a htr2c gene analysis common variants	-	Χ	-	Χ
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced	Х		Х	
	conformational conversion, qualitative	^	-	^	•
0036U	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and		Х		Х
	normal specimen, sequence analyses	-	^	-	^
0037U	Trgt gen seq alys sld orgn neo dna 324 genes	-	Χ	-	Χ
0038U	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Х	-	Х	-
0039U	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	Х	-	Х	-
0040U	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint,		V		V
	quantitative	-	Х		X
0045U	Onc brst dux carc is mrna 12 genes alg rsk scor	-	Х	-	Х
	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd)		V		V
	variants, quantitative	-	Χ		X
0047U	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х	-	Х
	Onc sld org neo dna 468 cancer associated genes	_	Х	-	Х

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194		Х		Х	
	genes, interrogation for sequence variants, copy number variants or rearrangements	-	^	_	^	
0052U	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	Χ	-	Х	-	
0053U	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Х	-	Х	-	
0054U	Rx mntr 14+ class drugs & sbsts capillary blood	Х	-	Х	-	
	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	-	Х	-	Х	
0056U	Hem aml dna gene rearrangement blood/bone marrow	-	Х	-	Х	
	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative	Х	-	Х	-	
0059U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative	Х	-	Х	-	
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	Х	-	Х	-	
0061U	Tc meas 5 biomarkers w/sfdi multi-spectral alys	Х	-	Х	-	
	Cyp2d6 gen com&slct rar vrnt	-	Х	-	Х	
	Cyp2d6 full gene sequence	-	Х	-	Х	
	Cyp2d6 gen cyp2d6-2d7 hybrid	-	Χ	-	Х	
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	Х	-	Х	
0074U	Cyp2d6 nonduplicated gene	-	Χ	-	X	
0075U	Cyp2d6 5' gene dup/mlt	-	Х	-	Х	
0076U	Cyp2d6 3' gene dup/mlt	-	Х	-	Х	
0078U	Pain mgt opi use gnotyp pnl	Χ	-	Х	-	
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	-	Х	-	Х	
U0800	Onc Ing 5 clin rsk factr alg	Χ	-	Х	-	
0082U	Rx test def 90+ rx/sbsts ur	Х	-	Х	-	
0083U	Onc rspse chemo cntrst tomog	Χ	-	Х	-	
	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Х	-	Х	-	
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rrna fish, 6 or more organism targets, reported as positive or negative with phenotypi	Х	-	Х	-	
	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	Х	-	Х	

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		Small Employer / Individual		La	rge Employer
Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
U8800	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	Х	-	Х
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	Х	-	Х	-
0090U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit	Х	-	Х	-
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive o	Х	-	Х	-
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Х	-	Х	-
0093U	Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug reported detected or not detected	Х	-	Х	-
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	Х	-	Х
0095U	Inflammation (eosinophilic esophagitis), elisa analysis of eotaxin-3 (ccl26 [c-c motif chemokine ligand 26]) and major basic protein (prg2 [proteoglycan 2, pro eosinophil majo	Х	-	Х	-
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c.	Х	-	Х	-
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	Х	-	Х
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	Х	-	Х
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	-	Х	-	Х
0105U	Neph ckd mult eclia tum nec	Х	-	Х	-
0107U	C diff tox ag detcj ia stool	Х	1	Χ	1
	Gi barrett esoph 9 prtn bmrk	Χ	ı	Χ	ı
	Id aspergillus dna 4 species	Χ	-	Х	-
	Rx mntr 1+oral onc rx&sbsts	Χ	-	Х	-
	ladi 16s&18s rrna genes	X	-	Х	-
	Onc prst8 pca3&tmprss2- erg	-	X	-	X
	Gi barretts esoph vim&ccna1	-	X	-	X
	Respir iadna 18 viral&2 bact	X	-	Х	-
	Rx mntr nzm ia 35+oral flu	X	-	Х	-
	Pain mgmt 11 endogenous anal	Х	-	X	-

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	Small En	nployer / Individual	Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	ed quarterly. Additionally, these coding lists	do not reflect information	regarding immu	unizations, injectable	
			1		
0118U Trnsplj don-drv cll-fr dna	-	X	-	X	
0119U Crd ceramides liq chrom plsm	X	-	Х	-	
0120U Onc b cll lymphm mrna 58 gen	-	Χ	-	X	
0121U Sc dis vcam-1 whole blood	X	-	X	-	
0122U Sc dis p-selectin whl blood	X	-	Х	-	
0123U Mchnl fragility rbc prflg	X	-	Х	-	
0129U Hered brst ca rltd do panel	-	X	-	X	
0130U Hered colon ca do mrna pnl	-	X	-	X	
0131U Hered brst ca rltd do pnl 13	-	Χ	-	X	
0132U Hered ova ca rltd do pnl 17	-	X	-	X	
0133U Hered prst8 ca rltd do 11	-	Χ	-	Χ	
0134U Hered pan ca mrna pnl 18 gen	-	Χ	-	Χ	
0135U Hered gyn ca mrna pnl 12 gen	-	Χ	-	Χ	
0136U Atm mrna seq alys	-	Χ	-	Χ	
0137U Palb2 mrna seq alys	-	Χ	-	Χ	
0138U Brca1 brca2 mrna seq alys	-	Χ	-	Χ	
0140U Nfct ds fungi dna 15 trgt	X	-	Х	-	
0141U Nfct ds bact&fng gram pos	X	-	Х	-	
0142U Nfct ds bact&fng gram neg	X	-	Χ	-	
0143U Drug assay 120+ rx/metablt	X	-	Χ	-	
0144U Drug assay 160+ rx/metablt	X	-	Х	-	
0145U Drug assay 65+ rx/metablt	X	-	Х	-	
0146U Drug assay 80+ rx/metablt	X	-	Х	-	
0147U Drug assay 85+ rx/metablt	X	-	Х	-	
0148U Drug assay 100+ rx/metablt	X	-	Х	-	
0149U Drug assay 60+ rx/metablt	X	-	Х	-	
0150U Drug assay 120+ rx/metablt	X	-	Х	-	
0152U Nfct bct fng prst dna >1000	X	_	Х	-	
0153U Onc breast mrna 101 genes	-	Х	-	Х	
0154U Fgfr3 gene analysis	_	X	_	X	
0155U Pik3ca gene analysis	-	X	-	X	
0156U Copy number sequence alys	X	-	Х	-	
0157U Apc mrna seq alys		Х	-	X	
0158U Mlh1 mrna seq alys		X	_	X	
0159U Msh2 mrna seq alys		X		X	
*Preauth needed after certain number of visits. Limit depends on plan/provider type	<u> </u>	^		^	

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	Small Er	nployer / Individual	Large Employer	
odes Description	Not	Preauthorization	Not	Preauthorization
	Covered	Required	Covered	Required
claimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. gs, or specialty medications and should be directed to the Pharmacy link option within the website.	Additionally, these coding lists	do not reflect information	regarding immu	unizations, injectable
160U Msh6 mrna seq alys		X		X
161U Pms2 mrna seq alys	-	X	-	X
162U Hered colon ca trgt mrna pnl	-	X	- 1	X
163U Onc circt scr 3 prtn alg	X	-	X	^
164U Gi ibs ia anticdtb&vinculin	X		X	-
165U Peanut allg spec asmt 64 epi	X	-	X	-
166U Liver ds 10 biochem asy srm	X	<u> </u>	X	<u> </u>
168U FtI aneuploidy dna seq alys	^	X	^	X
170U Neuro asd rna next gen seq	X	^	X	^
1710 Trgt gen seq alys pnl dna 23		X	^	X
1770 Trigit gent seq aliys prit dria 23 172U Onc sld tum alys brca1 brca2		X	-	X
173U Psyc gen alys panel 14 genes	X	-	X	^
1730 Psyc gen alys paner 14 genes 174U Onc solid tumor 30 prtn trgt	X		X	<u> </u>
175U Psyc gen alys panel 15 genes	X		X	
176U Cdtb&vinculin igg antb ia	X	_	X	
177U Onc brst ca dna pik3ca 11		X	_	X
1770 One bist ca dria picoca 11 178U Peanut allg asmt epi clin rx	X		X	
1790 Onc nonsm cll Ing ca alys 23		X		X
180U Abo gnotyp abo 7 exons	X		X	^_
181U Co gnotyp agp1 exon 1	X	<u>-</u>	X	
182U Crom gnotyp cd55 exons 1-10	X		X	<u>_</u>
183U Di gnotyp slc4a1 exon 19	X		X	
184U Do gnotyp art4 exon 2	X		X	<u> </u>
185U Fut1 gnotyp fut1 exon 4	X	_	X	
186U Fut2 gnotyp fut2 exon 2	X	_	X	
187U Fy gnotyp ackr1 exons 1-2	X	-	X	
188U Ge gnotyp gypc exons 1-4	X	_	X	
189U Gypa gnotyp ntrns 1 5 exon 2	X	_	X	_
190U Gypb gnotyp ntrns 1 5 seux 3	X	_	X	_
191U In gnotyp cd44 exons 2 3 6	X	_	X	_
192U Jk gnotyp slc14a1 exon 9	X	_	X	_
193U Jr gnotyp abcg2 exons 2-26	X	_	X	
194U Kel gnotyp kel exon 8	X	_	X	
195U KIf1 targeted sequencing	X	_	X	
196U Lu gnotyp bcam exon 3	X	_	X	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Er	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	unizations, injectable	
<u> </u>	pecialty medications and should be directed to the Pharmacy link option within the website.					
	Lw gnotyp icam4 exon 1	Х	-	Х	-	
	Rhd&rhce gntyp rhd1-10&rhce5	Х	-	Х	-	
	Sc gnotyp ermap exons 4 12	Х	-	Х	-	
	Xk gnotyp xk exons 1-3	Χ	-	Χ	-	
	Yt gnotyp ache exon 2	Х	-	Χ	-	
	Ai ibd mrna xprsn prfl 17	Х	-	Χ	-	
	Onc thyr mrna xprsn alys 593	-	X	-	X	
	Oph amd alys 3 gene variants	Х	-	Х	-	
	Neuro alzheimer cell aggregj	Х	-	Х	-	
	Neuro alzheimer quan imaging	Х	-	Х	-	
	Cytog const alys interrog	-	X	-	X	
	Syphilis tst antb ia quan	Х	-	Х	-	
0211U	Onc pan-tum dna&rna gnrj seq	-	Χ	-	Χ	
0212U	Rare ds gen dna alys proband	-	Χ	-	Χ	
0213U	Rare ds gen dna alys ea comp	-	Χ	-	Χ	
0214U	Rare ds xom dna alys proband	-	Χ	-	Χ	
0215U	Rare ds xom dna alys ea comp	-	Χ	-	Χ	
0216U	Neuro inh ataxia dna 12 com	-	Χ	-	Χ	
0217U	Neuro inh ataxia dna 51 gene	-	X	-	Χ	
0218U	Neuro musc dys dmd seq alys	-	X	-	Χ	
0219U	Nfct agt hiv gnrj seq alys	Χ	1	Х	-	
0220U	Onc brst ca ai assmt 12 feat	Χ	1	Х	-	
0221U	Abo gnotyp next gnrj seq abo	Χ	1	Х	-	
0222U	Rhd&rhce gntyp next gnrj seq	Χ	1	Х	-	
0227U	Rx asy prsmv 30+rx/metablt	Χ	1	Х	-	
0228U	Onc prst8 ma molec prfl alg	Χ	-	Х	-	
0229U	Bcat1 promoter mthyltn alys	Х	-	Х	-	
0230U	Ar full sequence analysis	-	X	-	Χ	
0231U	Cacna1a full gene analysis	-	Х	-	Х	
0232U	Cstb full gene analysis	-	Х	-	Х	
0233U	Fxn gene analysis	-	Х	-	Х	
0235U	Pten full gene analysis	-	Х	-	Х	
0237U	Car ion chnlpthy gen seq pnl	-	Х	_	Х	
0239U	Trgt gen seq alys pnl 311+	-	Х	-	Х	

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		Small Employer / Individual		Large Employer	
Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	-	Х	-	Х
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	х	-	Х	-
0244U	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	Х	-	Х	-
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	Х	-	Х
	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Х	-	Х	-
	Obstetrics (preterm birth), insulin-like growth factor—binding protein 4 (ibp4), sex hormone—binding globulin (shbg), quantitative measurement by lc-ms/ms, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	Х	-	Х	-
0248U	Onc brn sphrd cll 12 rx pnl	Х	-	Х	-
	Onc brst alys 32 phsprtn alg	Х	-	Х	-
	Onc sld org neo dna 505 gene	-	Χ	-	Х
0251U	Hepcidin-25 elisa serum/plsm	Χ	-	Х	-
0252U	Ftl aneuploidy str alys dna	-	Х	-	Х
0253U	Rprdtve med rna gen prfl 238	-	Х	-	Х
0254U	Reprdtve med alys 24 chrmsm	-	Χ	-	Χ
0255U	Andrology infertility assmt	Χ	-	Χ	1
0256U	Tma/tmao prfl ms/ms ur alg	Χ	-	Χ	•
	Vlcad leuk nzm actv whl bld	Χ	-	Χ	•
	Ai psor mrna 50-100 gen alg	Х	-	Х	-
	Neph ckd nuc mrs meas gfr	X	-	Х	-
	Rare ds id opt genome mapg	-	X	-	X
	Onc clrct ca img alys w/ai	Х	-	Χ	-
	Onc sld tum rtpcr 7 gen	-	X	-	X
0263U	Neuro asd meas 16 c metblt	X	-	Χ	-

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	Small Employer / Individua		al Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These code drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	s are updated quarterly. Additionally, these coding lists	do not reflect information	regarding immu	ınizations, injectable	
		V	1		
0264U Rare ds id opt genome mapg	-	X	-	X	
0265U Rar do whl gn&mtcdrl dna als	-	X	-	X	
0266U Unxpl cnst hrtbl do gn xprsn	-	X	-	X	
0267U Rare do id opt gen mapg&seq	-	X	-	X	
0268U Hem ahus gen seq alys 15 gen	-	X	-	X	
0269U Hem aut dm cgen trmbctpna 14	-	Х	-	X	
0270U Hem cgen coagj do 20 genes	-	Х	-	X	
0271U Hem cgen neutropenia 23 gen	-	Х	-	X	
0272U Hem genetic bld do 51 genes	-	X	-	Χ	
0273U Hem gen hyprfibrnlysis 8 gen	-	Х	-	Χ	
0274U Hem gen pltlt do 43 genes	-	Χ	-	Χ	
0275U Hem heprn nduc trmbctpna srm	X	-	Χ	-	
0276U Hem inh thrombocytopenia 23	-	Χ	-	Χ	
0277U Hem gen pltlt funcj do 31	-	X	-	Χ	
0278U Hem gen thrombosis 12 genes	-	X	-	Χ	
0279U Hem vw factor&clgn iii bndg	X	-	Х	-	
0280U Hem vw factor&clgn iv bndg	X	-	Х	-	
0281U Hem vwd propeptide ag lvl	X	-	Х	-	
0282U Rbc dna gntyp 12 bld grp gen	X	-	Χ	-	
0283U Vw factor type 2b eval plsm	X	-	Χ	-	
0284U Vw factor type 2n eval plsm	X	-	Χ	-	
0285U Onc rsps radj cll fr dna tox	-	Х	-	Χ	
0287U Onc thyr dna&mrna 112 genes	-	Χ	-	Χ	
0288U Onc lung mrna quan pcr 11&3	-	X	-	Х	
0289U Neuro alzheimer mrna 24 gen	X	-	Х	-	
0290U Pain mgmt mrna gen xprsn 36	X	-	Х	-	
0291U Psyc mood do mrna 144 genes	X	-	Х	-	
0292U Psyc strs do mrna 72 genes	X	-	X	-	
0293U Psyc suicidal idea mrna 54	X	-	Х	-	
0294U Lngvty&mrtlty rsk mrna 18gen	X	-	X	_	
0295U Onc brst dux carc 7 proteins	X	-	X	_	
0296U Onc orl&/orop ca 20 mlc feat	-	Х	-	Х	
0297U Onc pan tum whi gen seq dna	-	X	_	X	
0298U Onc pan tum whi trns seq rna	-	X	-	X	
0299U Onc pan tum whi gen opt mapg		X	_	X	
Preauth needed after certain number of visits. Limit depends on plan/provider type			1	/\	

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	Small E	mployer / Individual	Large Employer	
Codes Description	Not	Preauthorization	Not	Preauthorization
	Covered	Required	Covered	Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. Thes drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	e codes are updated quarterly. Additionally, these coding lists	s do not reflect information	regarding immu	unizations, injectable
<u></u>		T v	1 1	
0300U Onc pan tum whl gen seq&opt	-	X	-	X
0301U Adna bartonella ddpcr	X	-	X	-
0302U Adna brtnla ddpcr flwg liq	X	-	X	_
0303U Hem rbc ads whl bld hypoxic	X	-	Х	-
0304U Hem rbc ads whl bld normoxic	X	-	Х	-
0305U Hem rbc fnclty&dfrm shr strs	X	-	Χ	-
0306U Onc mrd nxt-gnrj alys 1st	-	Х	-	X
0307U Onc mrd nxt-gnrj alys sbsq	<u>-</u>	X	-	X
0308U Crd cad alys 3 prtn plsm alg	X	-	Х	-
0309U Crd cv ds aly 4 prtn plm alg	X	-	X	-
0310U Ped vsclts kd alys 3 bmrks	X	-	Χ	-
0311U Nfct ds bct quan antmcrb sc	X	-	Х	-
0312U Ai ds sle alys 8 igg autoant	X	-	Х	-
0313U Onc pncrs dna&mrna seq 74	-	X	-	Χ
0314U Onc cutan mlnma mrna 35 gene	X	-	Х	-
0315U Onc cutan sq cll ca mrna 40	X	-	Х	-
0316U B brgdrferi lyme ds ospa evl	X	-	Х	-
0317U Onc lung ca 4-prb fish assay	-	Х	-	Х
0318U Ped whl gen mthyltn alys 50+	-	X	-	Х
0319U Neph rna pretrnspl perph bld	-	X	-	Х
0320U Neph rna psttrnspl perph bld	-	Х	-	Х
0321U ladna gu pthgn 20bct&fng org	X	-	Х	-
0322U Neuro asd meas 14 acyl carn	X	-	Х	-
0323U ladna cns pthgn next gen seq	X	-	Х	-
0324U Onc ovar sphrd cell 4 rx pnl	X	-	Х	-
0325U Onc ovar sphrd cell parp	X	-	Х	-
0326U Trgt gen seq alys pnl 83+	-	Х	-	Х
0328U Drug assay 120+ rx&metablt	X	-	Х	-
0329U Onc neo xome&trns seg alys	-	Х	-	Х
0330U ladna vag pthgn panel 27 org	X	-	Х	-
0331U Onc hI neo opt gen mapping	-	Х	-	Х
0332U Onc pan tum gen prflg 8 dna	-	X	- 1	X
0333U Onc Ivr surveilanc hcc cfdna	_	X	- 1	X
0334U Onc sld orgn tgsa dna 84/+		X	_	X
0335U Rare ds whl gen seq fetal		X	_	X
Preauth needed after certain number of visits. Limit depends on plan/provider type				

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		Small Employer / Individual Large Emp			rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0336U	Rare ds whl gen seq bld/slv	-	Х	-	Х
0337U	Onc plsm cell do & myeloma id	Х	-	Х	-
0338U	Onc sld tum crcg tum cl slct	Χ	_	Х	_
0339U	Onc prst8 mrna hoxc6 & dlx1	Х	-	Х	-
0340U	Onc pan ca alys mrd plasma	-	Х	-	Х
0341U	Ftl aneup dna seq cmpr alys	-	Χ	-	Χ
0342U	Onc pncrtc ca mult ia eclia	Χ	-	Х	-
0343U	Onc prst8 xom aly 442 sncrna	Χ	-	Х	-
0344U	Hep nafld semiq evl 28 lipid	Χ	-	Х	-
0345U	Psyc genom alys pnl 15 gen	Х	-	Х	-
0346U	Beta amyl aβ40 & aβ42 lc-ms/ms	Х	-	Х	-
0347U	Rx metab/pcx dna 16 gen alys	Х	-	Х	-
0348U	Rx metab/pcx dna 25 gen alys	Х	-	Х	-
0349U	Rx metab/pcx dna 27gen rx ia	Х	-	Х	-
	Rx metab/pcx dna 27 gen alys	Х	-	Х	-
	Nfct ds bct/viral trail ip10	Х	-	Х	-
0354U	Hpv hi rsk qual mrna e6/e7	Х	-	Х	-
	Apol1 (apolipoprotein I1) (eg, chronic kidney disease), risk variants (g1, g2)	Х	-	Х	-
0356U	Oncology (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell-free dna, algorithm reported as a prognostic risk score for cancer recurrence	Х	-	Х	-
	Oncology (melanoma), artificial intelligence (ai)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Х	-	х	-
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	Х	-	х	-
	Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Х	-	Х	-
	Oncology (lung), enzyme-linked immunosorbent assay (elisa) of 7 autoantibodies (p53, ny-eso-1, cage, gbu4-5, sox2, mage a4, and hud), plasma, algorithm reported as a categorical result for risk of malignancy	Х	-	Х	-
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Χ	<u> </u>	Χ	<u> </u>

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture—enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes	-	Х	-	Х	
0363U	Oncology (urothelial), mrna, geneexpression profiling by real-time quantitative pcr of 5 genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	-	Х	-	X	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (pcr) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (mrd) with quantitation of disease burden, when appropriate	Х	-	Х	-	
0365U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Х	-	Х	-	
0366U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	х	-	Х	-	
0367U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Х	-	Х	-	
0368U	Oncology (colorectal cancer), evaluation for mutations of apc, braf, ctnnb1, kras, nras, pik3ca, smad4, and tp53, and methylation markers (myo1g, kcnq5, c9orf50, fli1, clip4, znf132 and twist1), multiplex quantitative polymerase chain reaction (qpcr), circulating cell-free dna (cfdna), plasma, report of risk score for advanced adenoma or colorectal cancer	Х	-	х	-	
0369U	Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	Х	-	х	-	
0370U	Infectious agent detection by nucleic acid (dna and rna), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique, wound swab	х	-	Х	-	
0371U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine	Х	-	Х	-	

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	<u></u>	Small En	nployer / Individual	Laı	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Х	-	Х	-
0373U	Infectious agent detection by nucleic acid (dna and rna), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	Х	-	Х	-
0374U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	Х	-	Х	-
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein a-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	х	-	х	-
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancerspecific mortality, includes predictive algorithm to androgen deprivationtherapy response, if appropriate	Х	-	Х	-
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (nmr) spectrometry with report of a lipoprotein profile (including 23 variables)	Х	-	Х	-
0378U	Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat-primed pcr, blood, saliva, or buccal swab	Х	-	Х	-
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, dna (523 genes) and rna (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	х	-	х	-
0380U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and cyp2d6 deletion or duplication analysis with reported genotype and phenotype	Х	-	Х	-
0381U	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of alloisoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (lcms/ms)	х	-	х	-
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	х	-	х	-

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0383U	Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-	Х	-	
0384U	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (lcms/ms) and hba1c and estimated glomerular filtration rate (gfr), with risk score reported for predictive progression to high-stage kidney disease	х	-	Х	-	
0385U	Nephrology (chronic kidney disease), apolipoprotein a4 (apoa4), cd5 antigen-like (cd5l), and insulin-like growth factor binding protein 3 (igfbp3) by enzyme-linked immunoassay (elisa), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (gfr) and clinical data reported as a risk score for developing diabetic kidney disease	Х	-	Х	-	
0386U	Gastroenterology (barrett's esophagus), p16, runx3, hpp1, and fbn1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Х	-	Х	-	
0387U	Oncology (melanoma), autophagy and beclin 1 regulator 1 (ambra1) and loricrin (amlo) by immunohistochemistry, formalinfixed paraffin-embedded (ffpe) tissue, report for risk of progression	Х	-	Х	-	
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Х	-	Х	-	
0389U	Pediatric febrile illness (kawasaki disease [kd]), interferon alphainducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcemp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd	Х	-	Х	-	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (kdr), endoglin (eng), and retinolbinding protein 4 (rbp4), by immunoassay, serum, algorithm reported as a risk score	Х	-	Х	-	
03910	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (ffpe) tissue, 437 genes, interpretive report for single nucleotide variants, splicesite variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	-	X	-	X	
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [adhd]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of cyp2d6, reported as impact of gene-drug interaction for each drug	-	Х	-	Х	

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	Description	Small Employer / Individual		Large Employer	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0393U	Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf), detection of misfolded α-synuclein protein by seed amplification assay, qualitative	Х	-	Х	-
0394U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 pfas compounds by liquid chromatography with tandem mass spectrometry (lc-ms/ms), plasma or serum, quantitative	Х	-	Х	-
0395U	Oncology (lung), multi-omics (microbial dna by shotgun nextgeneration sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	Х	-	Х	-
0396U	Obstetrics (pre-implantation genetic testing), evaluation of 300000 dna single-nucleotide polymorphisms (snps) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	Х	-	Х	-
0397U	Oncology (non-small cell lung cancer), cell-free dna from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	Х	-	х	-
0398U	Gastroenterology (barrett esophagus), p16, runx3, hpp1, and fbn1 dna methylation analysis using pcr, formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	х	-	Х	-
0399U	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor iggbinding antibody and blocking autoantibodies by enzyme-linked immunoassay (elisa), qualitative, and blocking autoantibodies, using a functional blocking assay for igg or igm, quantitative, reported as positive or not detected	Х	-	Х	-
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, dna, reported as carrier positive or negative	-	Х	-	Х
0401U	Cardiology (coronary heart disease [cad]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	Х	-	Х	-
0403U		-	Х	-	Х
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	Х	-	Х	-
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Х	-	Х	-
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4- carboxyphenyl] porphyrin [tcpp], cd206, cd66b, cd3, cd19), algorithm reported as likelihood of lung cancer	Х	-	Х	-

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		Small En	nployer / Individual	Lai	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0407U	Nephrology (diabetic chronic kidney disease [ckd]), multiplex electrochemiluminescent immunoassay (eclia) of soluble tumor necrosis factor receptor 1 (stnfr1), soluble tumor necrosis receptor 2 (stnfr2), and kidney injury molecule 1 (kim-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Х	-	Х	-
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])	Х	-	Х	-
0409U	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	Х	-	Х
0410U	Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Х	-	Х	-
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [adhd]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of cyp2d6 (for additional pla code with identical clinical descriptor, see 0345u. see appendix o to determine appropriate code assignment)	Х	-	Х	-
0412U	Beta amyloid, aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (lc-ms/ms) and qualitative apoe isoformspecific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	Х	-	Х	-
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	Х	-	Х
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	Х	-	Х
0416U	Infectious agent detection by nucleic acid (dna), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	Х	-	Х	-
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder—associated genetic variants	Х	-	х	-

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	<u></u>	Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	Х	-	Х	-	
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Х	-	Х	-	
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	-	Х	-	Х	
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	х	-	Х	-	
0422U		Х	-	Х	-	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Х	-	Х	-	
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	х	-	Х	-	
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	-	Х	-	Х	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	Х	-	Х	
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	Х	-	Х	-	
0428U	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	-	Х	-	Х	
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	Х	-	Х	-	
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	Х	-	Х	-	

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		Small Employer / Individual		Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	Х	-	Х	-
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Х	-	Х	-
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Х	-	Х	-
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	х	-	Х	-
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Х	-	Х	-
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Х	-	Х	-
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	Х	-	Х	-
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	X	-	х	-
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	х	-	х	-
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Х	-	Х	-

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		Small Employer / Individual		Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	<u> </u>	•	<u> </u>	
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	Х	-	Х	-
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Х	_	Х	-
	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	Х	-	Х
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-	Х	-
0448U	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	-	Х	-	х
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	х	-	Х	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	х	-	Х	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Х	-	Х	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	х	-	Х	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	х	-	х	-

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		Small Employer / Individual Large Employer			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pecialty medications and should be directed to the Pharmacy link option within the website.	•	•	•	
0454U					
	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	Х	-	Х	-
0456U	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy	х	-	Х	-
0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	Х	-	Х	-
0458U	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Х	-	Х	-
0459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-	Х	-
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real- time PCR of 24 genes, with variant analysis and reported phenotypes	Х	-	Х	-
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	Х	-	Х	-
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzymelinked immunosorbent assay (ELISA), saliva, screening/preliminary	Х	-	Х	-
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	х	-	х	-
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	-	Х	-	Х
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	Х	-	Х	-

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		Small Er	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	х	-	Х	-
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	х	-	Х	-
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	Х	-	Х	-
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	-	X	-	X
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Х	-	Х	-
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	Х	-	Х
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	Х	-	Х	-
	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	Х	-	Х
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	Х	-	Х

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	х		Х	
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	х	-	х	-	
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	X	-	Х	-	
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffinembedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	-	Х	-	Х	
0479U	Tau, phosphorylated, pTau217	Х	-	Х	-	
0480U		Х	-	Х	-	
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	-	Х	-	Х	
0482U	Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PIGF), serum, ratio reported for sFlt1/PIGF, with risk of progression for preeclampsia with severe features within 2 weeks	х	-	Х	-	
0483U	mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	Х	-	Х	-	
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	Х	-	Х	-	

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.		•		•	
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	-	Х	-	Х	
	Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	х	-	х	-	
0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	х	-	Х	-	
0488U	Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	-	Х	-	Х	
	Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	-	Х	-	Х	
0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular–weight melanomaassociated antigen, CD34 and CD45 protein biomarkers, peripheral blood	х	-	х	-	
	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker—expressing cells, peripheral blood	Х	-	х	-	
0492U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker– expressing cells, peripheral blood	х	-	х	-	
0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using nextgeneration sequencing, plasma, reported as percentage of donorderived cell-free DNA	-	Х	-	Х	

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative	-	Х	-	Х	
0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	Х	-	Х	-	
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	Х	-	Х	-	
0497U	Oncology (prostate), mRNA geneexpression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalinfixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	-	Х	-	Х	
0498U	Oncology (colorectal), nextgeneration sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	-	Х	-	Х	
0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffinembedded (FFPE) tissue, nextgeneration sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	-	X	1	X	
0500U	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118-9_118-2del, S56F, S621C)	Х	-	Х	-	
	Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA)	Χ	-	Х	1	
0502U	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	Х	-	X	-	
0503U	Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negativefor amyloid plaques	Х	-	Х	-	
0504U	realtime PCR, reported as positive or negative for each organism	Х	-	Х	-	
0505U	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	Х	-	Х	-	

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		Small Employer / Individual Large Emp			rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
0506U	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next- generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	х	-	Х	-
0507U	Oncology (ovarian), DNA, wholegenome sequencing with 5- hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	Х	-	Х	-
0508U	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 singlenucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cellfree DNA with risk for active rejection	-	Х	-	Х
	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single- nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor- derived cell-free DNA with risk for active rejection	-	Х	-	Х
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA wholetranscriptome data, reported as probability of predicted molecular subtype	Х	-	Х	-
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Х	-	Х	ı
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffinembedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	Х	-	Х	-
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalinfixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	Х	-	Х	-
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)	х	-	Х	-
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)	Х	-	Х	-
0516U	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	Х	-	Х	-
	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	х	-	х	-

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		Small Employer / Individual Large Emp			rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	х	-	Х	-
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	Х	-	Х	-
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	х	-	Х	-
00797	Anes, intraperitoneal procedures in upper abd including laparoscopy; gastric restrictive procedure for obesity	Х	-	-	-
11950	Therapy for contour defects	Χ	-	Х	-
11951	Therapy for contour defects	Χ	-	Х	-
11952	Therapy for contour defects	Χ	-	Х	-
11954	Therapy for contour defects	Х	-	Х	-
15775	Hair transplant punch grafts	Χ	-	Х	-
15776	Hair transplant punch grafts	Χ	-	Х	-
15780	Abrasion treatment of skin	Χ	-	Х	-
15781	Abrasion treatment of skin	Χ	-	Х	-
15782	Abrasion treatment of skin	Χ	-	Х	-
15783	Abrasion treatment of skin	Χ	-	Х	-
15786	Abrasion, lesion, single	Χ	-	Х	-
15787	Abrasion, lesions, add-on	Χ	-	Х	-
15788	Chemical peel, face, epiderm	Х	-	Х	-
15789	Chemical peel, face, dermal	Х	-	Х	-
15792	Chemical peel, nonfacial	Х	-	Х	-
15793	Chemical peel, nonfacial	Х	-	Х	-
	Plastic surgery, neck	Χ	-	Х	=
15820	Revision of lower eyelid	-	Х	-	Х
15821	Revision of lower eyelid	-	Х	-	Х
	Revision of upper eyelid	-	Х	-	Х
	Revision of upper eyelid	-	Х	-	Х
15824	Removal of forehead wrinkles	Χ	-	Х	=
15825	Removal of neck wrinkles	Χ	-	Χ	-
15826	Removal of brow wrinkles	Х	_	Х	-

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		Small Employer / Individual Large Employ			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
15828	Removal of face wrinkles	Х	-	Х	-
15829	Removal of skin wrinkles	Χ	-	Х	-
15832	Excise excessive skin tissue	Χ	-	Х	-
15833	Excise excessive skin tissue	Χ	-	Х	-
15834	Excise excessive skin tissue	Х	-	Х	-
15835	Excise excessive skin tissue	Х	-	Х	-
15836	Excise excessive skin tissue	Χ	-	Х	-
15837	Excise excessive skin tissue	Χ	-	Х	-
	Excise excessive skin tissue	Х	-	Х	-
15845	Skin and muscle repair, face	Х	-	Х	-
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Х	-	Х	-
15850	Removal of sutures	Х	-	Х	
	Suction assisted lipectomy	X	-	X	
	Suction assisted lipectomy	X	-	X	
	Suction assisted lipectomy	X	_	X	_
	Suction assisted lipectomy	X	_	X	_
	Skin peel therapy	X	-	X	-
	Hair removal by electrolysis	X	-	X	-
	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	X	-	X	-
	Correct inverted nipple(s)	X	-	X	-
	Ndl insj w/o njx 1 or 2 musc	X	-	X	-
	Ndl insj w/o njx 3+ musc	X	-	X	-
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	X	-	Х	-
	Spinal bone autograft	Х		Х	
	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less		<u>-</u>		
20303	(list separately in additio	Х	-	Х	-
21010	Incision of jaw joint	Х		 	
	Removal of jaw joint	X	<u> </u>	_	<u> </u>
	Remove jaw joint cartilage	X			
	Remove coronoid process	X	<u> </u>	-	
	Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie,	1	-	+	-
	general or monitored	Х	-	-	-
21084	Prepare face/oral prosthesis	Х	-	X	-

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Description Description Not Covered Preauthoriza Required	Covered	Preauthorization Required nunizations, injectable
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect informatives, or specialty medications and should be directed to the Pharmacy link option within the website. 21110 Interdental fixation X - 211110 Injection, jaw joint x-ray X - 21121 Reconstruction of chin X - 21122 Reconstruction of chin X - 21123 Reconstruction of chin X - 21124 Reconstruction of chin X - 21125 Reconstruct midface, lefort X - 21140 Reconstruct midface, lefort X - 21141 Reconstruct midface, lefort X - 21142 Reconstruct midface, lefort X - 21143 Reconstruct midface, lefort X - 21144 Reconstruct midface, lefort X - 21145 Reconstruct midface, lefort X - 21146 Reconstruct midface, lefort X - 21147 Reconstruct midface, lefort X - 21148 Reconstruct midface, lefort X - 21149 Reconstruct midface, lefort X - 21199 Reconst lwr jaw w/fixation X - 21199 Reconstr lwr jaw wadavance X - 21199 Reconstruct upper jaw bone	x X - X X	nunizations, injectable
drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 21110 Interdental fixation X - 21116 Injection, jaw joint x-ray X - 21120 Reconstruction of chin X - 21121 Reconstruction of chin X - 21122 Reconstruction of chin X - 21123 Reconstruction of chin X - 21124 Reconstruction of chin X - 21125 Reconstruction of chin X - 21126 Reconstruct midface, lefort X - 21141 Reconstruct midface, lefort X - 21142 Reconstruct midface, lefort X - 21143 Reconstruct midface, lefort X - 21145 Reconstruct midface, lefort X - 21146 Reconstruct midface, lefort X - 21147 Reconstruct midface, lefort X - 21148 Reconstruct midface, lefort X - 21149 Reconstruct midface, lefort X - 21149 Reconstruct midface, lefort X - 21195 Reconstruct midface, lefort X - 21196 Reconst lwr jaw w/fixation X - 21198 Reconstr lwr jaw segment X - 21199 Reconstr lwr jaw w/advance X - 21206 Reconstruct upper jaw bone	X - X X X	
21116 Injection, jaw joint x-ray X - 21120 Reconstruction of chin X - 21121 Reconstruction of chin X - 21122 Reconstruction of chin X - 21123 Reconstruct midface, lefort X - 21141 Reconstruct midface, lefort X - 21142 Reconstruct midface, lefort X - 21143 Reconstruct midface, lefort X - 21145 Reconstruct midface, lefort X - 21146 Reconstruct midface, lefort X - 21147 Reconst lwr jaw w/o fixation X - 21195 Reconst lwr jaw w/fixation X - 21198 Reconstr lwr jaw segment X - 21199 Reconstr lwr jaw w/advance X - 21206 Reconstruct upper jaw bone X -	X X	
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21120 Reconstruction of chin 21121 Reconstruction of chin 21122 Reconstruction of chin X 21123 Reconstruction of chin X 21124 Reconstruct midface, lefort X 21141 Reconstruct midface, lefort X 21142 Reconstruct midface, lefort X 21143 Reconstruct midface, lefort X 21144 Reconstruct midface, lefort X 21145 Reconstruct midface, lefort X 21146 Reconstruct midface, lefort X 21147 Reconstruct midface, lefort X 21148 Reconstruct midface, lefort X 21149 Reconstruct midface, lefort X 21190 Reconst lwr jaw w/fixation X 21190 Reconstr lwr jaw segment X 21190 Reconstruct upper jaw bone X - 21200 Reconstruct upper jaw bone	Х	-
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21142Reconstruct midface, lefortX-21143Reconstruct midface, lefortX-21145Reconstruct midface, lefortX-21146Reconstruct midface, lefortX-21147Reconstruct midface, lefortX-21195Reconst lwr jaw w/o fixationX-21196Reconst lwr jaw w/fixationX-21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	Х	-
21143Reconstruct midface, lefortX-21145Reconstruct midface, lefortX-21146Reconstruct midface, lefortX-21147Reconstruct midface, lefortX-21195Reconst lwr jaw w/o fixationX-21196Reconst lwr jaw w/fixationX-21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
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21146Reconstruct midface, lefortX-21147Reconstruct midface, lefortX-21195Reconst lwr jaw w/o fixationX-21196Reconst lwr jaw w/fixationX-21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
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21196Reconst lwr jaw w/fixationX-21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
21198Reconstr lwr jaw segmentX-21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
21199Reconstr lwr jaw w/advanceX-21206Reconstruct upper jaw boneX-	-	-
	-	-
	-	-
Z 1Z40 NGOOHSHUUHOH OH AW OHH	-	-
21242 Reconstruction of jaw joint X -	-	-
21243 Reconstruction of jaw joint X -	-	-
21280 Revision of eyelid - X	-	Х
21282 Revision of eyelid - X	-	Х
21295 Revision of jaw muscle/bone X -	Х	-
21296 Revision of jaw muscle/bone X -	Х	-
21480 Reset dislocated jaw X -	-	-
21485 Reset dislocated jaw X -	-	-
21490 Repair dislocated jaw X -	-	-
21497 Interdental wiring X -	Х	-
22505 Manipulation of spine X -	Х	-
22510 Perq cervicothoracic inject - X	-	Х
22511 Perq lumbosacral injection - X	-	Х
22512 Vertebroplasty addl inject - X	-	Х
22513 Perg vertebral augmentation - X	-	Х
22514 Perq vertebral augmentation - X		Х
22515 Perg vertebral augmentation - X	-	

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drugs, or specialty medical special sp	e that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the lications and should be directed to the Pharmacy link option within the website. Ineous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic are; single le Ineous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic are; one or mo Lesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; Loine fuse&remove	Not Covered se coding lists X X	-	Not Covered regarding immo	Preauthorization Required unizations, injectable -
drugs, or specialty media 22526 Percuta guidanc 22527 Percuta guidanc 22533 Arthrode lumbar 22551 Neck sp	ineous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic e; single le ineous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic e; one or mo esis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; one fuse&remove	Х	-	Х	unizations, injectable
guidanc 22527 Percuta guidanc 22533 Arthrode lumbar 22551 Neck sp	se; single le ineous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic se; one or mo sesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; soine fuse&remove		-		-
guidanc 22533 Arthrode lumbar 22551 Neck sp	ee; one or mo esis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; bine fuse&remove	X -	-	Х	
lumbar 22551 Neck sp	oine fuse&remove	-	V		-
		1	Х	-	Х
22552 Neck sp	nine fuse&remove addl	-	Х	-	Х
	hile lused emove addi	-	Х	-	Х
22554 Neck sp	pine fusion	-	Х	-	Х
22558 Lumbar	spine fusion	-	Х	-	Х
	fuse /w instr I5/1	Х	-	Х	-
22600 Neck sp	pine fusion	-	Х	-	X
	esis, posterior or posterolateral technique, single interspace; thoracic (with lateral rse technique, when performed)	-	Х	-	Х
22612 Arthrode	esis, posterior or posterolateral technique, single level; lumbar (with lateral transverse ue, when performed)	-	Х	-	Х
	usion, extra segment	-	Х	-	Х
22630 Lumbar		-	X	-	X
	usion, extra segment	-	X	-	X
22633 Arthrode	esis, combined posterior or posterolateral technique with posterior interbody technique g laminectomy and/or discectomy sufficient to prepare interspace(other t	-	X	-	X
22800 Fusion of		-	Х	-	Х
22802 Fusion (-	Х	-	Х
22804 Fusion of	·	-	Х	-	Х
	thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	-
	thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	
	thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	
22856 Total dis	sc arthroplasty (artificial disc), anterior approach, including discectomy with end plate tion (includes	-	Х	-	Х
22857 Total dis	sc arthroplasty (artificial disc), anterior approach, including discectomy to prepare ace (other than for	-	Х	-	Х
	level cer diskectomy	-	Х	_	Х
22860 Total dis interspa	sc arthroplasty (artificial disc), anterior approach, including discectomy to prepare ace (other than for decompression); second interspace, lumbar (list separately in addition for primary procedure)	-	X	-	X

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		Small Employer / Individual Large Employer				
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	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing	Х	-	Х	-	
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	Х	-	Х	-	
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	Х	-	Х	-	
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second	Х	-	Х	-	
23472	Reconstruct shoulder joint	-	Χ	-	Χ	
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Х	-	Х	-	
27130	Total hip replacement	-	Х	-	Х	
	Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra- articular implant(s)	Х	-	Х	-	
27447	Total knee replacement	-	Х	-	Χ	
	Reconstruct ankle joint	-	Х	-	Х	
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultra	Х	-	Х	-	
29800	Jaw arthroscopy/surgery	Х	-	-	-	
	Jaw arthroscopy/surgery	Х	-	-	-	
	Reconstruction of nose	Х	-	Х	-	
	Reconstruction of nose	Х	-	Х	-	
	Revision of nose	Х	-	Х	-	
30435	Revision of nose	Х	-	Х	-	
30450	Revision of nose	Х	-	Х	-	
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Х	-	Х	-	
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Х	-	Х	-	
30620	Intranasal reconstruction	Х	-	Х	-	
	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic	Х	-	Х	-	
32701	Thorax stereo rad target w/tx	_	X	-	Х	
	Donor pneumonectomy	_	X	-	X	
	Lung transplant, single	_	X	- 1	X	
	Lung transplant with bypass	- 1	X	<u> </u>	X	

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		Small Employer / Individual Large Emplo				
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
32853	Lung transplant, double	-	Х	-	Х	
32854	Lung transplant with bypass	-	Χ	-	Х	
32855	Backbench standard preparation of cadaver donor lung allograft; unilateral	-	Χ	-	Х	
32856	Backbench standard preparation of cadaver donor lung allograft; bilateral	-	Χ	-	Х	
32994	Ablation therapy for reduction or eradication of 1 or more pulm tumor(s)	Х	-	Х	-	
33140	Heart revascularize (tmr)	Χ	-	Х	-	
33141	Heart tmr w/other procedure	Χ	-	Х	-	
33542	Removal of heart lesion	Χ	-	Х	-	
33930	Removal of donor heart/lung	-	Χ	-	Х	
33933	Backbench standard preparation of cadaver donor heart/lung allograft	-	Χ	-	Х	
33935	Transplantation, heart/lung	-	Χ	-	Х	
33940	Removal of donor heart	-	Χ	-	Х	
33944	Backbench standard preparation of cadaver donor heart allograft	-	Χ	-	Χ	
33945	Transplantation of heart	-	Χ	-	Χ	
34839	Plnning pt spec fenest graft	Χ	-	Х	-	
36000	Place needle in vein	Χ	-	Х	-	
36416	Collection of capillary blood specimen (eg, finger, heel, ear stick)	Χ	-	Х	-	
36465	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	Χ	-	Х	
36466	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	Χ	-	Х	
36468	Injection(s), spider veins	Х	-	Х	-	
36470	Injection therapy of vein	-	Χ	-	Χ	
36471	Injection therapy of veins	-	Χ	-	Х	
36475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	Х	-	Х	
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep sites	-	Х	-	Х	
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	Х	-	Х	
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	Х	-	Х	
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	_	X	-	Х	
	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	_	X	-	X	
	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncorona	Х	-	Х	-	
27500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	Х	_	Х	_	

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not	Preauthorization	Not Covered	Preauthorization	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	Covered se coding lists	Required do not reflect information	•	Required unizations, injectable	
37700	Revise leg vein	-	Х	_	Х	
37718	Ligation, division, and stripping, short saphenous vein	-	Х	-	Х	
	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	Х	-	Х	
37735	Removal of leg veins/lesion	-	Χ	-	Х	
	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	-	Х	-	Х	
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	-	Х	-	Х	
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	Х	-	Х	
	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	X	-	X	
37780	Revision of leg vein	-	X	-	X	
	Revise secondary varicosity	-	X	-	X	
	Revascularization, penis	Х	-	-	-	
	Penile venous occlusion	Х	-	-	-	
	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Х	-	Х	-	
	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	-	Х	-	Х	
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X	-	X	
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	_	Х	_	Х	
	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	-	X	-	X	
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	-	Х	-	Х	
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	-	Х	-	Х	
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	-	Х	-	Х	
	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	-	X	-	X	
	Transplant preparation of hematopoietic progenitor cells; platelet depletion	-	Х	-	Х	
	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	-	Х	-	Х	
	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	-	Х	-	Х	
38230	Bone marrow harvesting for transplantation; allogenic	-	Х	-	Х	
	Bone marrow harvesting for transplantation; autologous	-	Х	- 1	Х	

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		Small Er	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
38240	Bone marrow/stem transplant	-	Х	-	Х	
38241	Bone marrow/stem transplant	-	Х	-	Х	
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	Х	-	Х	
41512	Tongue base suspension, permanent suture technique	Х	-	Х	-	
	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Х	-	Х	-	
	Excision of gum flap	Х	-	Х	-	
	Excision of gum lesion	Х	-	Х	-	
	Excision of gum lesion	Х	-	X	-	
	Excision of gum lesion	Х	-	Х	-	
	Excision of gum lesion	Х	-	Х	-	
	Excision of gum lesion	Х	-	Х	-	
	Excision of gum lesion	Х	_	X	_	
	Removal of gum tissue	Х	-	Х	-	
	Treatment of gum lesion	Х	-	Х	-	
	Gum graft	Х	_	X	_	
	Repair gum	X	_	X	_	
	Repair tooth socket	Х	_	X	_	
	Remove tonsils and adenoids	-	Х	-	Х	
	Remove tonsils and adenoids	-	X	-	X	
	Removal of tonsils	-	X	-	X	
	Removal of tonsils	-	Х	-	Х	
	Removal of adenoids	-	Х	-	Х	
	Removal of adenoids	-	X	-	X	
	Removal of adenoids	-	X	-	X	
	Removal of adenoids	-	X	-	X	
	Esoph optical endomicroscopy	Х	_	Х	_	
	Upper gi optical endomicrscopy	Х	-	X	-	
	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Х	-	Х	-	
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	Х	-	Х	-	
43633	Removal of stomach, partial	_	Х	-	X	
	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	Х	-	Х	

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		Small Employer / Individual Large Emplo			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Х	-	Х
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	Х	-	Х	-
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Х	-	Х	-
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	Х	-	Х	-
	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	Х	-	Х	-
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component	Х	-	-	Х
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	Х	-	-	Х
43800	Pyloroplasty	-	Х	-	Х
43842	Gastroplasty for obesity	Х	-	-	Χ
43843	Gastroplasty for obesity	Х	-	Х	-
43845	Gastric revision for obesity	Х	-	-	Χ
43846	Gastric bypass for obesity	Х	-	-	Χ
43847	Gastric bypass for obesity	Χ	-	Х	-
43848	Revision gastroplasty	Χ	-	-	Χ
43860	Revise stomach-bowel fusion	Χ	-	-	Χ
	Revise stomach-bowel fusion	Χ	-	-	Χ
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Х	-	Х	-
43887	Gastric restrictive procedure, open; removal of subcutaneous port component only	Х	-	Х	-
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Х	-	Х	-
44132	Enterectomy, cadaver donor	Χ	-	Х	-
44133	Enterectomy, live donor	Х	-	Х	-
44135	Intestine transplnt, cadaver	Х	Χ	-	Χ
	Intestine transplant, live	Х	Х	-	Х
	Removal of transplanted intestinal allograft, complete	Х	Х	-	Х
	Backbench standard preparation of cadaver or living donor intestine allograft	Х	-	Х	-
	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	Х	-	X	-
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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	Х	-	Х	-	
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	Х	-	Х	-	
47133	Removal of donor liver	-	Х	-	Х	
47135	Transplantation of liver	-	Х	-	Х	
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	Х	-	Х	
47141	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	Х	-	Х	
47142	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	Х	-	Х	
47143	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	Х	-	Х	
47144	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	Х	-	Х	
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х	-	Х	
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	-	Х	-	Х	
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	-	Х	-	Х	
48550	Donor pancreatectomy	-	Х	-	Х	
	Backbench standard preparation of cadaver donor pancreas allograft	-	Х	-	Х	
	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	-	Х	-	Х	
48554	Transpl allograft pancreas	_	X	_	Х	
	Removal, allograft pancreas	-	X	-	X	
	Removal of donor kidney	-	X	-	X	
	Removal of donor kidney	-	X	-	X	
	Backbench standard preparation of cadaver donor renal allograft	-	Х	-	Х	
	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	Χ	-	Χ	
	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	-	Х	-	Х	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	-	Х	-	Х	
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	-	Х	-	Х	
50340	Removal of kidney	-	Х	-	Х	
50360	Transplantation of kidney	-	Χ	-	Х	
50365	Transplantation of kidney	-	Χ	-	Х	
50370	Remove transplanted kidney	-	Х	-	Х	
	Reimplantation of kidney	-	Х	-	Х	
	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including r	Х	-	Х	-	
50547	Laparo removal donor kidney	-	Х	-	Х	
	Hysterectomy/bladder repair	-	Х	-	Х	
	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	Х	-	Х	-	
	Insertion of tandem cuff (dual cuff)	Х	-	Х	-	
53860	Transurethral rf treatment	Х	-	Х	-	
54115	Treatment of penis lesion	Х	-	-	-	
	Treatment of penis lesion	Х	-	-	-	
	Treatment of penis lesion	Х	-	-	-	
	Treatment of penis lesion	Х	-	-	-	
	Prepare penis study	Х	-	-	-	
54231	Dynamic cavernosometry	Х	-	-	-	
54235	Penile injection	Х	-	-	-	
54240	Penis study	Х	-	-	-	
54250	Penis study	Х	-	-	-	
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	Х	-	-	-	
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	Х	-	-	-	
	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session	Х	-	-	-	
54411	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	Х	-	-	-	
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	Х	-	-	-	

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	Description	Small En	nployer / Individual	Large Employer		
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	Х	-	-	-	
	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	Х	-	-	-	
	Revision of testis	Х	-	Х	-	
	Repair of sperm duct	Х	-	-	-	
	Electroejaculation	Χ	-	Х	-	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Х	-	Х	-	
	Sex transformation, m to f	-	Х	-	Χ	
	Sex transformation, f to m	-	Х	-	Х	
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to	Х	_	Х	_	
	code for primary procedure)	^	-	_ ^	-	
58150	Total hysterectomy	-	Х	-	Х	
	Total hysterectomy	-	Х	-	Х	
	Partial hysterectomy	-	Х	-	Х	
	Extensive hysterectomy	-	Х	-	Х	
	Vaginal hysterectomy, for uterus 250 grams or less;	-	Х	-	Х	
	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Х	-	Χ	
	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	Х	-	Х	
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	Х	-	Х	
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	Х	-	Х	
	Hysterectomy/revise vagina	_	X	-	X	
	Hysterectomy/revise vagina	_	X	-	X	
	Vaginal hysterectomy, for uterus greater than 250 grams;	-	X	-	X	
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	-	X	-	X	
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	Х	-	Х	
	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	Х	-	Х	
	Artificial insemination	Х	-	Х	-	
	Artificial insemination	X	-	X	-	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
58323	Sperm washing	Х	-	Х	-	
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	X	-	Χ	
	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	
	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	-	Х	-	Х	
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	-	Х	-	Х	
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	Χ	-	Χ	
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	Х	-	Х	
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	Х	-	Х	
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Х	-	Х	-	
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	Х	-	Х	
	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	Х	-	Х	
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	
	Laparoscopy, salpingostomy	Х	-	Х	-	
	Repair oviduct	Х	-	Х	-	
58770	Create new tubal opening	Χ	-	Х	-	
58970	Retrieval of oocyte	Х	-	Х	-	
58974	Transfer of embryo	Х	-	Х	=	
58976	Transfer of embryo	Х	-	Х	-	
59070	Transabdominal amnioinfusion, including ultrasound guidance	Х	-	Х	-	
59072	Fetal umbilical cord occlusion, including ultrasound guidance	Х	-	Х	-	
	Abortion (mpr)	Х	-	Х	-	
	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	X	-	Х	-	
	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	Х	-	Х	-	
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Χ		Х		

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.		do not reflect information	regarding imm	unizations, injectable	
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Х	-	Х	-	
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-	Х	-	
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Х	-	Х	-	
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Х	-	Х	-	
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	Х	-	Х	
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	Х	-	Х	
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	Х	-	Х	
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х	-	Х	
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х	-	Х	
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	Х	-	
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	Х	-	
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	Х	-	Х	-	
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	Х	-	Х	-	
63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure)	-	Х	-	Х	
63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure)	-	Х	-	Х	

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		Small Employer / Individual Large Employer			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	Х	-	Х
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	Х	-	Х
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х
64492		-	Х	-	Х
64493	g ,	-	Х	-	Х
64494		-	Х	-	Х
64495		-	Х	-	Х
64505	Injection, anesthetic agent; sphenopalatine ganglion	Х	-	Х	-
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	Х	-	Х
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	Х	-	Х
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	Х	-	Х
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	Х	-	Х
64635		-	Х	-	Х
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	Х	-	Х
65760	Revision of cornea	Х	-	Х	-
	Revision of cornea	Х	-	Х	-
55767	Corneal tissue transplant	Χ	-	Χ	-
	Revise cornea with implant	Х	-	Х	-
65771	Radial keratotomy	Χ		Х	-

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



O a da a		Small Employer / Individual Large Employer				
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	nizations, injectable	
66762 F	Revision of iris	Х	-	Х	-	
67027 I	Implant eye drug system	-	Χ	-	Х	
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Χ	-	Х	-	
	Incision of eyelid fold	Х	-	Х	-	
67900 F	Repair brow defect	-	Х	-	Х	
67901 F	Repair eyelid defect	-	Х	-	Х	
67902 F	Repair eyelid defect	-	Χ	-	Х	
67903 F	Repair eyelid defect	-	Χ	-	Х	
67904 F	Repair eyelid defect	-	Х	-	Х	
67906 F	Repair eyelid defect	-	Χ	-	Х	
	Repair eyelid defect	-	Χ	-	Х	
	Revise eyelid defect	-	Χ	-	Х	
67911 F	Revise eyelid defect	-	Χ	-	Х	
68841 I	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal	· ·		V		
	canaliculus, each	Х	-	X	-	
69090 F	Pierce earlobes	Х	-	Х	-	
69300 F	Revise external ear	Х	-	Х	-	
69710 I	Implant/replace hearing aid	-	Χ	-	Х	
	Remove/repair hearing aid	-	Χ	-	Χ	
	Implant temple bone w/stimul	-	Χ	-	Х	
69716 I	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to		V			
	external speech processor	-	X	-	Х	
69717	Temple bone implant revision	-	Χ	-	Χ	
69719 F	Revision or replacement (including removal of existing device), osseointegrated implant, skull;		V			
	with magnetic transcutaneous attachment to external speech processor	-	X	-	X	
69726 F	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech		V			
	processor	-	X	-	X	
69727 F	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external		V			
	speech processor	-	X	-	X	
	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to					
	external speech processor, outside the mastoid and involving a bony defect greater than or equal	-	Χ	-	X	
	to 100 sq mm surface area of bone deep to the outer cranial cortex					
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to					
	external speech processor, outside of the mastoid and resulting in removal of greater than or	-	Χ	-	X	
	equal to 100 sq mm surface area of bone deep to the outer cranial cortex					

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Er	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.		do not reflect information	regarding imm	unizations, injectable	
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic					
	transcutaneous attachment to external speech processor, outside the mastoid and involving a		V		X	
	bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial	-	X	-	^	
	cortex					
69930	Implant cochlear device	-	Χ	-	Х	
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Χ	-	Χ	-	
76140	X-ray consultation	Χ	-	Χ	-	
76948	Echo guide, ova aspiration	Χ	•	Х	•	
76977	Us bone density measure	Χ	-	Χ	-	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) old code 760	Х	-	Х	-	
77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular	V		V		
	skeleton (peripheral) (eg, rad	Х	-	Х	-	
77086	Fracture assessment via dxa	Х	-	Х	-	
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х	-	Х	
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х	-	Х	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including					
77070	image guidance, en	-	X	-	X	
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-					
77420	coplanar geometry with blo	-	-	Х	-	
77432	Stereotactic radiation trmt	_	X	_	Х	
	Stereotactic body radiation therapy, treatment management, per treatment course, to one or					
77-100	more lesions, including image	-	X	-	X	
77520	Proton trmt, simple w/o comp	_	X	_	Х	
	Proton trmt, simple w/comp	_	X	_	X	
	Proton trmt, intermediate	_	X	_	X	
	Proton treatment, complex	_	X	_	X	
	Bone mineral, single photon	Х	-	Х	-	
	Alcohols	X	-	X	-	
	Alcohol biomarkers; 1 or 2	X	-	X	-	
	Alcohol biomarkers; 3 or more	X	-	X	-	
	Alkaloids, not otherwise specified	X	-	X	-	
	Amphetamines; 1 or 2	X	_	X	-	
	pended after certain number of visits. Limit depends on plan/provider type	, ,		, ,,		

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Pressure Pressure note that covereign may vary by plan type and may not floors the littled services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunications, electable fractions, or specially medications and should be directed to the Pharmacy link option within the website. B0325			Small Employer / Individual Large Employer				
Disclaimer Please note that coverage may vary by all hype and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable through the directed to the Pharmacy link uption within the witholine. Record	Codes	Description	Not	Preauthorization	Not	Preauthorization	
Amphetamines; 3 or 4			Covered	Required	Covered	Required	
Manual			se coding lists	do not reflect information	regarding immi	unizations, injectable	
B0327 Anabolic steroids; 1 or 2 X	80325	Amphetamines; 3 or 4	Χ	-	Χ	-	
80328 Anabolic steroids; 3 or more X -	80326	Amphetamines; 5 or more	Χ	-	Χ	-	
80329 Analgesics, non-opioid; 1 or 2	80327	Anabolic steroids; 1 or 2	Χ	-	Χ	-	
80330 Analgesics, non-opioid; 3-5 X - X - 80331 Analgesics, non-opioid; 6 or more X - X - 80332 Antidepressants, serotonergic class; 3-5 X - X - 80333 Antidepressants, serotonergic class; 6 or more X - X - 80334 Antidepressants, tricyclic and other cyclicals; 1 or 2 X - X - 80335 Antidepressants, tricyclic and other cyclicals; 3-5 X - X	80328	Anabolic steroids; 3 or more	Χ	-	Χ	-	
80331 Analgesics, non-opioid; 6 or more X - X - X - 80332 Antidepressants, serotonergic class; 1 or 2 X - <td< td=""><td>80329</td><td>Analgesics, non-opioid; 1 or 2</td><td>Χ</td><td>-</td><td>Χ</td><td>-</td></td<>	80329	Analgesics, non-opioid; 1 or 2	Χ	-	Χ	-	
80332 Antidepressants, serotonergic class; 1 or 2 X - X <td< td=""><td>80330</td><td>Analgesics, non-opioid; 3-5</td><td>Χ</td><td>-</td><td>Χ</td><td>-</td></td<>	80330	Analgesics, non-opioid; 3-5	Χ	-	Χ	-	
80333 Antidepressants, serotonergic class; 3-5	80331	Analgesics, non-opioid; 6 or more	Χ	-	Χ	-	
80334 Antidepressants, serotonergic class; 6 or more X - X - 80335 Antidepressants, tricyclic and other cyclicals; 1 or 2 X - X - 80336 Antidepressants, tricyclic and other cyclicals; 3-5 X - X - 80337 Antidepressants, tricyclic and other cyclicals; 6 or more X - X - 80339 Antidepressants, not otherwise specified X - X - 80339 Antidepressants, not otherwise specified; 1-3 X - X - 80340 Antidepressants, not otherwise specified; 4-6 X - X - 80341 Antidepressants, not otherwise specified; 7 or more X - X - 80342 Antipsychotics, not otherwise specified; 7 or more X - X - 80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - X - 80346 Benzod	80332	Antidepressants, serotonergic class; 1 or 2	Χ	-	Χ	-	
80335 Antidepressants, tricyclic and other cyclicals; 1 or 2	80333	Antidepressants, serotonergic class; 3-5	Χ	-	Χ	-	
80336 Antidepressants, tricyclic and other cyclicals; 3-5 X - X - 80337 Antidepressants, tricyclic and other cyclicals; 6 or more X - X - 80338 Antidepressants, not otherwise specified X - X - 80339 Antiepileptics, not otherwise specified; 1-3 X - X - 80340 Antiepileptics, not otherwise specified; 4-6 X - X - 80341 Antiepileptics, not otherwise specified; 7 or more X - X - 80342 Antipsychotics, not otherwise specified; 4-6 X - X - 80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80343 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Berbiturates X - X - X - 80346 Benzodiazepines; 1-12 X - X - X - 80347 Benzodiazepines; 13 or more X - X - X - X <	80334	Antidepressants, serotonergic class; 6 or more	Χ	-	Χ	-	
80337 Antidepressants, tricyclic and other cyclicals; 6 or more	80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Χ	-	Χ	-	
80338 Antidepressants, not otherwise specified X - X - 80339 Antiepileptics, not otherwise specified; 1-3 X - X - 80340 Antiepileptics, not otherwise specified; 4-6 X - X - 80341 Antiepileptics, not otherwise specified; 7 or more X - X - 80342 Antipsychotics, not otherwise specified; 4-6 X - X - 80343 Antipsychotics, not otherwise specified; 7 or more X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - X - 80346 Benzodiazepines; 1-12 X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X	80336	Antidepressants, tricyclic and other cyclicals; 3-5	Χ	-	Χ	-	
80339 Antiepileptics, not otherwise specified; 1-3 X - X <t< td=""><td>80337</td><td>Antidepressants, tricyclic and other cyclicals; 6 or more</td><td>Χ</td><td>-</td><td>Χ</td><td>-</td></t<>	80337	Antidepressants, tricyclic and other cyclicals; 6 or more	Χ	-	Χ	-	
80340 Antiepileptics, not otherwise specified; 4-6 X - X - 80341 Antiepileptics, not otherwise specified; 7 or more X - X - 80342 Antipsychotics, not otherwise specified; 1-3 X - X - 80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80344 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 1-12 X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80355 Gabapentin, non-blood X -	80338	Antidepressants, not otherwise specified	Χ	-	Χ	-	
80341 Antiepileptics, not otherwise specified; 7 or more X - X - 80342 Antipsychotics, not otherwise specified; 1-3 X - X - 80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - 80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80355 Gab	80339	Antiepileptics, not otherwise specified; 1-3	Χ	-	Χ	-	
80342 Antipsychotics, not otherwise specified; 1-3 X - X - 80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - 80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - X - 80355 Gabapentin, non-blood X - X - X - 80356 Heroin metabolite X - X - X - X - X <td>80340</td> <td>Antiepileptics, not otherwise specified; 4-6</td> <td>Χ</td> <td>-</td> <td>Χ</td> <td>-</td>	80340	Antiepileptics, not otherwise specified; 4-6	Χ	-	Χ	-	
80343 Antipsychotics, not otherwise specified; 4-6 X - X - 80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - 80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 1-3 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X	80341	Antiepileptics, not otherwise specified; 7 or more	Χ	-	Χ	-	
80344 Antipsychotics, not otherwise specified; 7 or more X - X - 80345 Barbiturates X - X - 80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80342	Antipsychotics, not otherwise specified; 1-3	Χ	-	Χ	-	
80345 Barbiturates X - X - 80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80343	Antipsychotics, not otherwise specified; 4-6	Χ	-	Χ	-	
80346 Benzodiazepines; 1-12 X - X - 80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80344	Antipsychotics, not otherwise specified; 7 or more	Χ	-	Χ	-	
80347 Benzodiazepines; 13 or more X - X - 80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80345	Barbiturates	Χ	-	Χ	-	
80348 Buprenorphine X - X - 80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80346	Benzodiazepines; 1-12	Χ	-	Χ	-	
80349 Cannabinoids, natural X - X - 80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80347	Benzodiazepines; 13 or more	Χ	-	Χ	-	
80350 Cannabinoids, synthetic; 1-3 X - X - 80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80348	Buprenorphine	Х	-	Х	-	
80351 Cannabinoids, synthetic; 4-6 X - X - 80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80349	Cannabinoids, natural	Χ	-	Χ	-	
80352 Cannabinoids, synthetic; 7 or more X - X - 80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80350	Cannabinoids, synthetic; 1-3	Χ	-	Χ	-	
80353 Cocaine X - X - 80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80351	Cannabinoids, synthetic; 4-6	Χ	-	Χ	-	
80354 Fentanyl X - X - 80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80352	Cannabinoids, synthetic; 7 or more	Χ	-	Χ	-	
80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80353	Cocaine	Х	-	Х	-	
80355 Gabapentin, non-blood X - X - 80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -	80354	Fentanyl	Х	-	Х	-	
80356 Heroin metabolite X - X - 80357 Ketamine and norketamine X - X - 80358 Methadone X - X -		•	Х	-	Х	-	
80358 Methadone X - X -			Х	-	Х	-	
80358 Methadone X - X -	80357	Ketamine and norketamine	Х	-	Х	-	
				-		-	
				-		-	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Er	nployer / Individual	Laı	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
80360	Methylphenidate	Χ	-	Х	-
80361	Opiates, 1 or more	Х	-	Х	-
80362	Opioids and opiate analogs; 1 or 2	Χ	-	Х	-
80363	Opioids and opiate analogs; 3 or 4	Х	-	Х	-
80364	Opioids and opiate analogs; 5 or more	Χ	-	Х	-
80365	Oxycodone	Χ	-	Х	-
80366	Pregabalin	Χ	-	Х	-
80367	Propoxyphene	Χ	-	Х	-
80368	Sedative hypnotics (non-benzodiazepines)	Х	-	Х	-
80369	Skeletal muscle relaxants; 1 or 2	Х	-	Х	-
80370	Skeletal muscle relaxants; 3 or more	Х	-	Х	-
80371	Stimulants, synthetic	Х	-	Х	-
80372	Tapentadol	Χ	-	Х	-
80373	Tramadol	Χ	-	Х	-
80374	Stereoisomer anal single drug class	Χ	-	Х	-
80375	Drug(s) definitive, qual or quant nos 1-3	Χ	-	Х	-
80376	Drug(s) definitive, qual or quant unlisted 4-6	Χ	-	Х	-
80377	Drug(s) definitive, qual or quant nos 7 or more	Χ	-	Х	-
81120	Idh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	Х	-	Х
81121	idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	Х	-	Х
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	Х	-	Х
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	Х	-	Х
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	Х	-	Х	
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	Х	-	Х	
81175	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	-	Х	-	Х	
81176	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	-	Х	-	Х	
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	Х	-	Х	
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	Х	-	Х	
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	Х	-	Х	

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81190	cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	Х	-	Х		
81191	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	Χ	-	Х		
81192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	Χ	-	Х		
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	Χ	-	Χ		
81194	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Χ	-	Х		
81201	Apc gene analysis; full sequence	-	Х	-	Х		
	Apc gene analysis; known fam variants	-	Χ	-	Х		
	Apc gene anaysis; duplication/deletion variants	-	Χ	-	Χ		
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	Х	-	Х		
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	Х	-	Х		
81212	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	Х	-	Х		
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х		
81216	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х		
81217	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х		
81218	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	Х	-	Х		
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	-	Х	-	Х		
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	Х	-	Х		
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х	-	Х		
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	Х	-	Х		
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х	-	Х		
	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	Х	-	Х		

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81230	Cyp3a4, gene analysis, common variant(s)	-	Х	-	Х
81231	Cyp3a5, gene analaysis, common variants	-	Χ	-	Χ
81233	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	X	-	Х
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х
81235	Egfr gene analysis; common variants	-	Х	-	Х
	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	Х	-	Х
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	-	Х	-	Х
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х
81242	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	Х	-	Х
81250	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	Х	-	Х
81251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	-	Х	-	Х
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	-	Х	-	Х
81254	Gjb6 gene com variants	-	Х	-	Х
	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	-	Х	-	Х
81261	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	Х	-	Х
81262	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	-	Х	-	Х
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	-	Х	-	Х
81264		-	Х	-	Х
81272	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	-	Х	-	Х

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81273	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	Х	-	Х	
81278	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	Х	-	Х	
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Х	-	Х	
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х	
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Χ	-	Χ	
	Mgmt gene methylation anal	-	Χ	-	Χ	
81288	Mlh1 gene methylation anal	-	Χ	-	Χ	
81291	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Х	-	Х	-	
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	
81294	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	
81301	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	Х	-	Х	
	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	X	-	Х	

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81307	Palb2 gene full gene seq	-	Х	-	Χ	
81309	Pik3ca gene trgt seq alys	-	Х	-	X	
81311	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	Х	-	Х	
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81313	Pca3 klk3	-	Х	-	Х	
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	Х	-	Х	
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	-	Х	-	Х	
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	
81319	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	Х	-	Х	
81321	Pten gene analysis;full seq analysis	-	Х	-	Х	
	Pten gene analysis; duplication/deletion variant	-	Χ	-	Χ	
81324	Pmp22 gene analysis; dup/deletion analysis	-	Х	-	Χ	
81325	Pmp22 gene analysis; full seq analysis	-	Х	-	Χ	
81326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	Х	-	Χ	
81327	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	Х	-	Х	-	
81328	Slc01b1, gene analysis, common variant(s)	-	Χ	-	Χ	
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	Х	-	Х	
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	Х	-	Х	
81334	Runx1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)	-	Х	-	Х	

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Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Х	-	Х	
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	Х	-	Х	
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	Х	-	Х	
81341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	Х	-	Х	
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х	-	Х	
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	Х	-	Х	
81347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х	-	Х	
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х	-	Х	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	Х	-	Х	
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Х	-	Х	
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	Х	-	Х	
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	-	Х	-	Х	
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	Х	-	Х	
81360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	Х	-	Х	
	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	Х	-	Х	

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81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy	-	Х	-	Х
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	-	Х	-	Х
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	-	Х	-	Х
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	-	Х	-	Х
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	Х	-	Х
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	-	Х	-	Х
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	-	Х	-	Х
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (-	Х	-	Х
81410	Gsps for aortic dysfnc or dilat	-	Х	-	Х
	Gsps for aortic dysfnc or dilat dupe delete anal	-	Х	-	Х
	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease),	-	Х	-	Х
81413	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	Х	-	Х
81414	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy	-	Х	-	Х
81415	Exome sequence anal	-	Х	-	Х
	Exome sequence anal ea add	-	Х	-	Х
81417	Exome sequence anal re-eval	-	Х	-	Х
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	Х	-	Х	-
81419	Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	-	Х	-	Х
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du- chat syndrome), circulating cell-free fetal dna in maternal blood	Х	-	Х	-

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81425	Gsps for unex costitut heritable ds	-	Х	-	X	
81426	Gsps for unex costitut heritable ds ea add	-	Х	-	Х	
81427	Gsps for unex costitut heritable ds re-eval	-	Х	-	Х	
81430	Gsps for hearing loss	-	Х	-	X	
31431	Gsps for hearing loss dupe delete anal	-	Х	-	X	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	X	-	Х	
81433	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1 brca2 mlh1	-	Х	-	Х	
31434	Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	-	Х	-	Х	
31435	Gsps for colon ca	-	Х	-	X	
31436	Gsps for colon ca dupe delete anal	-	Χ	-	X	
	Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s	-	Х	-	Х	
81438	Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl	-	Х	-	Х	
81439	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	Х	-	Х	
31440	Gsps nuclear encod mitochondrial genes	-	Х	-	Х	
	Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2	-	Х	-	Х	
81442	Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge	-	Х	-	Х	
31445	Gsps for solid organ neoplasm	-	Х	-	Х	
	Hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, mpz, reep1, spast, spg11, sptlc1)	-	Х	-	Х	
31449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis	-	Х	-	Х	

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		Small En	nployer / Individual	La	rge Employer
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
81450	Gsps hematolymphoid neo 5-50 genes	-	Х	-	Х
81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	Х	-	Х
81455	Gsps hematolymphoid neo =/>51 genes	-	Χ	-	Χ
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	Х	-	Х
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	X	-	X
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	Х	-	Х
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	,	X	1	X
81460	Gsps for whole mitochondrial genome	-	Х	-	X
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	-	Х	-	Х
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	-	Х	-	Х
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	Х	-	Х
81465	Gsps for whole mitochondrial genome lg delete anal	-	X	-	X
81470	Gsps for xlid at least 60 genes	-	Х	-	Х
81471	Gsps for xlid at least 60 genes	-	Х	-	Х
	Unlisted molecular pathology	-	X	-	X
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Х	-	Х	-

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81493	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing	-	Х	-	Х
81500	whole peripheral blood, algorithm reported as a risk score Maaa 2 serum proteins	Х		X	_
	Maaa 2 serum proteins Maaa 2 serum proteins	X	<u> </u>	X	
	Oncology tissue of origin		X	_	X
	Maaa 7 serum/plasma analytes	Х		Х	-
	Fetal aneuploidy trisom risk	_	Х	_	Х
	Maaa 5 maternal serum analytess	Х	-	Х	-
	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	Х	-	Х	-
81518	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	-	Х	-	Х
81519	Gsps onco (brst) 21 genes	-	Χ	_	Χ
	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	Χ	-	Χ
	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Χ	_	Χ
	Onc breast mrna 12 genes	-	Χ	-	Χ
	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	-	Х	-	Х
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	Х	-	Х
81529	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Х	-	Х	-
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl	Х	-	Х	-
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi	Х	-	Х	-
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	Х	-	Х	-
81539	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	Х	-	Х	-

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92		Х		Х	
	genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	^	-	^	
81541	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X	-	Х	
81542	Onc prostate mrna 22 cnt gen	-	Χ	-	Х	
81546	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	-	Х	-	Х	
81551	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Х	-	Х	
	Onc breast mrna 12 genes	-	Χ	-	Х	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip])	-	Х	-	Х	
	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Х	-	Х	-	
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	Х	-	Х	
81596	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	-	-	Х	-	
82777	Assay of galectin-3	Χ	-	Х	-	
83006	Assay growth hormone (st2)	Χ	-	Х	-	
	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when	Х	-	Х	-	
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear mag	Х	-	Х	-	
83950	Oncoprotein; her-2/neu	Х	-	Х	-	
	Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	Χ	-	Х	-	
	Ph; exhaled breath condensate	Χ	-	Х	-	
83992	Assay for phencyclidine	Χ	-	Х	-	
86005	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	Χ	-	Х	-	
	Cell enumeration	Х	-	Х	-	
86153	Cell enumeration phys interp	Х	-	Х	-	
	Leukocyte histamine release	Х	-	Х	-	
	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp)	Х	-	Х	-	
86923	Compatibility test each unit; electronic	Х	-	Х	-	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
87623	Hpv low-risk types	Х	-	Х	-	
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	Х	-	Х	-	
88120	Cytp urne 3-5 probes ea spec	Х	-	Х	-	
38121	Cytp urine 3-5 probes cmptr	Х	-	Х	-	
	Optical endomicroscopy interp	Х	-	Х	-	
	Hemoglobin (hgb), quantitative, transcutaneous	Х	-	Х	-	
38740	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	Х	-	Х	-	
	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	X	-	Х	-	
89049	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including interpretation and repor	Х	-	Х	-	
39250	Fertilization of oocyte	Х	-	Х	-	
	Culture oocyte w/embryos	Х	-	Х	-	
	Embryo hatching	Х	-	Х	-	
	Oocyte identification	Х	-	Х	-	
	Prepare embryo for transfer	Х	-	Х	-	
39257	Sperm identification	Х	-	Х	-	
	Cryopreservation, embryo	Х	-	Х	-	
	Cryopreservation, sperm	X	-	Х	-	
	Sperm isolation, simple	Х	-	Х	-	
39261	Sperm isolation, complex	X	-	Х	-	
39268	Insemination of oocytes	X	-	Х	-	
39272	Extended culture of oocyte(s)/embryo(s), 4-7 days	X	-	Х	-	
39280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	X	-	Х	-	
39281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	X	-	Х	-	
39290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	Х	-	Х	-	
39291	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos	Х	-	Х	-	
	Semen analysis	Х	-	Х	-	
	Sperm evaluation test	Х	-	Х	-	
	Cryopreservation, reproductive tissue, testicular	Х	-	X	-	
	Cryopreservation, mature oocyte(s)	Х	-	X	-	
	Storage, (per year); embryo(s)	Х	-	Х	-	
	Storage, (per year); sperm/semen	Х	-	Х	-	
	Storage, (per year); reproductive tissue, testicular/ovarian	Х	-	Х	-	

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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89346	Storage, (per year); oocyte	Х	-	Х	-
89352	Thawing of cryopreserved; embryo(s)	Χ	-	Х	-
89353	Thawing of cryopreserved; sperm/semen, each aliquot	Χ	-	Х	-
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Χ	-	Х	-
89356	Thawing of cryopreserved; oocytes, each aliquot	Χ	-	Х	-
90581	Anthrax vaccine, for subcutaneous or intramuscular use	Х	-	Х	-
90585	Bcg vaccine, percut	Χ	-	Х	-
90587	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	Χ	-	Х	-
	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Χ	-	Х	-
90664	Influenza virus vaccine, pandemic formulation, live, for intranasal use	Χ	-	Х	-
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	Х	-	Х	-
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	Х	-	Х	-
	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	Х	-	Х	-
90690	Typhoid vaccine, oral	Χ	-	Х	-
90691	Typhoid vaccine, im	Χ	-	Х	-
90717	Yellow fever vaccine, sc	Χ	-	Х	-
90738	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Χ	-	Х	-
90865	Narcosynthesis	Χ	-	Х	-
90875	Psychophysiological therapy	-	-	Х	-
90876	Psychophysiological therapy	-	-	Х	-
90880	Hypnotherapy	Χ	-	Х	-
90882	Environmental manipulation	Χ	-	Х	-
90885	Psy evaluation of records	Χ	-	Х	-
90887	Consultation with family	Χ	-	Х	-
90889	Preparation of report	Χ	-	Х	-
90901	Biofeedback train, any meth	-	-	Х	-
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or				
	manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	-	1	Х	-
	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	-	-	Х	-

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91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Х	-	Х	-	
91112	Gi wireless capsule measure	Х	-	Х	-	
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Х	-	Х	-	
91117	Colon motility 6 hr study	Х	-	Х	-	
	Corneal hysteresis deter	Х	-	Х	-	
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Х	-	Х	-	
92311	Contact lens fitting	Х	-	Х	-	
92312	Contact lens fitting	Х	-	Х	-	
	Prescription of contact lens	Х	-	Х	-	
92316	Prescription of contact lens	Х	-	Х	-	
92340	Fitting of spectacles	-	-	Х	-	
92341	Fitting of spectacles	-	-	Х	-	
92342	Fitting of spectacles	-	-	Х	-	
92352	Special spectacles fitting	Χ	-	Х	-	
92353	Special spectacles fitting	Χ	_	Х	-	
92354	Special spectacles fitting	Χ	_	Х	-	
92355	Special spectacles fitting	Χ	_	Х	-	
92358	Eye prosthesis service	Χ	_	Х	-	
92370	Repair & adjust spectacles	Χ	-	Х	-	
92371	Repair & adjust spectacles	Χ	-	Х	-	
92507	Speech/hearing therapy	-	Χ*	-	Χ*	
92508	Speech/hearing therapy	-	Χ*	-	X*	
92521	Evaluation of speech fluency	-	Χ*	-	Χ*	
92522	Evaluate speech production	-	Χ*	-	Χ*	
92523	Speech sound lang comprehen	-	Χ*	-	Χ*	
92524	Behavral qualit analys voice	-	Χ*	-	X*	
92526	Oral function therapy	-	Χ*	-	X*	
92531	Spontaneous nystagmus study	Χ	-	Х	-	
92532	Positional nystagmus study	Χ	-	Х	-	
92533	Caloric vestibular test	Χ	-	Х	-	
92534	Optokinetic nystagmus	Χ	-	Χ	-	
92571	Filtered speech hearing test	Х	_	Х	-	

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92572	Staggered spondaic word test	Х	-	Х	-
92575	Sensorineural acuity test	Χ	-	Х	-
92576	Synthetic sentence test	Χ	-	Х	-
92590	Hearing aid exam, one ear	Χ	-	Х	-
92591	Hearing aid exam, both ears	Χ	-	Х	-
	Hearing aid check, one ear	Χ	-	Х	-
	Hearing aid check, both ears	Χ	-	Х	-
92594	Electro hearng aid test, one	Χ	-	Х	-
	Electro hearng aid tst, both	Χ	-	Х	-
92596	Ear protector evaluation	Χ	-	Х	-
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Х	-	Х	-
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and	Х	-	Х	-
92607	modification Evaluation for prescription for speech-generating augmentative and alternative communication		X*		X*
	device, face-to-face with t	-	^	-	^
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	-	X*
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	X*	-	X*
92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separat	Х	-	Х	-
92630	Auditory rehabilitation; pre-lingual hearing loss	-	Χ*	-	Χ*
92921	Prq cardiac angio addl art	Χ	-	Х	-
92925	Prq card angio/athrect addl	Χ	-	Х	-
	Prq card stent w/angio addl	Х	-	Х	-
	Prq card stent/ath/angio	Х	-	Х	-
	Prq revasc byp graft addl	Х	-	Х	-
	Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft; each addl	Х	-	Х	-
93025	Microvolt t-wave alterans for assessment of ventricular arrhythmias	Х	-	Х	_
	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf	Х	-	Х	-
20-20	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Х	-	Х	_
93590					

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93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list	Х	_	Х	_	
	separately in addition to code for primary procedure)	^		^		
	Peripheral vascular rehab	-	Χ*	-	Χ*	
93701	Bioimpedance-derived physiologic cardiovascular analysis	Х	-	X	-	
93702	Bis xtracell fluid analysis	Х	-	X	-	
93740	Temperature gradient studies	Χ	-	Χ	-	
93770	Measure venous pressure	Х	-	Χ	-	
93895	Carotid intima atheroma eval	Χ	-	Х	-	
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg,	Х	-	Х	-	
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Х	-	Х	-	
	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 yea	Х	-	Х	-	
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve	Х	-	Х	-	
94150	Vital capacity test	Х	-	Х	_	
	High altitude simulation test (hast), with physician interpretation and report;	X	_	X		
	High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration	X	-	Х	-	
94625	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; without continuous oximetry monitoring (per session)	Х	-	-	-	
94626	Physician or other qualified health care professional services for outpatient pulmonary rehabilitation; with continuous oximetry monitoring (per session)	Х	-	-	-	
95060	Eye allergy tests		-	Х		
	Nose allergy test	 _ 		X		
	Eeg digital analysis	Х		X		
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	X		X		
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with plantar					
30001	pressure measurements	X	-	Х	-	
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Х	-	Х	_	
	Dynamic fine wire electromyography, during walking or other functional activities, 1-12 muscle	X		X		
	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and fine wire emg, w report	X	-	X	-	
96105	Assessment of aphasia	Х	-	Х		
30103	Assessment of apriasia	^		^		

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Covered Required Covered Required Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable rugs, or specialty medications and should be directed to the Pharmacy link option within the website.			Small En	nployer / Individual	Large Employer		
Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o syndrome or a history or syndrome or syndr	Codes	Description	Not	Preauthorization		Preauthorization Required	
syndrome or a history o 86931 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion 86932 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion 86933 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion 86934 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition to code for p 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for p 87012 Mechanical traction therapy 87012 Mechanical traction therapy 97012 Mechanical traction therapy 97013 Mechanical traction therapy 97014 Mechanical traction therapy 97015 Vasopneumatic device therapy 97016 Vasopneumatic device therapy 97017 Mechanical traction therapy 97018 Paraffin bath therapy 97019 Variety of the properties of the			se coding lists	do not reflect information	regarding imm	unizations, injectable	
acquisition and interpretation and report, first lesion 86932 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion 86933 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion 86934 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately i 86935 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately i) 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p 86936 Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p 87010 Hot or cold packs therapy 87010 Hot or cold packs therapy 97011 Electric stimulation therapy 97012 Mechanical traction therapy 97014 Electric stimulation therapy 97015 Paraffin bath therapy 97016 Paraffin bath therapy 97017 A Stranger of the stra	96904		Х	-	Х	-	
acquisition only, first lesion Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately in addition sequence) Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for p Hot or cold packs therapy Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to code for p Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation acquisition only, each additional lesion (list separately in addition to code for p Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation x - X - X - X - X - X - X - X	96931		Х	-	Х	-	
and report only, first lesion A	96932		Х	-	Х	-	
acquisition and interpretation and report, each additional lesion (list separately i X - X -	96933		Х	-	Х	-	
acquisition only, each additional lesion (list separately in addition to code for p	96934		Х	-	Х	-	
and report only, each additional lesion (list separately in addition to cod X	96935		Х	-	Х	-	
Mechanical traction therapy -	96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation	Х	-	Х	-	
Proposition	97010	Hot or cold packs therapy	Χ	-	Χ	-	
97016 Vasopneumatic device therapy -	97012	Mechanical traction therapy	-	Χ*	-	Χ*	
97016 Vasopneumatic device therapy - X* - X* 97018 Paraffin bath therapy - X* - X* 97022 Whirlpool therapy - X* - X* 97024 Diathermy treatment - X* - X* 97026 Infrared therapy X - X - X* 97028 Ultraviolet therapy - X* - X* 97032 Electrical stimulation - X* - X* 97033 Electric current therapy - X* - X* 97034 Contrast bath therapy - X* - X* 97035 Ultrasound therapy - X* - X* 97036 Hydrotherapy - X* - X* 97037 Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and nonablative) for post-operative pain reduction X - X* - X* 97110 Therapeutic exercises - X* - X* - X* 97111 Neuromuscular reeducation - X* - X* -	97014	Electric stimulation therapy	-	Χ*	_	X*	
Paraffin bath therapy -			-	Χ*	_	X*	
97022 Whirlpool therapy -			-	Χ*	_	X*	
97024 Diathermy treatment -			-	Χ*	_	X*	
Infrared therapy X			-	Χ*	_	X*	
Property		•	Χ	-	Х	-	
Electrical stimulation	97028	Ultraviolet therapy	-	Χ*	-	Χ*	
97034 Contrast bath therapy -			-	Χ*	-	Χ*	
97034 Contrast bath therapy -	97033	Electric current therapy	-	Χ*	-	Χ*	
97036 Hydrotherapy 97037 Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and nonablative) for post-operative pain reduction 97039 Physical therapy treatment 97110 Therapeutic exercises 97112 Neuromuscular reeducation 9713 Aquatic therapy/exercises 9713 Aquatic therapy/exercises 9714 Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and nonablative) X - X*	97034	Contrast bath therapy	-	Χ*	-	Χ*	
Hydrotherapy - X* - X* - X*	97035	Ultrasound therapy	-	Χ*	_	X*	
Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction 97039 Physical therapy treatment 97110 Therapeutic exercises 97112 Neuromuscular reeducation Ax - X*			-		-		
97039 Physical therapy treatment - X* - X* 97110 Therapeutic exercises - X* - X* 97112 Neuromuscular reeducation - X* - X* 97113 Aquatic therapy/exercises - X* - X*		Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-	Х	-	Х	-	
97110 Therapeutic exercises - X* - X* 97112 Neuromuscular reeducation - X* - X* 97113 Aquatic therapy/exercises - X* - X*	97039		-	Χ*	-	Χ*	
97112 Neuromuscular reeducation - X* - X* 97113 Aquatic therapy/exercises - X* - X*			-		-		
97113 Aquatic therapy/exercises - X* - X*			-		_		
			-		-		
			-		_		

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
97124	Massage therapy	-	Χ*	-	X*	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	-	X*	-	X*	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (list separately in addition to code for primary procedure)	-	X*	-	X*	
97139	Physical medicine procedure	-	X*	-	X*	
97140	Manual therapy	-	X*	-	Χ*	
97150	Group therapeutic procedures	Х	-	Х	-	
97161	Physical therapy evaluation: low complex	-	X*	-	Χ*	
	Physical therapy evaluation: moderate complex	-	X*	-	Χ*	
97163	Physical therapy evaluation: high complex	-	X*	-	X*	
97164	Re-evaluation of physical therapy	-	X*	-	Χ*	
97165	Occupational therapy evaluation, low complex	-	X*	-	X*	
97166	Occupational therapy evaluation, moderate complex	-	X*	-	Χ*	
97167	Occupational therapy evaluation, high complex	-	X*	-	X*	
	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan	-	X*	-	X*	
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	
97170	Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	
97171	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	
	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented change	Х	-	Х	-	
97530	Therapeutic activities	-	Χ*	-	Χ*	
	Sensory integration	-	Χ*	-	Χ*	
97535	Self care mngment training	-	Χ*	-	Χ*	
97537	Community/work reintegration	-	Χ*	-	Χ*	

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97542	Wheelchair mngment training	-	X*	-	X*	
97545	Work hardening	-	X*	-	X*	
97546	Work hardening add-on	-	X*	-	X*	
97550	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	Х	-	Х	-	
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility,	Х	-	Х	-	
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls]	Х	-	Х	-	
97602	Wound care non-selective	Х	-	Х	-	
	Low frequency non-thermal us	Х	-	Х	-	
	Physical performance test	-	X*	-	X*	
	Physical medicine procedure	-	X*	-	X*	
97810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	Х	-	Х	-	
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-	Х	-	
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	Х	-	Х	-	
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-	Х	-	
98940	Chiropractic manipulation	-	X*	-	X*	
	Chiropractic manipulation	-	X*	-	X*	
	Chiropractic manipulation	-	X*	-	Χ*	
	Chiropractic manipulation	-	X*	-	Χ*	
	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	Х	-	
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	х	-	Х	-	

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98971	Qualified nonphysician health care professional online digital evaluation and management					
	service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20	X	-	Х	-	
	minutes					
98972	Qualified nonphysician health care professional online digital evaluation and management					
	service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or	Х	-	Х	-	
	more minutes					
99000	Specimen handling	Х	-	Х	-	
	Specimen handling	Х	-	Х	-	
	Device handling	Х	-	Х	-	
	Postop follow-up visit	Х	-	Х	-	
	Hospital mandated on call service; in-hospital, each hour	Х	-	Х	-	
	Hospital mandated on call service; out-of-hospital, each hour	Х	-	Х	-	
	Special supplies	Х	-	Х	-	
	Patient education materials	Х	-	Х	-	
	Addl supl matrl&staf tm phe	Х	-	Х	-	
	Medical testimony	Х	-	Х	-	
99078	Group health education	Х	-	Х	-	
	Special reports or forms	X	-	Х	-	
99082	Unusual physician travel	Х	-	Х	-	
99116	Anesthesia with hypothermia	Х	-	Х	-	
99221	Initial hospital care	-	X	-	-	
99222	Initial hospital care	-	X	-	-	
99223	Initial hospital care	-	Χ	-	•	
99231	Subsequent hospital care	-	Χ	-	ı	
	Subsequent hospital care	-	Χ	-	ı	
99233	Subsequent hospital care	-	Χ	-	ı	
99241	Office consultation	Х	•	Χ	1	
99242	Office consultation	Х	-	Χ	•	
99243	Office consultation	X	•	Χ	•	
	Office consultation	X	-	X	-	
	Office consultation	X	-	X	-	
99251	Initial inpatient consult	Х	-	Χ	-	
99252	Initial inpatient consult	Х	-	Χ	-	
	Initial inpatient consult	X	ı	X	-	
99254	Initial inpatient consult	Х	-	Χ	-	

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
99255	Initial inpatient consult	Х	-	Χ	-
99304	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co	-	Х	-	X
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co	-	Х	-	Х
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key c	-	Х	-	Х
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key c	-	Х	-	Х
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eg, assisted livi	Х	-	Х	-
99358	Prolong service w/o contact	Х	-	Х	-
	Prolong serv w/o contact add	Х	-	Х	
	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil	Х	-	Х	-
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-
99374	Home health care supervision	Х	-	Х	-
	Hospice care supervision	Х	-	Х	-
	Nursing fac care supervision	Х	-	Х	-
99380	Nursing fac care supervision	Х	-	Х	-

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Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	х	-	X	-	
99450	Life/disability evaluation	Χ	-	Х	-	
	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 m	Х	-	Х	-	
	Disability examination	Χ	-	Х	-	
	Disability examination	Χ	-	Х	-	
	Self-measured blood pressure using a device validated for clinical accuracy; separate self-measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	Х	-	х	-	
	Suprv interfacilty transport	Χ	-	X	-	
	Suprv interfac trnsport addl	Χ	-	X	-	
	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	-	Χ	-	X	
99501	Home visit for postnatal assessment and follow-up care	-	Χ	-	X	
99502	Home visit for newborn care and assessment	-	Χ	-	Χ	
	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	-	Χ	-	Х	
99504	Home visit for mechanical ventilation care	-	Х	-	Х	
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	-	Χ	-	Х	
99506	Home visit for intramuscular injections	-	Χ	-	Х	
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Х	-	Х	-	
99509	Home visit for assistance with activities of daily living and personal care	Χ	-	Χ	-	
99510	Home visit for individual, family, or marriage counseling	Χ	-	X	-	
	Home visit for fecal impaction management and enema administration	Х	-	Х	-	
	Home visit for hemodialysis, per diem	-	Χ	-	X	
99605	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	-	Х	-	
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	-	Х	-	

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face	V		V		
	with patient, with assessmen	X	-	Х	-	
A0080	Noninterest escort in non er	Х	-	Х	-	
A0090	Interest escort in non er	Х	-	Х	-	
A0100	Nonemergency transport taxi	Х	-	Х	-	
	Nonemergency transport bus	Х	-	Х	-	
	Noner transport mini-bus	Х	-	Х	-	
A0160	Noner transport case worker	Х	-	Х	-	
	Noner transport parking fees	Х	-	Х	-	
A0180	Noner transport lodgng recip	Х	-	Х	-	
	Noner transport meals recip	Х	-	Х	-	
	Noner transport lodgng escrt	Х	-	Х	-	
	Noner transport meals escort	Х	-	Х	-	
	Ambulance waiting 1/2 hr	Х	-	Х	-	
	Extra ambulance attendant	Х	-	Х	-	
	Pi volunteer ambulance co	Х	-	Х	-	
A0888	Noncovered ambulance mileage	Х	-	Х	-	
	Mirragen adv wnd mat per sq	Х	-	Х	-	
	Bio-connekt wound matrix	Х	-	Х	-	
	Xcellistem, 1 mg	X	_	X	-	
	Microlyte matrix, per sq cm	X	_	X	-	
	Novosorb synpath per sq cm	X	_	X	-	
	Theragenesis, per sq cm	X	_	Х	-	
	Symphony, per sq cm	X	_	X	-	
	Apis, per square centimeter	X	-	Х	-	
	Supra sdrm, per square cm	X	-	Х	-	
	Suprathel, per sq cm	X	-	X	-	
	Omeza collagen matrix, per 100 mg	X	_	X	-	
	Phoenix wound matrix, per square centimeter	X	_	X	_	
	Permeaderm b, per square centimeter	X	_	X	_	
	Permeaderm glove, each	X	_	X	_	
	Permeaderm c, per square centimeter	X	_	X	_	
	Kerecis marigen shid sq cm	X	-	X	_	
	Ac5 wound system	X	-	X	_	
	Neomatrix per sq cm	X	_	X		
	recomating per set sin number of visite. Limit depends on plan/provider type	^		^		

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		Small En	nployer / Individual	Laı	ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
A2022	Innovaburn or innovamatrix xl, per square centimeter	Х	-	Х	-
	Innovamatrix pd, 1 mg	Χ	-	Х	-
A2024	Resolve matrix, per square centimeter	Χ	-	Х	-
A2025	Miro3d, per cubic centimeter	Χ	-	Х	-
A2027	Matriderm, per square centimeter	Χ	-	Х	-
	Micromatrix flex, per mg	Х	-	Х	-
	Mirotract wound matrix sheet, per cubic centimeter	Х	-	Х	-
	Skin sub fda clrd as dev nos	Х	-	Х	-
A4226	Supplies for maintenance of insulin infusion pump	Х	-	Х	-
A4238	Adju cgm supply allowance	-	Χ	-	Х
	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes		V		V
	all supplies and accessories, 1 month supply = 1 unit of service	-	X	-	X
	Blood glucose/reagent strips	Х	-	-	-
A4257	Replacement lens shield cartridge for use with laser skin piercing device, each	Х	-	Х	-
	Temporary tear duct plug	Х	-	Х	-
	Permanent tear duct plug	Х	-	Х	-
A4265	Paraffin	Х	-	Х	-
A4267	Contraceptive supply, condom, male, each	Х	-	Х	-
	Contraceptive supply, condom, female, each	Х	-	Х	-
A4269	Contraceptive supply, spermicide (e.g., foam, gel), each	Х	-	Х	-
	Disposable endoscope sheath	Х	-	Х	-
	Tubing for breast pump, replacement	Х	-	Х	-
	Adapter for breast pump, replacement	Х	-	Х	-
	Cap for breast pump bottle, replacement	Х	-	Х	-
	Breast shield and splash protector for use with breast pump, replacement	Х	-	Х	-
	Polycarbonate bottle for use with breast pump, replacement	Х	-	Х	-
	Locking ring for breast pump, replacement	Х	-	Х	-
	Disposable collection and storage bag for breast milk, any size, any type, each	Х	-	Х	-
	Cath impl vasc access portal	Х	-	Х	-
	Incontinence supply	Х	-	Х	-
	Enema tube, with or without adapter, any type, replacement only, each	X	-	Х	-
	Enema bag with tubing, reusable	Х	-	Х	-
	Non-elastic extremity binder	Х	-	Х	-
	Exsufflation belt, includes all supplies and accessories	Х	-	Х	-
	Incontinence garment anytype	X		X	

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		Small En	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Х	-	Х	-
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Х	-	Х	-
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Х	-	Х	-
	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	Х	-	Х	-
A4550	Surgical trays	Х	-	Х	-
	Nondisp underpads, all sizes	Х	-	Х	-
	Disposable underpads	Х	-	Х	-
	Conductive paste or gel	Х	-	Х	-
	Nmes disposable	Х	-	Х	-
	Hyperbaric o2 chamber disps	Х	-	Х	-
	Cast supplies (plaster)	Х	-	Х	-
	Special casting material	Х	-	Х	-
	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	Х	-	Х	-
	Lithium ion battery for non-prosthetic use, replacement	Х	-	Х	-
A4611	Heavy duty battery	Χ	-	Х	-
A4612	Battery cables	Χ	-	Х	-
A4613	Battery charger	Χ	-	Х	-
A4630	Repl bat t.e.n.s. own by pt	Χ	-	Х	-
	Replacement bulb for therapeutic light box, tabletop model	Χ	-	Х	-
A4638	Replacement battery for patient-owned ear pulse generator, each	Х	-	Х	-
A4639	Replacement pad for infrared heating pad system, each	Х	-	Х	-
A4642	Satumomab pendetide per dose	Х	-	Х	-
A4660	Esrd blood pressure device	Χ	-	Х	-
A4663	Esrd blood pressure cuff	Χ	-	Х	-
A4670	Auto blood pressure monitor	Χ	-	Х	-
A4680	Activated carbon filters	Χ	-	Х	-
A4690	Dialyzers	Х	-	Х	-
A4931	Oral thermometer, reusable, any type, each	Х	-	Х	-
	Rectal thermometer, reusable, any type, each	Х	-	Х	-
	Percutaneous catheter anchor	Х	-	Х	-
A5503	Diabetic shoe w/roller/rockr	Х	-	Х	-
A5504	Diabetic shoe with wedge	Х	-	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
A5505	Diab shoe w/metatarsal bar	Χ	-	Х	-	
A5506	Diabetic shoe w/off set heel	Х	_	Х	-	
A5507	Modification diabetic shoe	Х	_	Х	-	
A5508	Diabetic deluxe shoe	Х	_	Х	-	
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat source, multiple-density i	Х	-	Х	-	
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Х	-	Х	-	
A6413	Adhesive bandage, first-aid type, any size, each	Х	-	Х	-	
	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Х	-	Х	
A7020	Interface, cough stim device	-	Х	-	Х	
	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-	Х	-	
	Epap nasal valve	Х	-	Х	-	
	Misc/exper non-prescript dru	Х	-	Х	-	
	Single vitamin nos	Х	-	Х	-	
	Multi-vitamin nos	Х	-	Х	-	
A9155	Artificial saliva, 30 ml	Х	-	Х	-	
A9180	Naturopaths	Х	_	Х	-	
A9268	Programmer for transient, orally ingested capsule	Х	_	Х	-	
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	Х	_	Х	-	
A9270	Non-covered item or service	Х	-	Х	-	
A9272	Mechanical wound suction, disposable, includes dressing, all accessories and components, each	-	Х	-	Х	
A9273	Hot/cold h2obot/cap/col/wrap	Х	-	Х	-	
	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	-	Х	-	Х	
A9275	Home glucose disposable monitor, includes test strips	Х	-	Х	-	
	Transmitter; external, for use with interstitial continuous glucose monitoring system	-	Х	-	Х	
	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	-	Х	-	Х	
	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	Х	-	Х	-	
A9281	Reaching/grabbing device, any type, any length, each	Х	-	Х	-	
	Wig, any type, each	Х	-	Х	-	
	Foot pressure off loading/supportive device, any type, each	Х	-	Х	-	

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		Small En	nployer / Individual	Lai	ge Employer
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A9285	Inversion eversion cor devic	Х	-	Х	-
A9286	Any hygienic item, device	Χ	-	Х	-
	Pres digital behav thera fda	Χ	-	Х	-
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	Χ	-	Х	-
A9293	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	Х	-	Х	-
	Exercise equipment	Х	_	Х	-
	Technetium tc-99m teboroxime, diagnostic, per study dose	X	-	X	-
	Technetium tc 99m apcitide	X	_	X	_
	Indium/111 capromab pendetid	X	_	X	_
	lobenguane sulfate i-131	X	_	Х	_
	Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serumm albumin, 5 microcuries		-	Х	-
A9536	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	Χ	-	Х	-
	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	Х	-	Х	-
	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries	Х	-	Х	-
	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	Χ	-	Х	-
	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	Χ	-	Х	-
	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	Х	-	Х	-
A9574	Air poly intrauterine foam	Х	-	Х	-
	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Х	-	Х	-
	Strontium-89 chloride	Χ	-	Х	-
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	-	Х	-	Х
A9901	Delivery/set up/dispensing	Х	-	Х	-
	Food thickener, administered orally, per ounce	Х	-	Х	-
	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Χ	-	Х	-
	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	-	Х	-	Х
C1734	Orth/devic/drug bn/bn,tis/bn	Х		Х	
	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	X		X	
	Endoscope, single-use (i.e. disposable), drinary tract, imaging/ilidimination device (insertable)	X	_	X	
	Endoscope, single, agi Endoscope, retrograde imaging/illumination colonoscope device implantable)	X		X	
	Catheter, intradiscal	X		X	
	Catheter, intradiscal Catheter, intracardiac echocardiography	X		X	
	Imaging coil, magnetic resonance (insertable)	X		X	
	and after certain number of visite. Limit depends on plan/provider type	^		^	

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		Small Em	ployer / Individual	Large Employer		
Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required	
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C1773	Retrieval device, insertable (used to retrieve fractured medical devices)	Х	-	Х	-	
C1813	Prothesis, penile, inflatable	Χ	-	-	-	
C1815	Prothesis, urinary sphincter (implantable)	-	Χ	-	X	
C1819	Tissue localization excision	Χ	-	Χ	-	
C1821	Interspinous process distraction device (implantable) x-stop	Χ	=	Χ	•	
C1824	Generator, ccm, implant	Χ	=	Х	-	
C1825	Gen, neuro, carot sinus baro	-	X	-	Χ	
C1831	Personalized interbody cage	Х	-	Х	-	
C1832	Auto cell process sys	Х	-	Х	-	
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	-	Х	-	Х	
C1840	Lens, intraocular (telescopic)	Х		Х		
	Retinal prosthesis, includes all internal and external components; add-on	X		X		
	Retinal prosthesis	X		X	-	
	Skin substitute, synthetic	X		X	-	
	Dialysis access system (implantable)	X	-	X	-	
	No implantable/insertable device used with device-intensive procedures	X	_	X	-	
	Infusion pump, non-programmable, permanent (implantable)	-	Х	-	Х	
	Lung bx plug w/deliv sys	Х	-	Х	-	
	Probe, percutaneous lumbar discectomy	Х	-	Х	-	
	Prothesis, penile, non-inflatable	Х	-	-	-	
	Wireless pressure sensor	-	Х	-	Х	
	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х	-	Х	
	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х	-	Х	
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	Х	-	Х	

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C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	Х	-	Х
C9293	Injection, glucarpidase, 10 units	Х	-	Х	-
C9363	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	Χ	-	-	-
	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Χ	-	Х	-
C9726	Placement and removal (if performed) of applicator into therapy	Х	-	Х	-
C9727	Insertion of implants into the soft palate; minimum of three implants	Х	-	Х	-
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic resonance (mr) guidance	Х	-	Х	-
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	Х	-	х	-
C9757	Spine/lumbar disk surgery	Х	-	Х	-
	Interatrial shunt ide	-	Х	-	Х
C9760	Non-blind interatrial shunt	-	Х	-	Х
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	Х	-	Х	-
C9781	Arthro/shoul surg; w/spacer	-	Х	-	Χ
C9782	Blind myocar trpl bon marrow	Х	-	Х	-
C9783	Blind cor sinus reducer impl	Х	-	Х	-
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Х	-	Х	-
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	-	Х	-	Х
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	-	Х	-
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Х	<u>-</u>	Х	-

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C9792	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii,				
	iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein				
	access, including all imaging necessary to intra procedurally map the coronary sinus for optimal	Х	-	Х	-
	shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in				
	an approved investigational device exemption (ide) study)				
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac	Х		V	
	computed tomographic angiography with report	^	-	Х	-
C9795	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including				
	image guidance and real-time positron emissions-based delivery adjustments to 1 or more	-	Χ	-	Χ
	lesions, entire course not to exceed 5 fractions				
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Χ	-	Х	-
D0120	Periodic oral examination	Х	-	Х	-
D0140	Limited oral evaluation - problem-focused	Х	-	Х	-
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	Х	-	Х	-
D0150	Comprehensive oral evaluation	Х	-	Х	-
D0160	Detailed and extensive oral evaluation - problem-focused, by report	Х	-	Х	-
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-	Х	-
D0171	Re-evaluation- post operative office visit	Х	-	Х	-
D0180	Comprehensive periodontal evaluation - new or established patient	Х	-	Х	-
	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Х	-	Х	-
	A limited clinical inspection that is performed to identify possible signs of oral or systemic	V		V	
	disease, malformation, or injury, and the potential need for referral for diagno	Х	-	X	-
D0210	Intraoral- complete series of radiographic images	Χ	-	Х	-
D0220	Intraoral- periapical first radiographic image	Χ	-	Х	-
D0230	Intraoral- periapical each additional radiographic image	Χ	-	Х	-
D0240	Intraoral- occlusal radiographic image	Х	-	Х	-
D0250	Extra-oral 2d projection radiographic image created using a stationary radiation source, and	Х		V	
	detector	^	-	Х	-
D0251	Extra-oral posterior dental radiographic image	Х	-	Х	-
D0270	Bitewing- single radiographic image	Χ	-	Χ	-
	Bitewings- two radiographic images	Х	-	Х	-
	Bitewings- three radiographic images	Х	-	Х	-
	Bitewings- four radiographic images	Х	-	Х	-
D0277	Vertical bitewings- 7 to 8 radiographic images	Χ	-	Х	-

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D0310	Sialography	Х	-	Х	-	
D0322	Tomographic survey	Х	-	Х	-	
D0330	Panoramic radiographic image	Х	_	Х	-	
D0340	2d cephalometric radiographic image-acquisition, measurement and analysis	Х	_	Х	-	
D0350	2d oral/facial photographic image obtained intra-orally or extra-orally	Х	-	Х	-	
D0351	3d photographic image	Х	-	Х	-	
D0364	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	Х	-	Х	-	
D0365	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Х	-	Х	-	
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Х	-	Х	-	
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-	Х	-	
D0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	Х	-	Х	-	
	Maxillofacial mri capture and interpretation	Х	-	Х	-	
	Maxillofacial ultrasound capture and interpretation	Х	-	Х	-	
	Sialoendoscopy capture and interpretation	Х	-	Х	-	
	Intraoral tomosynthesis - comprehensive seris of rediographic images	Х	-	Х	-	
	Intraoral tomosynthesis - bitewing radiographic image	Х	-	Х	-	
	Intraoral tomosynthesis - periapical radiographic image	Х	-	Х	-	
D0380	Cone beam ct image capture with limited field of view- less than one whole jaw	Х	-	Х	-	
D0381	Cone beam ct image capture with field of view of one full dental arch-mandilbe	Х	-	Х	-	
D0382	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-	Х	-	
D0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-	Х	-	
	Cone beam ct image capture for tmj series including two or more exposures	Х	-	Х	-	
	Maxillofacial mri image capture	Х	-	Х	-	
	Maxillofacial ultrasound image capture	Х	-	Х	-	
	Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	Х	-	Х	-	
	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	-	Х	-	
	Intraoral tomosynthesis - periapical radiographic image- image capture only	X	-	X	-	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Х	-	Х	-	
	Treatment simulation using 3d image volume	Х	_	Х	_	
	Digital subtraction of two or more images or image volumes of the same modality	X	_	X	_	
	Fusion of two or more 3d image volumes of one or more modalities	X		X		

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D0396	3D printing of a 3D dental surface scan	Х	-	Х	-	
D0411	Hba1c in-office point of service testing	Х	-	Х	-	
D0412	Blood glucose level test-in-office using a glucose meter	Х	-	Х	-	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	Х	-	Х	-	
D0415	Bacteriologic studies for determination of pathologic agents	Χ	-	Х	-	
	Viral culture	Χ	-	Х	-	
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Χ	-	Х	-	
	Analysis of saliva sample	Х	-	Χ	-	
D0419	Assessment of salivary flow by measurement	Х	-	Χ	-	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	Х	-	Χ	-	
D0423	Genetic test for susceptibility to diseases- specimen analysis	Х	-	Χ	-	
D0425	Caries susceptibility tests	Х	-	Χ	-	
D0431	Diag tst detect mucos abnorm	Х	-	Χ	-	
D0460	Pulp vitality tests	Х	-	Х	-	
D0470	Diagnostic casts	Х	-	Х	-	
D0472	Accession of tissue gross examination prep/transmission of written report	Х	-	Х	-	
D0473	Accession of tissue gross and microscopic examination prep/trans of report	Х	-	Х	-	
D0474	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	Х	-	Х	-	
D0475	Decalcification procedure	Χ	-	Х	-	
D0476	Spec stains for microorganis	Χ	-	Х	-	
D0477	Spec stains not for microorg	Х	-	Χ	-	
D0478	Immunohistochemical stains	Х	-	Χ	-	
D0479	Tissue in-situ hybridization	Х	-	Χ	-	
D0480	Processing and interpretation of cytologic smears incl the prep/trans of written report	Х	-	Χ	-	
D0481	Electron microscopy	Х	-	Х	-	
D0482	Direct immunofluorescence	Х	-	Х	-	
D0483	Indirect immunofluorescence	Х	-	Χ	-	
D0484	Consult slides prep elsewher	Х	-	Х	-	
	Consult inc prep of slides	Х	-	Х	-	
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	Х	-	Х	-	
D0502	Other oral pathology procedures, by report	Х	-	Х	-	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these codes are updated quarterly. Additionally, these codes are updated quarterly. Additionally, these codes are updated quarterly.	Covered se coding lists	Required do not reflect information	Covered regarding imme	Required unizations, injectable	
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum	Х	-	Х	-	
D0601	Caries risk assessment and documentation, with a finding of low risk	Х	-	Х	-	
	Caries risk assessment and documentation, with a finding of moderate risk	Х	-	Х	-	
D0603	Caries risk assessment and documentation, with a finding of high risk	Х	-	Х	-	
	Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	Х	-	Х	-	
D0701	Panoramic radiographic image – image capture only	Х	-	Х	-	
	2-d cephalometric radiographic image – image capture only	Х	-	Х	-	
	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	Х	-	Х	-	
	3-d photographic image – image capture only	Х	-	Х	-	
	Extra-oral posterior dental radiographic image – image capture only	Х	-	Х	-	
	Intraoral – occlusal radiographic image – image capture only	Х	-	Х	-	
	Intraoral – periapical radiographic image – image capture only	Х	-	Х	-	
	Intraoral – bitewing radiographic image – image capture only	Х	-	Х	-	
	Intraoral – complete series of radiographic images – image capture only	Х	-	Х	-	
	3d dental scan direct	Х	-	Х	-	
D0802	3d dental scan indirect	Х	-	Х	-	
D0803	3d facial scan direct	Х	-	Х	-	
D0804	3d facial scan indirect	Х	-	Х	-	
D0999	Unspecified diagnostic procedure, by report	Χ	-	Х	-	
D1110	Prophylaxis-adult	Χ	-	Х	-	
D1120	Prophylaxis-child	Χ	-	Х	-	
D1206	Topical application of fluoride varnish	Χ	-	Х	-	
D1208	Topical application of fluoride- excluding varnish	Х	-	Х	-	
D1301	Immunization counseling	Х	-	Х	-	
D1310	Nutritional counseling for the control of dental disease	Х	-	Х	-	
D1320	Tobacco counseling for the control and prevention of oral disease	Х	-	Х	-	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Х	-	Х	-	
D1330	Oral hygiene instruction	Х	-	Х	-	
	Sealant-per tooth	Х	-	Х	-	
	Prev resin rest, perm tooth	Х	-	Х	-	
	Sealant repair- per tooth	Х	-	Х	-	
	Interim caries arresting medicament application-per tooth	Х	-	Х	-	

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		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding immu	unizations, injectable	
	Caries preventive medicament application – per tooth	Х	_	Х	-	
	Space maintainer-fixed unilateral	Х	-	Х	-	
	Space maintainer-fixed-bilateral, maxillary	Х	-	Х	-	
	Space maintainer-fixed-bilateral, mandibular	Х	-	Х	-	
	Space maintainer-removable unilateral	Х	-	Х	-	
	Space maintainer -removable-bilateral, maxillary	Х	-	Х	-	
	Space maintainer -removable-bilateral, mandibular	Х	-	Х	-	
	Re-cement or re-bond bilateral space maintainer-maxillary	Х	-	Х	-	
D1552	Re-cement or re-bond bilateral space maintainer-mandibular	Х	-	Х	-	
D1553	Re-cement or re-bond unilateral space maintainer-per quadrant	Х	-	Х	-	
D1556	Removal of fixed unilateral space maintainer- per quadrant	Х	-	Х	-	
D1557	Removal of fixed bilateral space maintainer- maxillary	Х	-	Х	-	
	Removal of fixed bilateral space maintainer- mandibular	Х	-	Х	-	
D1575	Distal shoe space maintainer-fixed-unilateral	Х	-	Х	-	
D1781	Vaccine administration - human papillomavisrus - dose 1	Х	-	Х	-	
D1782	Vaccine administration - human papillomavisrus - dose 2	Х	-	Χ	-	
D1783	Vaccine administration - human papillomavisrus - dose 3	Х	-	Χ	-	
D1999	Unspecified preventive procedure, by report	Х	-	Χ	-	
D2140	Amalgam-one surface, permanent	Х	-	Х	-	
D2150	Amalgam-two surfaces, permanent	Х	-	Χ	-	
D2160	Amalgam-three surfaces, permanent	Х	-	Х	-	
D2161	Amalgam-fouror more surfaces, permanent	Х	-	Х	-	
D2330	Resin-one surface, anterior	Х	-	Х	-	
D2331	Resin-two surfaces, anterior	Х	-	Х	-	
D2332	Resin-three surfaces, anterior	Χ	-	Х	-	
D2335	Resin-fouror more surfacesor involving incisal angle (anterior)	Х	-	Х	-	
D2390	Resin-based composite crown, anterior	Χ	-	Х	-	
D2391	Resin-based composite - one surface, posterior	Х	ı	Х	-	
D2392	Resin-based composite - two surfaces, posterior	Х	ı	Х	-	
D2393	Resin-based composite - three surfaces, posterior	Х	-	Х	-	
D2394	Resin-based composite - four or more surfaces, posterior	Х	1	Х	-	
D2410	Gold foil-one surface	Х	1	Х	-	
D2420	Gold foil-two surfaces	Х	ı	Х	-	
	Gold foil-three surfaces	Х	-	Х	-	
D2510	Inlay-metallic-one surface	Х	-	Х	-	

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Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
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	Inlay-metallic-two surfaces	Х	_	Х	-	
	Inlay-metallic-three surfaces	X	-	X	-	
	Onlay - metallic - two surfaces	X	-	X	-	
	Onlay - metallic - three surfaces	X	-	X	-	
	Onlay - metallic - four or more surfaces	X	-	X	-	
	Inlay-porcelain/ceramic-one surface	X	-	X	-	
	Inlay-porcelain/ceramic-two surfaces	X	-	X	-	
	Inlay-porcelain/ceramic-three surfaces	X	-	X	-	
	Onlay - porcelain/ceramic - two surfaces	X	-	X	-	
	Onlay - porcelain/ceramic - three surfaces	Х	-	Х	-	
	Onlay - porcelain/ceramic - four or more surfaces	Х	-	Х	-	
	Inlay-composite/resin-one surface (laboratory processed)	Х	-	Х	-	
	Inlay-composite/resin-two surfaces (laboratory processed)	Х	-	Х	-	
	Inlay-composite/resin-three surfaces (laboratory processed)	Х	-	Х	-	
	Onlay - composite/resin - two surfaces (laboratory processed)	Х	-	Х	-	
	Onlay - composite/resin - three surfaces (laboratory processed)	Х	-	Х	-	
	Onlay - composite/resin - four or more surfaces (laboratory processed)	Х	-	Х	-	
	Crown resin (laboratory)	Х	-	Х	-	
D2712	Crown 3/4 resin-based compos	Х	-	Χ	-	
D2720	Crown-resin with high noble metal	Х	-	Χ	-	
D2721	Crown-resin with predominantly base metal	Х	-	Χ	-	
D2722	Crown-resin with noble metal	Х	_	Χ	-	
D2740	Crown-porcelain/ceramic	Х	-	Χ	-	
D2750	Crown-porcelain fused to high noble metal	Х	-	Х	-	
D2751	Crown-procelain fused to predominantly base metal	Х	-	Х	-	
D2752	Crown-porcelain fused to noble metal	Х	-	Х	-	
D2753	Crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-	
D2780	Crown - 3/4 cast high noble metal	Χ	1	Χ	-	
D2781	Crown - 3/4 cast predominately base metal	Χ	1	Χ	-	
D2782	Crown - 3/4 cast noble metal	Х	-	Х	-	
D2783	Crown - 3/4 porcelain/ceramic	Χ	-	Χ	-	
D2790	Crown-full cast high noble metal	Χ	-	Χ	-	
D2791	Crown-full cast predominantly base metal	X	1	Χ	-	
	Crown-full cast noble metal	Х	-	Х	-	
D2794	Crown-titanium	Χ	-	Χ	-	

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D2799	Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-	Х	-
D2910	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Х	-	Х	-
	Re-cement or re-bond indirectly fabricated or prefabricated post and core	Х	-	Х	-
	Re-cement or re-bond crown	Х	1	Х	-
D2921	Reattachment of tooth fragment, incisal edge or cusp	Х	1	Х	-
	Prefabricated porcelain/ceramic crown – permanent tooth	Х	1	Х	-
D2929	Prefabricated porcelain/ceramic crown- primary tooth	Х	1	Х	-
	Prefabricated stainless steel crown-primary tooth	Х	-	Х	-
	Prefabricated stainless steel crown-permanent tooth	Х	-	Х	-
	Prefabricated resin crown	Х	-	Х	-
D2933	Prefabricated stainless steel crown with resin window	Х	-	Х	-
D2934	Prefab steel crown primary	Х	1	Х	-
D2940	Protective restoration	Х	1	Х	-
D2941	Interim therapeutic restoration- primary dentition	Х	-	Х	-
D2949	Restorative foundation for an indirect restoration	Х	-	Х	-
D2950	Core buildup, including any pins when required	Х	-	Х	-
D2951	Pin retention-per tooth, in addition to restoration	Х	-	Х	-
D2952	Cast post and core in addition to crown	Х	-	Х	-
D2953	Each additional cast post - same tooth	Х	-	Χ	-
D2954	Prefabricated post and core in addition to crown	Х	-	Х	-
D2955	Post removal	Х	-	Χ	-
D2957	Each additional prefabricated post - same tooth	Х	-	Х	-
D2960	Labial veneer (laminate)-chairside	Х	-	Х	-
D2961	Labial veneer (resin laminate)-laboratory	Х	-	Х	-
D2962	Labial veneer (porcelain laminate)-laboratory	Х	-	Х	-
D2971	Add proc construct new crown	Х	-	Χ	-
D2975		Х	-	Х	-
	band stabilization – per tooth	Х	-	Х	-
D2980	Crown repair necessitated by restorative material failure	Х	-	Х	-
D2981	Inlay repair necessitated by restorative material failure	Х	-	Х	-
D2982	Onlay repair necessitated by restorative material failure	Х	-	Х	-
	Veneer repair necessitated by restorative material failure	Х	-	Х	-
D2989	excavation of a tooth resulting in the determination of non-restorability	Х	-	Χ	

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D2990	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	Х	-	Х	-
D2991	application of hydroxyapatite regeneration medicament – per tooth	Х	-	Х	-
D2999	Unspecified restorative procedure, by report	Χ	-	Χ	-
D3110	Pulp cap-direct (excluding final restoration)	Χ	-	Х	-
D3120	Pulp cap-indirect (excluding final restoration)	Χ	-	Х	-
D3220	Therapeutic pulpotomy (excluding final restoration)	Χ	-	Х	-
	Gross pulpal debridement primary and permanent teeth	Χ	-	Х	-
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Х	-	Х	-
	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	Χ	-	Х	-
	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	Χ	-	Х	-
	Anterior (excluding final restoration)	Х	-	Х	-
	Endodontic therapy, premolar tooth (excluding final restoration)	Х	-	Х	-
	Endodontic therapy, molar tooth (excluding final restoration)	Х	-	Х	-
	Treatment of root canal obstruction; non-surgical access	Х	-	Х	-
	Incomplete endodontic therapy; inoperable or fractured tooth	Х	-	Х	-
	Internal root repair of perforation defects	Χ	-	Х	-
	Retreatment-anterior, by report	Х	-	Х	-
	Retreatment of previous root canal therapy-premolar	Х	-	Х	-
	Retreatment-molar, by report	Х	-	Х	-
	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Х	-	Х	-
D3352	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Х	-	Х	-
D3353	Apexification/recalcification-final visit (includes completed root can	Х	-	Х	-
	Pulpal regeneration- initial visit	Х	-	Х	-
	Pulpal regeneration- interim medication replacement	Х	-	Х	-
	Pulpal regeneration- completion of treatment	Х	-	Х	-
	Apicoectomy-anterior	Х	_	Х	_
	Apicoectomy-premolar (first root)	X	-	X	-
	Apicoectomy - molar (first root)	X	-	Х	-
	Apicoectomy - (each additional root)	X	-	Х	-
	Bone graft in conjunction with periradicular surgery- per tooth, single site	X	-	Х	-
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same	X	-	X	-
	surgical site eeded after certain number of visits. Limit depends on plan/provider type				

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D3430	Retrograde filling-per root	Х	-	Х	-	
	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Х	-	Х	-	
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Х	-	Х	-	
D3450	Root amputation-per root	Х	-	Х	-	
	Endodontic endosseous implant	Х	-	Х	-	
	Intentional replantation (including necessary splinting)	Χ	-	Х	-	
	Surgical repair of root resorption - anterior	Χ	-	Х	-	
	Surgical repair of root resorption – premolar	Χ	-	Х	-	
	Surgical repair of root resorption – molar	Χ	-	Х	-	
	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Χ	-	Х	-	
	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Χ	-	Х	-	
	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Χ	-	Х	-	
	Surgical procedure for isolation of tooth with rubber dam	Χ	-	Х	-	
	Intraorifice barrier	Χ	-	Х	-	
D3920	Hemisection (including any root removal), not including root canal the	Χ	-	Х	-	
	Decoronation or submergence of an erupted tooth	Χ	-	Х	-	
D3950	Canal preparation and fitting of preformed dowelor post	Χ	-	Х	-	
D3999	Unspecified endodontic procedure, by report	Χ	-	Х	-	
D4210	Gingivectomyor gingivoplasty-per quadrant	Χ	-	Х	-	
D4211	Gingivectomyor gingivoplasty-per tooth	Χ	-	Х	-	
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Χ	-	Х	-	
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Χ	-	Х	-	
	Gingival flap procedure, including root planing-per quadrant	Χ	-	Х	-	
	Gingival flap procedure, including root planing - one to three teeth, perquadrant	Χ	-	Х	-	
	Apically positioned flap	Χ	-	Х	-	
	Crown lengthening-hard and soft tissue, by report	Х	-	Х	-	
	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	
D4262	Bone replacement graft - retained natural tooth - first site in quadrant	Х	-	Х	-	

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D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	Χ	-	Х	-	
D4265	Biologic materials to aid in soft and osseous tissue regeneration	Χ	_	Х	-	
D4266	Guided tissue regeneration - resorbable barrier, per site, per tooth	Χ	_	Х	-	
D4267	Guided tissue regeneration - non-resorbable barrier, per site, per too	Χ	_	Х	-	
D4268	Surgical revision procedure per tooth	Χ	-	Х	-	
D4270	Pedicle soft tissue graft procedure	Χ	-	Х	-	
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Х	-	Х	-	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	
D4276	Combined connective tissue and double pedicle graft	Х	-	Х	-	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Х	-	Х	-	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra	Х	-	Х	-	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	Х	-	Х	-	
D4286	Removal of non-resorbable barrier	Х	-	Х	-	
	Provisional splinting-intracoronal	Х	-	Х	-	
	Provisional splinting-extracoronal	Х	-	Х	-	
	Splint - intra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	
	Splint - extra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	
	Periodontal scaling and root planing-per quadrant	Х	-	X	-	
	Periodontal scaling and root planing - one to three teeth, per quadrant	Х	-	Х	-	
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Х	-	Х	-	
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	Х	-	Х	-	
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Х	-	Х	-	
	Periodontal maintenance procedures (following active therapy)	Х		Х		

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D4920	Unscheduled dressing change (by someone other than treating dentist)	Х	-	Х	-	
D4921	Gingival irrigation- per quadrant	Χ	-	Х	-	
D4999	Unspecified periodontal procedure, by report	Χ	-	Х	-	
D5110	Complete upper	Χ	_	Х	-	
D5120	Complete lower	Χ	-	Х	-	
D5130	Immediate upper	Χ	-	Х	-	
D5140	Immediate lower	Χ	-	Х	-	
D5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	Χ	-	Х	-	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Х	-	Х	-	
D5213	Upper partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	
D5214	Lower partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-	Х	-	
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-	Х	-	
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	Х	-	Х	-	
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	Х	-	Х	-	
D5225	Maxillary part denture flex	Х	-	Х	_	
	Mandibular part denture flex	X	-	X	_	
	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	X	-	X	_	
	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-	X	_	
	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-	X	-	
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	Х	-	Х	-	
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	Х	-	Х	-	
D5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	Х	-	Х	-	
D5410	Adjust complete denture-upper	Х	-	Х	-	
	Adjust complete denture-lower	X	-	X	_	
	Adjust partial denture-upper	X	-	X	_	
	Adjust partial denture-lower	X	-	X	_	

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isclaimer: Please note that coverage may vary by plan type and may not follow the ugs, or specialty medications and should be directed to the Pharmacy link option		ese coding lists	do not reflect information	regarding imm	unizations, injectable	
D5511 Repair broken complete denture base, mandibul	ar	Х	-	Х	-	
D5512 Repair broken complete denture base, maxillary		Χ	-	Х	-	
D5520 Replace missingor broken teeth-complete dentu	re (each tooth)	Χ	-	Х	-	
D5611 Repair resin partial denture base, mandibular	· · · · · · · · · · · · · · · · · · ·	Χ	-	Х	-	
D5612 Repair resin partial denture base, maxillary		Χ	-	Х	-	
D5621 Repair cast partial framework, mandibular		Х	-	Х	-	
D5622 Repair cast partial framework, maxillary		Х	-	Х	-	
D5630 Repair or replace broken retentive/clasping mate	erials per tooth	Х	-	Х	-	
D5640 Replace broken teeth-per tooth	•	Х	-	Х	-	
D5650 Add tooth to existing partial denture		Χ	-	Х	-	
D5660 Add clasp to existing partial denture- per tooth		Χ	-	Х	-	
D5670 Replace all teeth and acrylic on cast metal frame	ework (maxillary)	Х	-	Х	-	
D5671 Replace all teeth and acrylic on cast metal frame	ework (mandibular)	Х	-	Х	-	
D5710 Rebase complete upper denture	· · · · · · · · · · · · · · · · · · ·	Х	-	Х	-	
D5711 Rebase complete lower denture		Х	-	Х	-	
05720 Rebase upper partial denture		Х	-	Х	-	
05721 Rebase lower partial denture		Х	-	Х	-	
D5725 Rebase hybrid prosthesis		Х	-	Х	-	
05730 Reline upper complete denture (chairside)		Х	-	Х	-	
05731 Reline lower complete denture (chairside)		Х	-	Х	-	
05740 Reline upper partial denture (chairside)		Х	-	Х	-	
05741 Reline lower partial denture (chairside)		Х	-	Х	-	
05750 Reline upper complete denture (laboratory)		Х	-	Х	-	
05751 Reline lower complete denture (laboratory)		Х	-	Х	-	
05760 Reline upper partial denture (laboratory)		Х	-	Х	-	
05761 Reline lower partial denture (laboratory)		Х	-	Х	-	
05765 Soft liner for complete or partial removable denti	ure - indirect	Х	-	Х	-	
05810 Interim complete denture (upper)		Х	-	Х	-	
05811 Interim complete denture (lower)		Х	-	Х	-	
D5820 Interim partial denture (upper)		X	-	X	-	
D5821 Interim partial denture (lower)		Х	-	Х	-	
D5850 Tissue conditioning, upper-per denture unit		X	-	X	-	
D5851 Tissue conditioning, lower-per denture unit		X	-	X	-	
D5862 Precision attachment, by report		X	-	Х	-	
05863 Overdenture- complete maxillary		X	-	X	-	

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D5864	Overdenture- partial maxillary	Х	-	Х	-	
	Overdenture- complete mandibular	Х	-	Х	-	
D5866	Overdenture- partial mandibular	Χ	-	Х	-	
D5867	Replacement of replaceable part of semi-precision/attachment (m/f component)	Χ	-	Х	-	
D5875	Modification of removable prosthesis following implant surgery	Χ	-	Х	-	
D5876	Add metal substructure to acrylic full denture (per arch)	Х	-	Х	-	
D5899	Unspecified removable prosthodontic procedure, by report	Х	-	Х	-	
D5911	Facial moulage (sectional)	Х	-	Х	-	
D5912	Facial moulage (complete)	Χ	-	Х	-	
D5913	Nasal prosthesis	Χ	-	Х	-	
D5914	Auricular prosthesis	Χ	-	Х	-	
	Orbital prosthesis	Х	-	Х	-	
D5916	Ocular prosthesis	Х	-	Х	-	
D5919	Facial prosthesis	Х	-	Х	-	
D5922	Nasal septal prosthesis	Х	-	Х	-	
D5923	Ocular prosthesis, interim	Х	-	Х	-	
D5924	Cranial prosthesis	Х	-	Х	-	
D5925	Facial augmentation implant prosthesis	Х	-	Х	-	
	Nasal prosthesis, replacement	Х	-	Х	-	
	Auricular prosthesis, replacement	Х	-	Х	-	
D5928	Orbital prosthesis, replacement	Х	-	Х	-	
D5929	Facial prosthesis, replacement	Х	-	Х	-	
	Obturator prosthesis, surgical	Х	-	Х	-	
D5932	Obturator prosthesis, definitive	Х	-	Х	-	
D5933	Obturator prosthesis, modification	Х	-	Х	-	
	Mandibular resection prosthesis with guide flange	Х	-	Х	-	
	Mandibular resection prosthesis without guide flange	Х	-	Х	-	
	Obturator/prosthesis, interim	Х	-	Х	-	
D5937	Trismus appliance (not for tm treatment)	Х	-	Х	-	
	Feeding aid	X	-	Х	-	
	Speech aid prosthesis, pediatric	X	-	Х	-	
	Speech aid prosthesis, adult	Х	-	Х	-	
	Palatal augmentation prosthesis	Х	-	Х	-	
	Palatal lift prosthesis, definitive	Х	-	Х	-	
	Palatal lift prosthesis, interim	X	-	X	-	

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D5959	Palatal lift prosthesis, modification	Х	-	Х	-	
D5960	Speech aid prosthesis, modification	Х	-	Х	-	
D5982	Surgical stent	Χ	-	Х	-	
D5983	Radiation carrier	Χ	-	Х	-	
D5984	Radiation shield	Х	-	Х	-	
D5985	Radiation cone locator	Х	-	Х	-	
D5986	Fluoride gel carrier	Х	-	Х	-	
	Commissure splint	Х	-	Х	-	
D5988	Surgical splint	Χ	-	Х	-	
D5991	Vesiculobullous disease medicament carrier	Χ	-	Х	-	
D5992	Adjust max prost appliance	Χ	-	Х	-	
	Main/clean max prosthesis	Х	-	Х	-	
D5995	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	Х	-	Х	-	
D5996	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	Х	-	Х	-	
D5999	Unspecified maxillofacial prosthesis, by report	Х	-	Х	-	
D6010	Surgical placement of implant body: endosteal implant. see also 21248	Х	-	Х	-	
D6011	Second stage implant surgery	Х	-	Х	-	
	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Х	-	Х	-	
	Surgical placement of mini implant	Х	-	Х	-	
D6040	Subperiosteal implant	Х	-	Х	-	
	Transosseous implant	Х	-	Х	-	
D6051	Includes placement and removal. a healing cap is not an interim abutment	Х	-	Х	-	
	Implant connecting bar	Х	-	Х	-	
	Prefabricated abutment- includes modification and placement	Х	-	Х	-	
	Custom fabricated abutment- includes placement	Х	-	Х	-	
	Abutment supported porcelain/ceramic crown	Х	-	Х	-	
	Abutment supported porcelain fused to metal crown (high noble metal)	Х	-	Х	-	
	Abutment supported porcelain fused to metal crown (predominantly base metal)	Х	-	Х	-	
	Abutment supported porcelain fused to metal crown (noble metal)	Х	-	Х	-	
	Abutment supported cast metal crown (high noble metal)	X	-	Х	-	
	Abutment supported cast metal crown (predominantly base metal)	X	-	X	-	
	Abutment supported cast metal crown (noble metal)	X	-	X	-	
	Implant supported porcelain/ceramic crown	X	_	X	_	
	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	_	X	_	
	Implant supported metal crown (titanium/alloy high noble metal)	X	_	X	_	

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D6068	Abutment supported retainer for porcelain/ceramic fpd	Χ	-	Х	-		
D6069	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	Х	-	Х	-		
D6070	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	Х	-	Х	-		
D6071	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	Х	-	Х	-		
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	Х	-	Х	-		
D6073	Abutment supported retainer for cast metal fpd (predominately base metal)	Х	-	Х	-		
D6074	Abutment supported retainer for cast metal fpd (noble metal)	Х	-	Х	-		
	Implant supported retainer for ceramic fpd	Х	-	Х	-		
D6076	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	Χ	-	Х	-		
	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	Х	-	Х	-		
D6080	Implant maintenance procedures, when prostheses are removed and reinserted, including	ν/		. V			
	cleansing of prostheses and abutments	X	-	Х	-		
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant,						
	including cleaning of the implant surfaces, without flap entry and closure	X	-	Х	-		
	Implant supported crown-porcelain fused to predominantly base alloys	Х	-	Х	-		
	Implant supported crown-porcelain fused to noble alloys	Х	-	Х	-		
D6084	Implant supported crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-		
	Provisional implant crown	Х	-	Х	-		
D6086	Implant supported crown-predominantly base alloys	Х	-	Х	-		
	Implant supported crown-noble alloys	Х	-	Х	-		
	Implant supported crown-titanium and titanium alloys	Х	-	Х	-		
	Accessing and retorquing loose implant screw - per screw	Х	-	Х	-		
	Repair implant, by report	Х	-	Х	-		
	Replacement of semi-precision or precision attachment (male or female component) of	ν/		. V			
	implant/abutment supported prosthesi	X	-	Х	-		
D6092	Re-cement or re-bond implant/abutment supported crown	Х	-	Х	-		
	Re-cement or re-bond implant/abutment supported fixed partial denture	Х	-	Х	-		
	Abut support crown titanium	Х	-	Х	-		
D6095	Repair implant abutment, by report. see also code 21299	Х	-	Х	-		
	Remove broken implant retaining screw	Х	-	Х	-		
	Abutment supported crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-		
	Implant supported retainer-porcelain fused to predominantly base alloys	Х	-	Х	-		
-	Implant supported retainer for fpd-porcelain fused to noble alloys	Х	-	Х	-		
	Implant removal, by report	Х	-	Х	-		

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D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Х	-	Х	-	
D6102	Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces	Х	-	Х	-	
D6103	Bone graft for repair of peri-implant defect- does not include flap entry and closure.	Х	_	Х	_	
	Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	X	-	Х	-	
D6105	Removal of implant body not requiring bone removal nor flap elevation	Х	-	Х	-	
	Guided tissue regeneration - resorbable barrier, per implant	X	-	X	-	
	Guided tissue regeneration - non-resorbable barrier, per implant	Х	-	Х	-	
	Implant/abutment supported removable denture for edentulous arch-maxillary	Х	-	Х	-	
	Implant/ abutment supported removable denture for edentulous arch- mandibular	Х	-	Х	-	
	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Х	-	Х	-	
	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Х	-	Х	-	
	Implant/ abutment supported fixed denture for edentulous arch- maxillary	Χ	-	Х	-	
	Implant/ abutment supported fixed denture for edentulous arch- mandibular	Χ	-	Х	-	
	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	Χ	-	Х	-	
	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	Х	-	Х	-	
	Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	Х	-	Х	-	
D6119	Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	Χ	-	Х	-	
D6120	Implant supported retainer -porcelain fused to titanium and titanium alloys	Χ	-	Х	-	
D6121	Implant supported retainer for metal fpd -predominantly base alloys	Χ	-	Х	-	
D6122	Implant supported retainer for metal fpd -noble alloys	Χ	-	Х	-	
D6123	Implant supported retainer for metal fpd -titanium and titanium alloys	Χ	-	Х	-	
D6190	Radio/surgical implant index	Х	-	Х	-	
D6191	Semi-precision abutment – placement	Х	-	Х	-	
D6192	Semi-precision attachment – placement	Х	-	Х	-	
D6194	Abut support retainer titani	Х	-	Х	-	
D6195	Abutment supported retainer-porcelain fused to titanium and titanium alloys	Х	-	Х	-	
D6197	Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant	Х	-	Х	-	
D6198	Remove interim implant component	Х	-	Х	-	
	Unspecified implant procedure, by report	Х	-	Х	-	
	Pontic-indirect resin based	Х	-	Х	-	
	Pontic-cast high noble metal	Χ	-	Х	-	

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D6211	Pontic-cast predominantly base metal	Х	-	Х	-	
D6212	Pontic-cast noble metal	Х	-	Х	-	
D6214	Pontic titanium	X	-	Х	-	
D6240	Pontic-porcelain fused to high noble metal	X	-	Х	-	
D6241	Pontic-porcelain fused to predominantly base metal	Х	-	Х	-	
D6242	Pontic-porcelain fused to noble metal	Х	-	Х	-	
D6243	Pontic-porcelain fused to titanium and titanium alloys	Х	-	Х	-	
D6245	Pontic - porcelain/ceramic	Х	-	Х	-	
	Pontic-resin with high noble metal	X	-	Х	-	
D6251	Pontic-resin with predominantly base metal	X	-	Х	-	
D6252	Pontic-resin with noble metal	X	-	Х	-	
D6253	Provisional pontic- further treatment or completion of diagnosis necessary prior to final	V		· ·		
	impression	Х	-	X	-	
D6545	Retainer-cast metal for acid etched fixed prosthesis	Х	-	Х	-	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Х	-	Х	-	
D6549	Resin retainer- for resin bonded fixed prosthesis	Х	-	Х	-	
D6600	Retainer inlay-porcelain/ceramic, two surfaces	Х	-	Х	-	
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	X	-	Х	-	
D6602	Retainer inlay - cast high noble metal, two surfaces	X	-	Х	-	
D6603	Retainer inlay - cast high noble metal, three or more surfaces	X	-	Х	-	
D6604	Retainer inlay - cast predominantly base metal, two surfaces	X	-	Х	-	
D6605	Retainer inlay - cast predominantly base metal, three or more surfaces	X	-	Х	-	
D6606	Retainer inlay - cast noble metal, two surfaces	X	-	Х	-	
D6607	Retainer inlay - cast noble metal, three or more surfaces	X	-	Х	-	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	X	-	Х	-	
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	X	-	Х	-	
D6610	Retainer onlay - cast high noble metal, two surfaces	X	-	Х	-	
D6611	Retainer onlay - cast high noble metal, three or more surfaces	X	-	Х	-	
D6612	Retainer onlay - cast predominantly base metal, two surfaces	X	-	Х	-	
	Retainer onlay - cast predominantly base metal, three or more surfaces	Х	-	Х	-	
	Retainer onlay - cast noble metal, two surfaces	Х	-	Х	-	
	Retainer onlay - cast noble metal, three or more surfaces	Х	-	Х	-	
	Retainer inlay titanium	Х	-	Х	-	
	Retainer onlay titanium	Х	-	Х	-	
	Retainer crown-indirect resin based composite	Х	-	Х	-	

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D6720	Retainer crown-resin with high noble metal	Х	-	Х	-	
D6721	Retainer crown-resin with predominantly base metal	Χ	-	Х	-	
D6722	Retainer crown-resin with noble metal	Χ	-	Х	-	
D6740	Retainer crown - porcelain/ceramic	Χ	-	Х	-	
D6750	Retainer crown-porcelain fused to high noble metal	Χ	-	Х	-	
D6751	Retainer crown-porcelain fused to predominantly base metal	Χ	-	Х	-	
	Retainer crown-porcelain fused to noble metal	Х	-	Х	-	
D6753	Retainer crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-	
	Retainer crown-3/4 cast high noble metal	Х	-	Х	-	
D6781	Retainer crown - 3/4 cast predominately based metal	Χ	-	Х	-	
	Retainer crown - 3/4 cast noble metal	Χ	-	Х	-	
D6783	Retainer crown - 3/4 porcelain/ceramic	Х	-	Х	-	
D6784	Retainer crown 3/4-titanium and titanium alloys	Х	-	Х	-	
D6790	Retainer crown-full cast high noble metal	Х	-	Х	-	
D6791	Retainer crown-full cast predominantly base metal	Х	-	Х	-	
	Retainer crown-full cast noble metal	Х	-	Х	-	
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final	\ \ \		. V		
	impression	Х	-	Х	-	
D6794	Retainer crown titanium	Х	-	Х	-	
D6920	Connector bar	Х	-	Х	-	
D6930	Re-cement or re-bond fixed partial denture	Χ	-	Х	-	
D6940	Stress breaker	Χ	-	Х	-	
D6950	Precision attachment	Х	-	Х	-	
D6980	Fixed partial denture repair, necessitated by restorative material failure	Х	-	Х	-	
	Pediatric partial denture, fixed	Х	-	Х	-	
D6999	Unspecified fixed prosthodontic procedure, by report	Х	-	Х	-	
D7111	Extraction, coronal remnants - primary tooth	Х	-	Х	-	
	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Х	-	Х	-	
	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including			V		
	elevation of mucoperiopsteal flap if indicated.	Х	-	Х	-	
D7220	Removal of impacted tooth-soft tissue	Х	-	Х	-	
	Removal of impacted tooth-partially bony	Х	-	Х	-	
	Removal of impacted tooth-completely bony	Х	-	Х	-	
	Removal of impacted tooth-completely bony, with unusual surgical compl	Х	-	Х	-	
	Removal of residual tooth roots (cutting procedure)	Х	-	Х	-	

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	Coronectomy	X	_	Х	-	
	Oral antral fistula closure	X		X		
	Primary closure of a sinus perforation	X		X		
	Tooth re-implantation and/or stabilization of accidentally evulsedor d	X		X	-	
	Tooth transplantation	X		X	<u>-</u>	
	Exposure of an unerupted tooth	X	-	X	-	
	Mobilization of erupted or malpositioned tooth to aid eruption	X		X	-	
	Place device impacted tooth	X	-	X	-	
	Excisional biopsy of minor salivary glands	X	-	X	-	
	Incisional biopsy of oral tissue-hard (bone, tooth)	X	-	X	-	
	Incisional biopsy of oral tissue-soft	X		X	-	
	Cytology sample collection	X		X	-	
	Brush biopsy	X		X	-	
	Surgical repositioning of teeth	X		X	-	
		X	-	X	<u> </u>	
	Transseptal fiberotomy	^	-	^	<u> </u>	
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	Х	-	Х	-	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	Х	-	Х	-	
D7294	Placement of temporary anchorage device without flap; includes device removal	Х	-	Х	-	
D7295	Bone harvest,auto graft proc	Х	-	Х	-	
D7296	Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	Х	-	Х	-	
D7297	Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	Х	-	Χ	-	
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Х	-	Х	-	
D7299	Removal of temporary anchorage device, requiring flap	Х	-	Х	-	
D7300	Removal of temporary anchorage device without flap	Х	-	Х	-	
D7310	Alveoloplasty in conjunction with extractions - per quadrant	Х	-	Χ	-	
D7311	Alveoloplasty w/extract 1-3	Х	-	Χ	-	
D7320	Alveoloplasty not in conjunction with extractions - per quadrant	Х	-	Χ	-	
D7321	Alveoloplasty not w/extracts	Х	-	Х	-	
D7340	Vestibuloplasty-ridge extension (second epithelialization)	Х	-	Х	-	
	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	Х	-	Х	-	
	Radical excision-lesion diameter up to 1.25 cm	Х	-	Х	-	
	Excision of benign lesion greater than 1.25 cm	Х	-	Х	-	
	Excision of benign lesion, complicated	Х	-	Х	-	
	Excision of malignant lesion up to 1.25 cm	Х	-	Х	-	
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D7414	Excision of malignant lesion greater than 1.25 cm	Х	-	Х	-	
	Excision of malignant lesion, complicated	Х	-	Х	-	
D7440	Excision of malignant tumor-lesion diameter up to 1.25 cm	Х	-	Х	-	
	Excision of malignant tumor-lesion diameter greater than 1.25 cm	Х	-	Х	-	
D7450	Removal of odontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-	Х	-	
	Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	Х	-	Х	-	
	Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-	Х	-	
	Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	Х	-	Х	-	
	Destruction of lesion(s) by physicalor chemical methods, by report	Х	-	Х	-	
	Removal of exostosis - per site	Х	-	Х	-	
D7472	Removal of torus palatinus	Х	-	Х	-	
	Removal of torus mandibularis	Х	-	Х	-	
D7485	Reduction of osseous tuberosity	Х	-	Х	-	
	Radical resection of mandible with bone graft	Х	-	Х	-	
	Marsupialization of odontogenic cyst	Х	-	Х	-	
	Incision and drainage of abscess-intraoral soft tissue	Х	-	Х	-	
D7511	Incision/drain abscess intra	Х	-	Х	-	
D7520	Incision and drainage of abscess-extraoral soft tissue	Х	-	Х	-	
	Incision/drain abscess extra	Х	-	Х	-	
D7530	Removal of foreign body, skin,or subcutaneous areolar tissue	Х	-	Х	-	
	Removal of reaction-producing foreign bodies-musculoskeletal system	Х	-	Х	-	
D7550	Sequestrectomy for osteomyelitis	Х	-	Х	-	
D7560	Maxillary sinusotomy for removal of tooth fragmentor foreign body	Х	-	Х	-	
D7610	Maxilla-open reduction (teeth immobilized if present)	Х	-	Х	-	
D7620	Maxilla-closed reduction (teeth immobilized if present)	Х	-	Х	-	
D7630	Mandible-open reduction (teeth immobilized if present)	Х	-	Х	-	
	Mandible-closed reduction (teeth immobilized if present)	Х	-	Х	-	
	Malar and/or zygomatic arch-open reduction	Х	-	Х	-	
	Malar and/or zygomatic arch-closed reduction	Х	-	Х	-	
	Alveolus-stabilization of teeth, open reduction splinting	Х	-	Х	-	
	Alveolus - open reduction, may include stabilization of teeth	Х	-	Х	-	
	Facial bones-complicated reduction with fixation and mul- tiple surgic	Х	-	Х	-	
	Maxilla-open reduction	Х	-	Х	-	
	Mandible-open reduction	Х	-	Х	-	
	Malar and/or zygomatic arch-open reduction	Х	-	Х	-	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



Covered Required Covered C			Small Employer / Individual Large Employer				
Thugs, of specially medications and about be directed to the Pharmacy link option within the website. D7770 Alveolus-stabilization of teeth, open reduction splinting X	Codes	Description				Preauthorization Required	
D7770 Alveotus-stabilization of teeth, open reduction splinting X - X - D7771 Alveotus, closed reduction stabilization of teeth X - X - D7780 Facial bones - complicated reduction with fixation and multiple approaches X - X - D7810 Open reduction of dislocation X - X - D7881 Obusal orthotic device adjustment X - X - X - D7810 Suture of recent small wounds up to 5 cm X - X - X - D7911 Complicated suture-up to 5 cm X - X - X - D7911 Complicated suture-up to 5 cm X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7912 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7932 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Lefort i (maxilla-segmented) D7941 Lefort i (maxilla-segmented) X - X - X - D7941 Lefort iii (cateoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iii (cateoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iii (cateoplasty of facial bones for midface hypopl X - X - X - D7950 Osseous, osteoperiosteal, periosteal, or carillage graft of the mandibl X - X - X - D7951 Sinus augmentation of the sinus to increase alveadra height by vertical access through the ridge creat by raising the floor of the sinus and grafting as necessary. this include D7956 Repear of maxillofacial soft and hard tissue defects X - X - D7957 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - X - D7958 Repear of maxillofacial soft and hard tissue-per arch D7959 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - X -			ese coding lists	do not reflect information	regarding imm	unizations, injectable	
D7770 Alveolus-stabilization of teeth, open reduction splinting X - X - D7780 Facial bones - complicated reduction with fixation and multiple approaches X - X - D780 Facial bones - complicated reduction with fixation and multiple approaches X - X - D780 Facial bones - complicated reduction with fixation and multiple approaches X - X - D7810 Open reduction of dislocation D7811 Oclosal orthotic device adjustment X - X - X - D7912 Complicated suture-up to 5 cm X - X - X - D7911 Complicated suture-greater than 5 cm D7912 Complicated suture-greater than 5 cm X - X - X - D7912 Complicated suture-greater than 5 cm D7912 Complicated suture-greater than 5 cm D7912 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7921 Collection and application of autologous blood concentrate product X - X - D7930 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - X - D7940 Collection in application of autologous blood for virtual guidance of osteotomy. X - X - X - D7940 Lefort i (maxilla-segmented) D7941 Lefort ii (maxilla-segmented) X - X - X - D7941 Lefort iii (cateoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iii (cateoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iii (rederii iii-with bone graft D7950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl X - X - X - D7950 Sinus augmentation of the sinus to increase alveadra height by vertical access through the ridge creat by raising the floor of the sinus and graftin	D7760 N	Malar and/or zygomatic arch-closed reduction	Х	-	Х	-	
D7771 Alveolus, closed reduction stabilization of teeth X			Х	-	Х	-	
D7780 Facial bones - complicated reduction with fixation and multiple approaches			Х	-	Х	-	
D7881 Oclussal orthotic device adjustment X - X - D7910 Suture of recent small wounds up to 5 cm			Х	-	Х	-	
D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7933 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Steoplasty-for orthognathic deformities D7941 Lefort i (maxilla-segmented) D7942 Lefort i (maxilla-segmented) D7943 Lefort ii (osteoplasty of facial bones for midface hypopl X - X - X - D7944 Lefort ii (osteoplasty of facial bones for midface hypopl X - X - X - D7945 Lefort ii or lefort iii (osteoplasty of facial bones for midface hypopl X - X - X - D7945 Sinus augmentation with bone or bone substitutes via a lateral open approach X - X - X - D7950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl X - X - X - D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary, this include D7953 Bone replacement graft X - X - D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - X - D7956 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site X - X - D7961 Linual frenectomy (frenulectomy) X - X - X - D7962 Includal frenectomy (frenulectomy) X - X - X - D7971 Excision of hyperplastic tissue-per arch X - X - D7972 Surgical reduction of fibrous tuberosity X - X - X - D7973 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy	D7810 C	Open reduction of dislocation	Х	-	Х	-	
D7910 Suture of recent small wounds up to 5 cm D7911 Complicated suture-up to 5 cm D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7933 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7940 Steoplasty-for orthognathic deformities D7946 Lefort i (maxilla-segmented) D7946 Lefort i (maxilla-segmented) D7946 Lefort i (maxilla-segmented) D7947 Lefort i ior lefort iii (osteoplasty of facial bones for midface hypopl D7948 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort ior lefort iii (osteoplasty of facial bone stormath of the mandibl D7949 Lefort ior lefort iii (osteoplasty of facial bone stormath of the mandibl D7949 Lefort ior lefort iii (osteoplasty of facial bone stormath of the mandibl D7949 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7940 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7940 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7940 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7940 Lefort ior lefort iii (osteoplasty of facial bones for midface hypopl D7940 Lefort ior lefort iii (osteoplas	D7881 C	Dclussal orthotic device adjustment	Х	-	Х	-	
D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site D7932 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. D7934 Osteoplasty-for orthognathic deformities D7934 Osteoplasty-for orthognathic deformities D7934 Lefort i (maxilla-total) D7940 Lefort ii (maxilla-segmented) D7941 Lefort ii (osteoplasty of facial bones for midface hypopl D7948 Lefort ii or lefort iii (osteoplasty of facial bones for midface hypopl D7949 Lefort iiir lefort iii-with bone graft D7949 Lefort iiir lefort iii-with bone graft D7940 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl D7941 Sinus augmentation with bone or bone substitutes via a lateral open approach D7951 Sinus augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include D7955 Repair of maxillofacial soft and hard tissue defects D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7958 Repair of maxillofacial soft and hard usue defects D7961 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7962 Iniqual frenectomy (frenulectomy) D7963 Frenuloplasty D7964 Frenuloplasty D7965 Repair of maxillofacial soft and hard tissue defects D7966 Prenuloplasty D7967 Repair of maxillofacial soft and hard tissue defects D7967 Repair of maxillofacial soft and hard tissue defects D7968 Repair of maxillofacial soft and hard tissue defects D7969 Repair of maxillofacial soft and hard tissue defects D7960 Repair of maxillofacial soft and hard tissue defects D7961 Recision of proprenation, dentulous area - non-resorbable barrier, per site D7961 Recis			Х	-	Х	-	
D7912 Complicated suture-greater than 5 cm D7920 Skin grafts (identify defect covered, location, and type of graft) D7921 Collection and application of autologous blood concentrate product X - X - D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - X - D7933 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - D7946 Lefort i (maxilla-total) X - X - D7947 Lefort i (maxilla-segmented) D7948 Lefort ii or lefort iii (osteoplasty of facial bones for midface hypopl X - X - D7949 Lefort iiir lefort iii-with bone graft X - X - D7949 Lefort iir lefort iii-with bone graft X - X - D7940 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl X - X - D7940 Lefort iii-with bone or bone substitutes via a lateral open approach D7951 Sinus augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include D7955 Repair of maxillofacial soft and hard tissue defects D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - X - D7961 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site X - X - D7962 Ingual frenectomy (frenulectomy) X - X - D7963 Frenuloplasty D7963 Frenuloplasty D7964 Surgical relation of hyperplastic tissue-per arch X - X - D79797 Excision of hyperplastic tissue-per arch X - X - D797980 Surgical sialolithotomy X - X - D797980 Surgical sialolithotomy X - X - D79880 Surgical sialolithotomy X - X - D79880 Surgical sialolithotomy X - X - X -	D7911 C	Complicated suture-up to 5 cm	Х	-	Х	-	
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D7921 Collection and application of autologous blood concentrate product D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - X - D7940 Date of the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - D7941 Lefort i (maxilla-total) X - X - D7942 Lefort i (maxilla-total) X - X - D7943 Lefort ii (maxilla-total) X - X - X - D7944 Lefort ii (maxilla-total) X - X - X - D7945 Lefort iii (steoplasty of facial bones for midface hypopl X - X - X - D7948 Lefort iii (lefort iii-with bone graft X - X - D7949 Lefort iii refort iii-with bone graft X - X - D7950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl X - D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach X - X - D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include D7953 Repair of maxillofacial soft and hard tissue defects X - D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site X - D7961 Buccal / labial frenectomy (frenulectomy) X - D7962 Lingual frenectomy (frenulectomy) X - D7963 Frenuloplasty X - X - D7971 Excision of pericoronal gingiva X - X - X - D7980 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy X - X - X - X - X - X - X - X - X - X			Х	-	Х	-	
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site X - X - D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy. X - X - D7940 Osteoplasty-for orthognathic deformities X - X - D7946 Lefort i (maxilla-total) X - X - X - D7947 Lefort i (maxilla-segmented) X - X - X - D7948 Lefort i (maxilla-segmented) X - X - X - D7949 Lefort ii (losteoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl X - X - X - D7949 Lefort iior lefort iii (steoplasty of facial bones for midface hypopl X - X - X - D7950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl X - X - X - D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach X - X - D7951 Sinus augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include X - X - X - D7953 Bone replacement graft X - X - X - D7955 Repair of maxillofacial soft and hard tissue defects X - X - X - D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - X - D7956 Buccal / labial frenectomy (frenulectomy) X - X - X - D7961 Buccal / labial frenectomy (frenulectomy) X - X - X - D7961 Buccal / labial frenectomy (frenulectomy) X - X - X - D7970 Excision of hyperplastic tissue-per arch X - X - D7971 Excision of pericoronal gingiva X - X - X - D7979 Surgical sialolithotomy X - X - X - D7979 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy			Х	-	Х	-	
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D7940 Osteoplasty-for orthognathic deformities			Х	-	Х	-	
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D7951 Sinus augmentation with bone or bone substitutes via a lateral open approach D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include D7953 Bone replacement graft D7955 Repair of maxillofacial soft and hard tissue defects D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7956 Buccal / labial frenectomy (frenulectomy) D7961 Buccal / labial frenectomy (frenulectomy) D7962 Lingual frenectomy (frenulectomy) D7963 Frenuloplasty D7964 Excision of hyperplastic tissue-per arch D7975 Excision of pericoronal gingiva D7971 Excision of pericoronal gingiva D7972 Surgical reduction of fibrous tuberosity X - X - X D7979 Non ¿ surgical sialolithotomy X - X - X D7980 Surgical sialolithotomy			Х	-	Х	-	
D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include D7953 Bone replacement graft X - X - X - D7955 Repair of maxillofacial soft and hard tissue defects X - D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site X - D7961 Buccal / labial frenectomy (frenulectomy) X - D7962 Lingual frenectomy (frenulectomy) X - D7963 Frenuloplasty D7964 Excision of hyperplastic tissue-per arch D7975 Excision of pericoronal gingiva D7970 Excision of pericoronal gingiva D7971 Surgical reduction of fibrous tuberosity X - X - X - X - X - X - X - X - X - D7979 Non ¿ surgical sialolithotomy X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - D7979 Non ¿ surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy	D7950 C	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	Х	-	Х	-	
crest by raising the floor of the sinus and grafting as necessary. this include D7953 Bone replacement graft X - X - X - X - X - D7955 Repair of maxillofacial soft and hard tissue defects X - D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site X - D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site X - D7961 Buccal / labial frenectomy (frenulectomy) X - D7962 Lingual frenectomy (frenulectomy) X - D7963 Frenuloplasty X - D7970 Excision of hyperplastic tissue-per arch D7971 Excision of pericoronal gingiva X - D7972 Surgical reduction of fibrous tuberosity X - X - D7978 Surgical sialolithotomy X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - D7979 Non ¿ surgical sialolithotomy X - D7979 Non ¿ surgical sialolithotomy X -	D7951 S	Sinus augmentation with bone or bone substitutes via a lateral open approach	Х	-	Х	-	
D7953Bone replacement graftX-X-D7955Repair of maxillofacial soft and hard tissue defectsX-X-D7956Guided tissue regeneration, edentulous area - resorbable barrier, per siteX-X-D7957Guided tissue regeneration, edentulous area - non-resorbable barrier, per siteX-X-D7961Buccal / labial frenectomy (frenulectomy)X-X-D7962Lingual frenectomy (frenulectomy)X-X-D7963FrenuloplastyX-X-D7970Excision of hyperplastic tissue-per archX-X-D7971Excision of pericoronal gingivaX-X-D7972Surgical reduction of fibrous tuberosityX-X-D7979Non ¿ surgical sialolithotomyX-X-D7980Surgical sialolithotomyX-X-			Х	-	Х	-	
D7955 Repair of maxillofacial soft and hard tissue defects D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7958 Buccal / labial frenectomy (frenulectomy) X - X - D7961 Buccal / labial frenectomy (frenulectomy) X - X - D7962 Lingual frenectomy (frenulectomy) X - X - D7963 Frenuloplasty X - X - D7970 Excision of hyperplastic tissue-per arch D7957 Excision of pericoronal gingiva X - X - D7971 Excision of fibrous tuberosity D7958 Surgical reduction of fibrous tuberosity X - X - D7979 Non ¿ surgical sialolithotomy X - X - D7980 Surgical sialolithotomy X - X - D7980 Surgical sialolithotomy X - X - D7980 Surgical sialolithotomy		<u> </u>	X	-	X	-	
D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7958 Buccal / labial frenectomy (frenulectomy) X - X - D7961 Buccal / labial frenectomy (frenulectomy) X - X - D7962 Lingual frenectomy (frenulectomy) X - X - D7963 Frenuloplasty X - X - X - D7970 Excision of hyperplastic tissue-per arch D7957 Excision of pericoronal gingiva X - X - D7971 Excision of fibrous tuberosity D7972 Surgical reduction of fibrous tuberosity X - X - D7979 Non ¿ surgical sialolithotomy X - X - D7980 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy X - X - X - D7980 Surgical sialolithotomy				-		-	
D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site D7961 Buccal / labial frenectomy (frenulectomy) D7962 Lingual frenectomy (frenulectomy) X D7963 Frenuloplasty D7964 Excision of hyperplastic tissue-per arch D7976 Excision of pericoronal gingiva D7971 Excision of pericoronal gingiva D7972 Surgical reduction of fibrous tuberosity D7979 Non ¿ surgical sialolithotomy X D7980 Surgical sialolithotomy				-		-	
D7961 Buccal / labial frenectomy (frenulectomy) D7962 Lingual frenectomy (frenulectomy) X - X - X - X - D7963 Frenuloplasty D7970 Excision of hyperplastic tissue-per arch D7971 Excision of pericoronal gingiva D7972 Surgical reduction of fibrous tuberosity D7979 Non ¿ surgical sialolithotomy X - X - X - X - X - X - X - X - X - X - D7970 Excision of pericoronal gingiva X - X - X - X - X - X - X - X - X - X - X - D7970 Surgical reduction of fibrous tuberosity X - X - X - X - X - X - X - X - D7970 Non ¿ surgical sialolithotomy X - X - X - X - X - X - X - X - D7980 Surgical sialolithotomy				-		-	
D7962 Lingual frenectomy (frenulectomy)X-X-D7963 FrenuloplastyX-X-D7970 Excision of hyperplastic tissue-per archX-X-D7971 Excision of pericoronal gingivaX-X-D7972 Surgical reduction of fibrous tuberosityX-X-D7979 Non ¿ surgical sialolithotomyX-X-D7980 Surgical sialolithotomyX-X-				-		-	
D7963 FrenuloplastyX-X-D7970 Excision of hyperplastic tissue-per archX-X-D7971 Excision of pericoronal gingivaX-X-D7972 Surgical reduction of fibrous tuberosityX-X-D7979 Non ¿ surgical sialolithotomyX-X-D7980 Surgical sialolithotomyX-X-				-		-	
D7970Excision of hyperplastic tissue-per archX-X-D7971Excision of pericoronal gingivaX-X-D7972Surgical reduction of fibrous tuberosityX-X-D7979Non ¿ surgical sialolithotomyX-X-D7980Surgical sialolithotomyX-X-				_		_	
D7971 Excision of pericoronal gingiva				_		-	
D7972 Surgical reduction of fibrous tuberosity D7979 Non ¿ surgical sialolithotomy X - X - X - X - X - X - X - X -				_		-	
D7979 Non ¿ surgical sialolithotomy X - X - D7980 Surgical sialolithotomy X - X -				-		-	
D7980 Surgical sialolithotomy X - X -		· ·				-	
				-		-	
			X	_	X	_	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Laı	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, t	hese coding lists	do not reflect information	regarding imm	unizations, injectable
	ecialty medications and should be directed to the Pharmacy link option within the website.				
	Sialodochoplasty	X	-	Х	-
	Closure of salivary fistula	X	-	X	-
	Emergency tracheotomy	X	-	Х	-
D7991	Coronoidectomy	X	-	Х	-
D7993	Surgical placement of craniofacial implant – extra oral	X	-	Х	-
D7994	Surgical placement: zygomatic implant	X	•	Χ	-
D7995	Synthetic graft - mandible or facial bones, by report. see also 21299	X	•	Χ	-
D7996	Implant - mandible for augmentation purposes see also code 21299	Х	-	Х	-
D7997	Appliance removal (not by dentist who placed appliance) incl removal of archbar	Х	-	Х	-
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	Х	-	Х	-
D7999	Unspecified oral surgery procedure, by report	Х	-	Х	-
	Limited orthodontic treatment of the primary dentition	Х	-	Х	-
	Limited orthodontic treatment of the transitional dentition	Х	-	Х	-
D8030	Limited orthodontic treatment of the adolescent dentition	Х	-	Х	-
D8040	Limited orthodontic treatment of the adult dentition	Х	-	Х	-
	Interceptive orthodontic treatment of the primary dentition	Х	-	Х	-
	Interceptive orthodontic treatment of the transitional dentition	X	-	X	-
	Comprehensive orthodontic treatment of the transitional dentition	X	-	X	-
	Comprehensive orthodontic treatment of the adolescent dentition	X	-	X	_
	Comprehensive orthodontic treatment of the adult dentition	X	-	X	_
	Removable appliance therapy	X	_	X	_
	Fixed appliance therapy	X	-	X	
	Pre-orthodintic treatment examination to monitor growth and development	X	-	X	_
	Periodic orthodontic treatment visit (as part of contract)	X	-	X	
	Orthodontic retention (removal of appliances, construction and placem	X	_	X	
	Removable orthodontic retainer adjustment	X	_	X	
	Orthodontic treatment (alternative billing to a contract fee)	X	-	X	
	Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	_	X	
	Repair of orthodontic appliance-maxillary	X		X	
	Repair of orthodontic appliance-mandibular	X	-	X	-
	Re-cement or re-bond fixed retainer-maxillary	X	<u>-</u>	X	-
	Re-cement or re-bond fixed retainer-maxillary Re-cement or re-bond fixed retainer-mandibular	X	-	X	-
					-
	Repair of fixed retainer, includes reattachment-maxillary	X	-	X	<u>-</u>
	Repair of fixed retainer, includes reattachment-mandibular	X	-	X	-
	Replacement of lost or broken retainer-maxillary	Χ	-	X	-

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	Description	Small Employer / Individual Large Employer				
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
D8704	Replacement of lost or broken retainer-mandibular	Х	-	Х	-	
D8999	Unspecified orthodontic procedure, by report	Х	-	Х	-	
D9110	Palliative (emergency) treatment of dental pain-minor procedures	Х	-	Х	-	
D9120	Fixed partial denture sectioning	Х	-	Х	-	
D9130	Temporomandibular joint dysfunction-non-invasive physical therapies	Х	-	Х	-	
D9210	Local anesthesia n0t in conjunction with operativeor surgical procedu	Х	-	Х	-	
D9211	Regional block anesthesia	Х	-	Х	-	
D9212	Trigeminal division block anesthesia	Х	-	Х	-	
	Lcl ansthsa w oprtv or srgcl prcdrs	Х	-	Х	-	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	Х	-	Х	-	
D9222	Deep sedation/general anesthesia ¿ first 15 minutes	Х	-	Х	-	
	Deep sedation/general anesthesia-each subsequent 15 minute increment	Х	-	Х	-	
	Inhltn ntrs oxd/anlgsa, anxlyss	Х	-	Х	-	
	Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	Х	-	Х	-	
	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	Х	-	Х	-	
D9248	Non-intravenous conscious sedation	Х	-	Х	-	
D9310	Consultation (diagnostic service provided by dentistor physician other	Х	-	Х	-	
	Consultation with a medical health care professional	Х	-	Х	-	
D9410	House call	Х	-	Х	-	
D9420	Hsptl or asc call	Х	-	Х	-	
D9430	Office visit for observation (during regularly scheduled hours) no oth	Х	-	Х	-	
	Office visit-after regularly scheduled hours	Х	-	Х	-	
D9450	Case presentation, detailed and extensive treatment planning	X	-	Х	-	
D9610	Therapeutic drug injection, by report	Х	-	Х	-	
09612	Therapeutic parenteral drugs, two or more administrations, different medications	Х	-	Х	-	
D9613	Infiltration of sustained release therapeutic drug-single or multiple sites	Х	-	Х	-	
D9630	Drugs or medicaments dispensed in the office for home use	Х	-	Х	-	
D9910	Application of desensitizing medicaments	Х	-	Х	-	
D9911	Application of desensitizing resin for cervical and/or root surface per tooth	Х	-	Х	-	
	Pre-visit patient screening	Х	-	Х	-	
	Behavior management, by report	Х	-	Х	-	
	Treatment of complications (postsurgical) - unusual circumstances, by	Х	-	Х	-	
	Cleaning and inspection of removable complete denture, maxillary	Х	-	Х	-	
	Cleaning and inspection of removable complete denture, mandibular	Х	-	Х	-	
	Cleaning and inspection of removable partial denture, maxillary	Х	-	Х	-	

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Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Ac drugs, or specialty medications and should be directed to the Pharmacy link option within the website. D9935 Cleaning and inspection of removable partial denture, mandibular D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance D9939 Placement of a custom removable clear plastic temporary aesthetic appliance D9941 Fabrication of athletic mouthguards D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-hard appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X X X X X	Preauthorization Required do not reflect information	Not Covered regarding immu	Preauthorization Required unizations, injectable -
D9935 Cleaning and inspection of removable partial denture, mandibular D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance D9939 Placement of a custom removable clear plastic temporary aesthetic appliance D9941 Fabrication of athletic mouthguards D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9951 Reline custom sleep apnea appliance (indirect) D9955 Screening for sleep related breathing disorders	X X X X X	-	X	-
D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance D9939 Placement of a custom removable clear plastic temporary aesthetic appliance D9941 Fabrication of athletic mouthguards D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X X X X		Х	
D9939 Placement of a custom removable clear plastic temporary aesthetic appliance D9941 Fabrication of athletic mouthguards D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X X X			
D9941 Fabrication of athletic mouthguards D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X X X	-	Х	-
D9942 Repair/reline occlusal guard D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-		-
D9943 Occlusal guard adjustment D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X		Χ	-
D9944 Occlusal guard-hard appliance, full arch D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders		-	Х	-
D9945 Occlusal guard-soft appliance, full arch D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders		-	Χ	-
D9946 Occlusal guard-hard appliance, partial arch D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-	Х	-
D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-	Х	-
D9947 Custom sleep apnea appliance fabrication and placement D9948 Adjustment of custom sleep apnea appliance D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-	Х	-
D9949 Repair of custom sleep apnea appliance D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-	Χ	-
D9950 Occlusion analysis-mounted case D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	X	-	Χ	-
D9953 Reline custom sleep apnea appliance (indirect) D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	Х	-	Х	-
D9956 Administration of home sleep apnea test D9957 Screening for sleep related breathing disorders	Х	-	Х	-
D9957 Screening for sleep related breathing disorders	Х	-	Х	-
	Х	-	Х	-
	Х	-	Х	-
D9961 Duplicate/copy patient's records	Х	-	Х	-
D9970 Enamel microabrasion	Х	-	Х	-
D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections	Х	-	Х	-
D9972 External bleaching- per arch- perfmored in offic	Х	-	Х	-
D9973 External bleaching - per tooth	Х	-	Х	-
D9974 Internal bleaching - per tooth	Х	-	Х	-
D9975 External bleaching for home application, per arch; includes materials and fabrication of o	custom X	-	Х	-
D9985 Sales tax	Х	_	Х	
D9986 Missed appointment	X	_	X	
D9987 Cancelled appointment	X	-	X	
D9990 Certified translation or sign-certified translation or sign-language services per visit	X	-	X	
D9991 Dental case management- addressing appointment compliance barriers	X	-	X	
D9992 Dental case management- care coordination	X	_	X	
D9993 Dental case management- motivational interviewing	X	_	X	
D9994 Dental case management- patient education to improve oral health literacy	X	-	X	
D9995 Teledentistry ; synchronous; real-time encounter	X	_	X	
D9996 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent		-	_ ^	

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	Description	Small Employer / Individual Large Em			ge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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D9997	Dental case management-patients with special health care needs	Х	-	Х	-
D9999	Unspecified adjunctive procedure, by report	Х	-	Х	-
E0117	Crutch, underarm, articulating, spring assisted, each	Х	-	Х	-
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Х	-	Х	-
E0160	Sitz type bath or equipment	Х	-	Х	-
E0161	Sitz bath/equipment w/faucet	Х	-	Х	-
	Sitz bath chair	Х	-	Х	-
E0163	Commode chair stationry fxd	Х	-	Х	-
	Commode chair stationry det	Х	-	Х	-
E0167	Commode chair pail or pan	Х	-	Х	-
E0168	Heavyduty/wide commode chair	Х	-	Х	-
	Commode chair with integrated seat lift mechanism, electric, any type	Х	-	Х	-
	Commode chair with integrated seat lift mechanism, non-electric, any type	Х	-	Х	-
E0172	Seat lift mechanism placed over or on top of toilet, any type	Х	-	Х	-
E0175	Commode chair foot rest	Х	-	Х	-
E0190	Positioning cushion/pillow/wedge, any shape or size	Х	-	Х	-
E0194	Air fluidized bed	-	Χ	-	Χ
E0200	Heat lamp without stand	Х	-	Х	-
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-	Х	-
E0205	Heat lamp with stand	Х	-	Х	-
E0210	Electric heat pad standard	Х	-	Х	-
E0215	Electric heat pad moist	Х	-	Х	-
E0217	Water circ heat pad w pump	Х	-	Х	-
E0218	Water circ cold pad w pump	Х	-	Х	-
	Infrared heating pad system	Х	-	Х	-
	Hydrocollator unit	Х	-	Х	-
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for	\ \ \		V	
	use with warming card and wou	Х	-	Х	-
E0232	Warming card for use with the non-contact wound warming device and non-contact wound			V	
	warming wound cover	Х	-	X	-
E0235	Paraffin bath unit portable	Х	-	Х	-
	Pump for water circulating p	Х	-	Х	-
	Hydrocollator unit portable	Х	-	Х	-
	Bath tub wall rail	Х	-	Х	-
	Bath tub rail floor	Х	-	Х	-

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	Small Employer / Individual Large Employe			
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorizatior Required
risclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the rugs, or specialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
E0243 Toilet rail	Х	-	Х	-
E0244 Toilet seat raised	X	_	X	_
E0245 Tub stool or bench	X	_	X	_
E0246 Transfer tub rail attachment	X	-	Х	-
E0247 Transfer bench for tub or toilet with or without commode opening	X	_	Х	-
E0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	-	Х	-
E0249 Pad for water circulating heat unit, for replacement only	Х	-	Х	-
E0271 Mattress innerspring	Х	-	Х	-
E0273 Bed board	Х	-	Х	-
E0274 Over-bed table	Х	-	Х	-
E0275 Bed pan standard	Х	-	Х	-
E0276 Bed pan fracture	Х	-	Х	-
E0280 Bed cradle	Х	-	Х	-
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	Х	-	Х
E0315 Bed accessory brd/tbl/supprt	Х		Х	_
0316 Safety enclosure frame/canopy for use with hospital bed, any type	X		X	-
E0325 Urinal male jug-type	X	-	X	_
E0326 Urinal female jug-type	X	-	X	-
E0350 Control unit bowel system	X	-	X	-
E0352 Disposable pack w/bowel syst	X	-	X	-
E0370 Air elevator for heel	X	_	X	_
0425 Gas system stationary compre	X	_	X	_
0435 Oxygen system liquid portabl	X	-	Х	-
0440 Oxygen system liquid station	X	-	Х	-
0446 Topical ox deliver sys, nos	Х	-	Х	-
E0462 Rocking bed w/ or w/o side r	-	Х	-	Х
E0469 Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	Х	-	Х
Respiratory assist device, bi-level pressure capability, without backup rate		X**		X**
Respiratory assist device, bi-level pressure capability, with back-up rate		X**		X**
Respiratory assist device, bi-level pressure capability, with backup rate		X**		X**
E0481 Intrapulmonary percussive ventilation system and related accessories	Χ	-	Χ	-
Power source and control electronics unit for oral device/appliance for neuromuscular electrical	Х	-	Х	-
stimulation of the tongue muscle, controlled by hardware remote				

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small Employer / Individual		Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pecialty medications and should be directed to the Pharmacy link option within the website.		do not reflect information	regarding imm	unizations, injectable	
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in					
	conjunction with the power source and control electronics unit, controlled by hardware remote, 90-	Χ	-	Х	-	
	day supply					
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical	Х		V		
	stimulation of the tongue muscle, controlled by phone application	^	-	Х	-	
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in					
	conjunction with the power source and control electronics unit, controlled by phone application,	Χ	-	Χ	-	
	90-day supply					
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and	V		V		
	accessories, any type	Х	-	Х	-	
E0561	Humidifier, non-heated, used with positive airway pressure device	-	X**	-	X**	
E0562	Humidifier, heated, used with positive airway pressure device	-	X**	-	X**	
E0574	Ultrasonic generator w svneb	Χ	-	Χ	-	
E0601	Cont airway pressure device	-	X**	-	X**	
E0602	Breast pump	Χ	-	Χ	-	
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release		Х		V	
	cycles, vacuum regulator, sup	-	^	-	X	
E0605	Vaporizer room type	Х	-	Х	-	
E0621	Patient lift sling or seat	Χ	-	Χ	-	
E0625	Patient lift bathroom or toi	Χ	-	Х	-	
E0627	Seat lift incorp lift-chair	Χ	-	Χ	-	
E0629	Seat lift for pt furn-non-el	Χ	-	Χ	-	
E0630	Patient lift hydraulic	Χ	-	Χ	-	
E0635	Patient lift electric	Χ	-	Χ	-	
E0636	Multipositional patient support system, with integrated lift, patientaccessible controls	Χ	-	Χ	-	
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Х	-	Х	-	
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Х	-	Х	-	
E0639	Moveable patient lift system	Х		Х		
	Fixed patient lift system	X		X		
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	X		X		
	Segmental pneumatic appliance for use with pneumatic compressor, chest	X		X		
	Pneumatic appliance full leg		X		X	
	Non pneum seq comp trunk		X	<u> </u>	X	
	peeded after certain number of visits. Limit depends on plan/provider type	-	^	-	^	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small En	nployer / Individual	Laı	rge Employer
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
E0678 Nonpneumatic sequential compression garment, full leg	Χ	-	Х	-
E0679 Nonpneumatic sequential compression garment, half leg	Х	-	Х	-
E0681 Nonpneumatic compression controller without calibrated gradient pressure	Х	-	Х	-
E0683 Non-pneumatic, non-sequential, peristaltic wave compression pump	Х	-	Х	-
E0700 Safety equipment, device or accessory, any type	Х	-	Х	-
E0705 Transfer board or device, any type, each	Х	-	Х	-
E0710 Restraints any type	Х	-	Х	-
E0711 Ue enclosure restr rom	Х	-	Х	-
E0715 Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-	Х	-
E0716 Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-	Х	-
E0721 Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х		Х	_
E0732 Cranial electrotherapy stimulation (CES) system, any type	X		X	
E0734 External upper limb tremor stimulator of the peripheral nerves of the wrist	X		X	
E0735 Noninvasive vagus nerve stimulator	X		X	
E0737 Transcutaneous tibial nerve stimulator, controlled by phone application	X		X	
E0738 Upper extremity rehabilitation system providing active assistance to facilitate muscle re-			^	_
education, include microprocessor, all components and accessories	X	-	Х	-
E0739 Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Х	-	Х	-
E0740 Incontinence treatment systm	Х	-	Х	-
E0743 External lower extremity nerve stimulator for restless legs syndrome, each	X	-	X	-
E0744 Neuromuscular stim for scoli	X	-	X	-
E0745 Neuromuscular stim for shock	X	-	X	-
E0746 Electromyograph biofeedback	-	_	X	-
E0747 Elec osteogen stim not spine	_	Х	-	Х
E0748 Elec osteogen stim spinal	_	X	-	X
E0749 Elec osteogen stim implanted	-	X	- 1	X
E0760 Osteogen ultrasound stimltor	_	Х	-	Х
E0761 Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	Х	-	Х	-
E0762 Transcutaneous electrical joint stimulation device system, includes all accessories	Х		Х	_
E0764 Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with		<u>_</u>		
computer control, used for	Х	-	Х	-
E0765 Nerve stimulator for tx n&v	Х	-	Х	-

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	Description	Small En	ge Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
E0767	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories	Х	-	Х	-
	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	Х	-	Х	-
	Programmable infusion pump	-	Χ	-	Χ
E0784	Ext amb infusn pump insulin	-	Χ	-	Χ
E0786	Implantable pump replacement	-	Χ	-	Χ
E0787	Cgs dose adj insulin inf pmp	Х	Χ	Х	-
	Parenteral infusion pump sta	-	Χ	-	Χ
	Cervical pneum trac equip	Χ	-	Х	-
	Traction stand free standing	Х	-	Х	-
E0855	Cervical traction equipment	Х	-	Х	-
	Cervical traction device, cervical collar with inflatable air bladder	Х	-	Х	-
E0860	Tract equip cervical tract	Х	-	Х	-
E0880	Trac stand free stand extrem	Х	-	Х	-
E0900	Trac stand free stand pelvic	Х	-	Х	_
E0941	Gravity assisted traction de	Х	-	Х	-
E0968	Wheelchair commode seat	Х	-	Х	-
E0986	Manual wheelchair accessory, push-rim activated power assist, each	-	Χ	-	Χ
	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	Χ	-	Χ
E1002	Wheelchair accessory, power seating system, tilt only	-	Χ	-	Χ
	Wheelchair accessory, power seating system, recline only, without shear	-	Χ	-	Χ
	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	Χ	-	Χ
	Wheelchair accessory, power seatng system, recline only, with power shear	-	Χ	-	Χ
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	Χ	-	Χ
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	-	Х	-	Х
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	-	Х	-	Х
F1029	Wheelchair accessory, ventilator tray, fixed	+ - +	X	 	Х
	Wheelchair accessory, ventilator tray, gimbaled		X	 	X
	Rollabout chair with casters	Х	-	Х	-
	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	X	-	X	-

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	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver,	Х	_	Х	-	
	patient weight capaci					
	Transport chair pt wt>300lb	X	-	Х	-	
	Whelchr fxd full length arms	-	X	-	X	
	Wheelchair detachable arms	-	X	-	Χ	
	Wheelchair detachable foot r	-	X	-	Χ	
	Hemi-wheelchair fixed arms	-	Χ	-	Χ	
E1084	Hemi-wheelchair detachable a	-	Χ	-	Χ	
E1085	Hemi-wheelchair fixed arms	-	Χ	-	X	
E1086	Hemi-wheelchair detachable a	-	Χ	-	Χ	
E1087	Wheelchair lightwt fixed arm	-	Χ	-	Χ	
E1088	Wheelchair lightweight det a	-	Χ	-	Χ	
E1089	Wheelchair lightwt fixed arm	-	Χ	-	Χ	
E1090	Wheelchair lightweight det a	-	Χ	-	Χ	
E1092	Wheelchair wide w/ leg rests	-	Χ	-	Χ	
	Wheelchair wide w/ foot rest	-	Х	-	Х	
E1100	Whchr s-recl fxd arm leg res	-	Х	-	Х	
	Wheelchair semi-recl detach	-	Х	-	Х	
	Whichr stand fxd arm ft rest	-	Х	-	Х	
	Wheelchair standard detach a	-	Х	-	Х	
	Wheelchair standard w/ leg r	-	X	-	X	
	Wheelchair fixed arms	_	X	_	X	
	Manual adult size wheelchair, includes tilt in space	_	X	_	X	
	Whichr ampu fxd arm leg rest	_	X	_	X	
	Wheelchair amputee w/o leg r	_	X	_	X	
	Wheelchair amputee detach ar	_	X	_	X	
	Wheelchair amputee w/ foot r	<u> </u>	X	_	X	
	Wheelchair amputee w/ leg re	 -	X	_	X	
	Wheelchair amputee heavy dut	<u> </u>	X	_	X	
	Wheelchair amputee fixed arm	_	X	_	X	
	Whichr special size/constrc		X		X	
	Wheelchair spec size w foot	-	X	-	X	
	Wheelchair spec size w foot Wheelchair spec size w/ leg	-	X	-	X	
		-		-		
	Wheelchair spec size w foot	-	X	-	X	
	Wheelchair spec size w/ leg		X	-	X	

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	Small En	nployer / Individual	Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	ınizations, injectable	
E1225 Wheelchair spec sz semi-recl	_ [X	T - T	X	
E1226 Wheelchair spec sz selfi-recl	_	X	_	X	
E1227 Wheelchair spec sz spec ht a	<u> </u>	X	_	X	
E1228 Wheelchair spec sz spec ht b		X	_	X	
E1229 Pediatric wheelchair nos	-	X	_	X	
	X	^_	X		
E1230 Power operated vehicle	1			- V	
E1231 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem	-	X	-	X	
E1232 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem	-	X	-	X	
E1233 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem	-	X	-	X	
E1234 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem	-	X	-	X	
E1235 Wheelchair, pediatric size, rigid, adjustable, with seating system	-	X	-	X	
E1236 Wheelchair, pediatric size, folding, adjustable, with seating system	-	X	-	Χ	
E1237 Wheelchair, pediatric size, rigid, adjustable, without seating system	-	X	-	X	
E1238 Wheelchair, pediatric size, folding, adjustable, without seating system	-	X	-	X	
E1239 Ped power wheelchair nos	-	Χ	-	Χ	
E1240 Whchr litwt det arm leg rest	-	Χ	-	Χ	
E1250 Wheelchair lightwt fixed arm	-	Χ	-	Χ	
E1260 Wheelchair lightwt foot rest	-	Χ	-	Χ	
E1270 Wheelchair lightweight leg r	-	Χ	-	Χ	
E1280 Whichr h-duty det arm leg res	-	Χ	-	Χ	
E1285 Wheelchair heavy duty fixed	-	Χ	-	Χ	
E1290 Wheelchair hvy duty detach a	-	Χ	-	Х	
E1295 Wheelchair heavy duty fixed	-	Χ	-	Х	
E1296 Wheelchair special seat heig	-	Χ	-	Х	
E1297 Wheelchair special seat dept	-	Χ	-	Х	
E1298 Wheelchair spec seat depth/w	-	Х	-	Х	
E1300 Whirlpool portable	Х	-	Х	-	
E1310 Whirlpool non-portable	Х	-	Х	-	
E1356 Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only,					
each	Х	-	Х	-	
E1392 Portable oxygen concentrator, rental	_	X	-	Х	
E1520 Heparin infusion pump for di	_	X	-	X	
E1530 Air bubble detector for dial	_	X	_	X	
E1540 Pressure alarm for dialysis	_	X	_	X	
E1550 Bath conductivity meter		X	 _ 	X	
*Preauth needed after certain number of visits. Limit depends on plan/provider type			<u> </u>	^	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small En	nployer / Individual	Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, t drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	hese coding lists	do not reflect information	regarding immu	unizations, injectable	
E1570 Adjustable chair for esrd pt	X	-	Х		
E1592 Auto interm peritoneal dialy	-	Х	-	X	
E1594 Cycler dialysis machine	_	X	_	X	
E1620 Blood pump for dialysis	_	X	 -	X	
E1625 Water softening system	Х	-	Х	-	
E1630 Reciprocating peritoneal dia	-	Х	-	Х	
E1639 Scale, for dialysis, each	Х	-	Х	-	
E1700 Jaw motion rehab system	X	-	X	-	
E1701 Repl cushions for jaw motion	X	-	X	-	
E1702 Repl measr scales jaw motion	X	-	X	-	
E1905 Vr cbt therapy	X	-	X	-	
E2100 Blood glucose monitor with integrated voice synthesizer	X	-	X	-	
E2102 Adjunctive continuous glucose monitor or receiver	-	Х	-	Х	
E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	Х	-	Х	
E2201 Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.	-	Х	-	Х	
E2202 Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	
E2203 Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.	-	Х	-	Х	
E2204 Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	-	Х	-	Х	
E2205 Manual wc accessory, handrim	-	Χ	-	Χ	
E2206 Complete wheel lock assembly	-	Х	-	Х	
E2207 Wheelchair accessory, crutch and cane holder, each	-	Х	-	Х	
E2208 Wheelchair accessory, cylinder tank carrier, each	-	Х	-	Х	
E2209 Wheelchair accessory, arm trough, each	-	Х	-	Х	
E2210 Wheelchair accessory, bearings, any type, replacement only, each	-	Х	-	Х	
E2211 Manual wheelchair accessory, pneumatic propulsion tire, any size, each	-	Х	-	Х	
E2212 Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	-	Х	-	Х	
E2213 Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any		V		V	
size, each	-	Х	-	Χ	
E2214 Manual wheelchair accessory, pneumatic caster tire, any size, each	-	Х	-	Х	
E2215 Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	-	Χ	-	Χ	
E2216 Manual wheelchair accessory, foam filled propulsion tire, any size, each	-	X	-	Χ	
E2217 Manual wheelchair accessory, foam filled caster tire, any size, each	-	Х	-	Х	
E2218 Manual wheelchair accessory, foam propulsion tire, any size, each	-	X	-	Χ	
E2219 Manual wheelchair accessory, foam caster tire, any size, each	-	Х	-	Х	
E2220 Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	-	Х	-	Х	

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	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	-	X	-	Х	
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	-	X	-	Х	
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	-	Х	-	Х	
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	Х	-	Х	
E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each	-	Х	-	Х	
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	-	Х	-	Х	
E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each	-	Χ	-	Х	
E2230	Manual wheelchair accessory, manual standing system	-	Χ	-	X	
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type mounting hardware	-	Х	-	Х	
E2291	Planar back for ped size wc	-	Х	-	Х	
	Planar seat for ped size wc	-	Х	-	Х	
	Contour back for ped size wc	-	Х	-	Х	
	Contour seat for ped size wc	-	Х	-	Х	
	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows coordinated movement of multi	-	Х	-	Х	
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	-	Х	-	Х	
	Power wheelchair accessory, power seat elevation system	Х	-	Х	-	
	Power wheelchair accessory, power standing system	Х	-	Х	-	
	Power wheelchair accessory, electronic connection between wheelchair controller	Х	-	Х	-	
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounti	-	Х	-	Х	
E2321	Power wheelchair accessory, hand control interface, remote joystick,	-	Х	-	Х	
	Power wheelchair accessory, hand control interface, multiple mechanical switches	-	Х	-	Х	
	Power wheelchair accessory, specialty joystick handle for hand control	-	Х	-	Х	
	Power wheelchair accessory, chin cup for chin control interface	-	Х	-	Х	
	Power wheelchair accessory, sip and puff interface, nonproportional	-	Х	-	Х	
	Power wheelchair accessory, breath tube kit for sip and puff interface	-	Х	-	Х	
	Power wheelchair accessory, head control interface, mechanical, proportional	-	Х	-	Х	
	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	-	Х	-	Х	
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	Х	-	Х	

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	Description	Small Employer / Individual Large Employer				
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	Х	-	Х	
E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Х	-	Х	
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Х	-	Х	
	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	
	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	Х	-	Х	
	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	Χ	-	Χ	
	Power wheelchair accessory, electronic interface to operate speech generating device	Х	-	Х	-	
	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	-	Χ	-	Χ	
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	-	Х	-	Х	
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	-	Χ	-	Χ	
	Power wheelchair accessory, 22nf sealed lead acid battery, each	-	Χ	-	Χ	
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	-	Χ	-	Χ	
	Power wheelchair accessory, group 24 sealed lead acid battery, each	-	Χ	-	Χ	
	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	-	Χ	-	Χ	
	Power wheelchair accessory, u-1 sealed lead acid battery, each	-	Χ	-	Χ	
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	-	Χ	-	Χ	
	Power wheelchair accessory, battery charger, dual mode, for use with either battery type	-	Χ	-	Χ	
	Power wc motor replacement	-	Χ	-	Χ	
E2369	Pwr wc gear box replacement	-	Χ	-	Χ	
E2370	Pwr wc motor/gear box combo	-	Χ	-	Χ	
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	Х	-	Х	
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	-	Х	_	Х	
	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o	-	X	_	X	
E2374	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not including controller), proport	-	Х	-	Х	
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and mounting hardware, replacem	-	Х	-	Х	
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement	-	Х	-	Х	

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		Small Employer / Individual Large			ge Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
E2377	Power wheelchair accessory, expandable controller, including all related electronics and		X		Х	
	mounting hardware, upgrade prov	-	^	-	^	
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	Χ	-	Х	
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Χ	-	Х	
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	Х	-	Х	
F2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	_	X	_	Х	
	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	_	X	_	X	
	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	_	X	_	X	
	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	_	X	_	X	
	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	_	X	-	X	
	Power wheelchair accessory, foam caster tire, any size, replacement only, each	_	X	-	X	
	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	-	X	-	X	
E2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	-	Х	-	Х	
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each	-	Х	-	Х	
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	_	Х	-	Х	
	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	_	X	-	X	
	Power wheelchair accessory, caster fork, any size, replacement only, each	_	X	-	X	
	Negative pressure wound therapy electrical pump, stationary or portable	_	X	-	X	
	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	Х	_	Х	-	
	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Х	-	Х	-	
	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Х	-	Х	-	
	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	Х	-	Х	-	
	Speech generating device, synthesized speech, requiring message formulation by spelling	Х	-	Х	-	
	Speech generating software program, for personal computer or personal digital assistant	Х	-	Х	-	
	Accessory for speech generating device, mounting system	Х	-	Х	-	
	Accessory for speech generating device, electromyographic sensor	Х	-	Х	-	
	Gen w/c cushion wdth < 22 in	-	Х	-	Х	
	Gen w/c cushion wdth >=22 in	-	Χ	-	Х	
	Skin protect wc cus wd <22in	-	Х	-	Х	
	Skin protect wc cus wd>=22in	-	Х	-	Х	

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			nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
E2605	Position wc cush wdth <22 in	-	Х	-	Х	
E2606	Position wc cush wdth>=22 in	-	Х	-	Х	
E2607	Skin pro/pos wc cus wd <22in	-	Х	-	Х	
E2608	Skin pro/pos wc cus wd>=22in	-	Х	-	Х	
E2609	Custom fabricate w/c cushion	-	Χ	-	Х	
E2610	Powered w/c cushion	-	Χ	-	Х	
E2611	Gen use back cush wdth <22in	-	Χ	-	Х	
E2612	Gen use back cush wdth>=22in	-	Х	-	Х	
E2613	Position back cush wd <22in	-	X	-	Χ	
E2614	Position back cush wd>=22in	-	Х	-	Х	
E2615	Pos back post/lat wdth <22in	-	Х	-	Х	
E2616	Pos back post/lat wdth>=22in	-	X	-	Х	
E2617	Custom fab w/c back cushion	-	X	-	Х	
E2619	Replace cover w/c seat cush	-	Χ	-	Χ	
E2620	Wc planar back cush wd <22in	-	Χ	-	Х	
E2621	Wc planar back cush wd>=22in	-	X	-	Х	
E2622	Adj skin pro w/c cus wd<22in	-	X	-	Х	
E2623	Adj skin pro wc cus wd>=22in	-	X	-	Х	
E2624	Adj skin pro/pos cus<22in	-	X	-	Х	
E2625	Adj skin pro/pos wc cus>=22	-	X	-	Х	
E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	-	Х	-	Х	
E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	-	X	-	Х	
E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	-	Х	-	Х	
E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	-	Х	-	Х	
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	-	Х	-	Х	
F2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	_	X	<u> </u>	X	
	Wheelchair accessory, addition to mobile arm support, effect or lateral rocker arm with elastic balance control	-	X	-	X	
E2633	Wheelchair accessory, addition to mobile arm support, supinator	-	X	-	X	
	Speech volume modulation system, any type, including all components and accessories	Х	-	Х	-	

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			nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Х	-	Х	-	
G0023	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:	Х	-	х	-	
G0024	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	Х	-	Х	-	
G0027	Semen analysis	Χ	-	Х	-	
G0028	Doc med rsn no scr tob	Х	-	Х	-	
G0029	No tob scr/cess int	Х	-	Х	-	
G0030	Pt scr tob & cess int	Х	-	Х	-	
G0031	Pall serv during meas	Х	-	Х	-	
G0032	2+ antipsy schiz	Х	-	Х	-	
	2+ benzo seiz	Χ	-	Х	-	
G0034	Pall serv during meas	Χ	-	Х	-	
G0035	Pt ed pos 23	Χ	-	Х	-	
G0036	Pt/ptn decln assess	Χ	-	Х	-	
G0037	Pt not able to participate	Х	-	Х	-	
G0038	Clin pt no ref	Х	-	Х	-	
	Pt no ref, rn spec	Х	-	Х	-	
G0040	Pt phys/occ therapy	Х	-	Х	-	
G0041	Pt/ptn decln referral	Х	-	Х	-	
G0042	Ref to therapy	Χ	-	Х	-	
G0043	Pt mech pros ht valv	Χ	-	Х	-	
G0044	Pt mitral stenosis	Х	-	Х	-	
G0045	Mrs 90 days post stk	Х	-	Х	-	
	No mrs 90 days post stk	Х	-	Х	-	
G0047	Ped blunt hd traum	Х	-	Х	-	
G0048	Pall serv during meas	Х	-	Х	-	
	Main hemo in-cntr	Х	-	Х	-	
G0050	Pt w/ Imted life expec	Х	-	Х	-	
	Pt hospice mnth	Х	-	Х	-	
	Pt peri dialysis dur mo	Х	-	Х	-	
	Adv rheum pt care mvp	Х	-	Х	-	
	Strk cr prev pos outcme mvp	Х	-	Х	-	
	needed after certain number of visits. Limit depends on plan/provider type					

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			Small Employer / Individual		Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
G0055	Adv care heart dx mvp	Х	-	Х	-	
G0057	Best pct pt safety em mvp	Х	-	Х	-	
G0058	Imprv care le jnt repr mvp	Х	-	Х	-	
G0059	Pt sfty pos exp w aneth mvp	Х	-	Χ	-	
G0060	Allergy/immunology ss	Х	-	Х	-	
G0061	Anesthesiology ss	Х	-	Χ	-	
G0062	Audiology ss	Х	-	Х	-	
G0063	Cardiology ss	Х	-	Х	-	
G0064	Cert nurse midwife ss	Х	-	Х	-	
G0065	Chiropractic ss	Х	-	Х	-	
G0066	Clinical social work ss	Х	-	Х	-	
G0067	Dentistry ss	Х	-	Х	-	
G0068	Adm of infusion drug in home	-	X	-	Х	
	Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	Х	-	Х	
G0070	Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	Х	-	Х	
	Comm svcs by rhc/fqhc 5 min	Х	-	Х	-	
	Care manag h vst new pt 20 m	Х	-	Х	-	
G0077	Care manag h vst new pt 30 m	Х	-	Х	-	
	Care manag h vst new pt 45 m	Х	-	Х	-	
	Care manag h vst new pt 60 m	Х	-	Х	-	
G0080	Care manag h vst new pt 75 m	Х	-	Х	-	
G0081	Care man h v ext pt 20 mi	Х	-	Х	-	
	Care man h v ext pt 30 m	Х	-	Х	-	
G0083	Care man h v ext pt 45 m	Х	-	Х	-	
	Care man h v ext pt 60 m	Х	-	Х	-	
	Care man h v ext pt 75 m	Х	-	Х	-	
	Care man home care plan 30 m	Х	-	Х	-	
	Care man home care plan 60 m	Х	-	Х	-	
	Adm iv drug 1st home visit	-	Х	-	Х	
	Adm subq drug 1st home visit	-	Х	-	Х	
	Corf skilled nursing service	Х	-	Х	-	
	Partial hosp prog service	-	X*	-	Χ*	
	Single energy x-ray study	Х	-	Х	-	

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the exitation and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	Х	-	Х	-	
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	-	Х	-	Х	
	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities:	Х	-	Х	-	
G0146	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	Х	-	Х	-	
G0151	Hhcp-serv of pt,ea 15 min	-	Χ*	-	X*	
G0152	Hhcp-serv of ot,ea 15 min	-	Χ*	-	Χ*	
G0153	Hhcp-svs of s/l path,ea 15mn	-	Χ*	-	Χ*	
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	Χ*	-	Χ*	
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	-	-	Х	-	
G0157	Hhc pt assistant ea 15	Χ	-	Х	-	
G0158	Hhc ot assistant ea 15	Х	-	Х	-	
G0159	Hhc pt maint ea 15 min	-	X*	-	Χ*	
G0160	Hhc occup therapy ea 15	-	X*	-	Χ*	
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m	-	X*	-	X*	
G0162	Hhc rn e&m plan svs, 15 min	-	Χ*	-	X*	
G0175	Opps service, sched team conf	Х	-	Х	-	
	Opps/php;activity therapy	Х	-	Х	-	
	Opps/php; train & educ serv	Х	-	Х	-	
	Md recertification hha patient	Х	-	Х	-	
	Md certification hha patient	Х	-	Х	-	
	Pet img wholebody melanoma nonco	Х	-	Х	-	
	Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	Х	-	Х	-	
	Placement of occlusive device into either a venous or arterial access site,post surgical or interventional procedure (e.	Х	-	Х	-	
G0276	Pild/placebo control clin tr	Х	-	Х	-	
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stageiii and stage iv pressure ulcers, arterial	-	X*	-	X*	
G0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	Х	-	Х	-	

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		Small En	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p	-	X*	-	X*
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin	Х	-	Х	-
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	Х	-	Х	-
G0295	Electromagnetic stimulation, to one or more areas	Х	-	Х	-
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х
G0302	Pre-operative pulmonary surgery services for preparation for lvrs, complete	Х	-	Х	-
	Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15	Х	-	Х	-
	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days	Х	-	Х	-
	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	Х	-	Х	-
	180 d implant glucose sensor	Х	-	Х	-
G0309	Rem/inser glu sensor dif sit	Х	-	Х	-
	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-
G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-
G0314	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	Х	-	Х	-
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	Х	-	Х	-

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Disclaimer. Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, or specialty medications and should be directed to the Pharmacy link option within the website. G0321 Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system K	Employer	
Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system X	eauthorization Required	
real-time interactive audio-only telecommunications system G0327 Colon ca scrn;bld-bsd biomrk X - X G0329 Therapy plan of care Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room G0337 Hospice evaluation and counseling services, pre-election G0339 Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first G0340 Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion X - X G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion X - X G0343 Laparactomy for iselt cell transplant, includes vein catherization and infusion X - X G0340 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0400 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	ons, injectable	
real-time interactive audio-only telecommunications system G03327 Colon ca scrn;bld-bsd biomrk		
G0329 Therapy plan of care G0330 Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room G0337 Hospice evaluation and counseling services, pre-election G0339 Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first G0340 Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion G0343 Laparascopy for iselt cell transplant, includes vein catherization and infusion G0340 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 K - X Laparactic plant - X Laparacti	-	
G0330 Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room G0337 Hospice evaluation and counseling services, pre-election G0339 Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first G0340 Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Interactive group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 K C0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	-	
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G0340 Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	Х	
collimator changes and custo G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion X G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 X - X G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	^	
G0341 Percutaneous islet cell transplant, includes portal vein catherization and infusion X - X G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion X - X G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion X - X G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon X G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	Х	
G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion X - X G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion X - X G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	^	
G0342 Laparascopy for iselt cell transplant, includes portal vein catherization and infusion X - X G0343 Laparaotomy for iselt cell transplant, includes vein catherization and infusion X - X G0402 Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	-	
Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	-	
during the first 12 mon G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X - X	-	
G0409 Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X G0410 Group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	-	
rehabilitation goals, each G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X		
G0410 Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X	X	
approximately 45 to 50 G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 X - X X - X		
G0411 Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50	-	
minutes	-	
C0128 Collagen moniscus implant procedure for filling moniscal defects (e.g., cmi, collagen scaffold		
menaflex)	-	
G0438 Ppps, initial visit X - X		
G0439 Ppps, subseq visit X - X	_	
G0451 Development testing, with interpretation and report, per standardized instrument form X - X	_	
G0454 Physician documentation of face-to-face visit for durable medical equipment determination		
performed by nurse practitioner, physician assistant or clinical nurse specialist	-	
G0/50 Innatient telehealth pharmacologic management, including prescription, use, and review of		
medication with no more than minimal medical psychotherapy	-	
G0460 Autolog prp not diab ulcer X - X	-	
G0465 Autolog prp diab wound ulcer X - X	_	
G0468 Fight visit, ippe or awv	_	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



			nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G0490	Home visit rn, lpn by rhc/fq	Χ	-	Х	-	
G0493	Rn care ea 15 min hh/hospice	-	Х	-	X	
G0494	Lpn care ea 15min hh/hospice	-	Х	-	X	
G0495	Rn care train/edu in hh	-	Х	-	X	
G0496	Lpn care train/edu in hh	-	Х	-	Χ	
G0513	Prolong prev svcs, first 30m	Χ	-	Х	-	
G0514	Prolong prev svcs, addl 30m	Χ	-	Х	-	
G0516	Insert drug del implant, >4	Χ	-	Х	-	
G0517	Remove drug implant	Χ	-	Х	-	
G0518	Remove w insert drug implant	Χ	-	Х	-	
G0519	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Х	-	Х	-	
G0520	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-	Х	-	
G0521	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-	Х	-	
G0522	Management of a new patient with dementia, low complexity, for use in cmmi model	Х	-	Х	-	
	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model		-	Х	-	
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Х	-	Х	-	
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-	Х	-	
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-	Х	-	
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	Х	-	Х	-	
	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	Х	-	Х	-	
G0529	In-home respite care, 4-hour unit, for use in cmmi model	Х	-	Х	_	
	Adult day center, 8-hour unit, for use in cmmi model	X	-	X	_	
	Facility-based respite, 24-hour unit, for use in cmmi model	X	-	X	-	
	Improvement in visual function achieved within 90 days following cataract surgery	X	-	X	-	
	patient care survey was not completed by patient	X	-	X	_	
	Improvement in visual function not achieved within 90 days following cataract surgery	X	-	X		
	Satisfaction with care achieved within 90 days following cataract surgery	X	-	X	_	
	peeded after certain number of visits. Limit depends on plan/provider type	^\				

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



New Notes		Small En	nployer / Individual	Large Employer		
Disciplation Please rule that occurrange may vary by plan type and may not listed services. These ocdes are updated quarterly. Additionally, essee coding lists do not reflect information regarding immunizations, injectable drings, or specialty medications and about be directed to the Pharmacy link type on within the website. Common	Codes Description				Preauthorization	
drugs, or specially medications and should be directed to the Pharmasy like option within the vehicle. G0917 Patient satisfaction survey was not completed by patient X - X <td< th=""><th></th><th>Covered</th><th>Required</th><th>Covered</th><th>Required</th></td<>		Covered	Required	Covered	Required	
Go918 Satisfaction with care not achieved within 90 days following cataract surgery X	Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. And drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	dditionally, these coding lists	do not reflect information	regarding immu	unizations, injectable	
G1001 Cdsm evicore	G0917 Patient satisfaction survey was not completed by patient	X	-	Χ	-	
G1002 Cdsm medcurrent	G0918 Satisfaction with care not achieved within 90 days following cataract surgery	X	-	Χ	-	
G1003 Cdsm medicalis	G1001 Cdsm evicore	X	-	Χ	-	
G1004 Cdsm ndsc	G1002 Cdsm medcurrent	X	-	Χ	-	
G1007 Cdsm aim	G1003 Cdsm medicalis	Х	-	Χ	-	
G1008 Cdsm cranberry pk	G1004 Cdsm ndsc	Х	-	Χ	-	
G1010 Cdsm stanson	G1007 Cdsm aim	Х	-	Χ	-	
G1011 Cdsm qualified nos X - <td>G1008 Cdsm cranberry pk</td> <td>Х</td> <td>-</td> <td>Χ</td> <td>-</td>	G1008 Cdsm cranberry pk	Х	-	Χ	-	
G1012 Cdsm agilemd	G1010 Cdsm stanson	X	-	Χ	-	
G1013 Cdsm evidenceare	G1011 Cdsm qualified nos	X	-	Χ	-	
G1014 Cdsm inveniqa X -		Х	-	Х	-	
G1015 Cdsm reliant	G1013 Cdsm evidencecare	Х	-	Х	-	
G1016 Cdsm speed of care	G1014 Cdsm inveniqa	X	-	Χ	-	
G1017 Cdsm healthhelp	G1015 Cdsm reliant	Х	-	Х	-	
G1018 Cdsm infinx	G1016 Cdsm speed of care	Х	-	Х	-	
G1019 Cdsm logicnets X - X - G1020 Cdsm curbside X - X - G1021 Cdsm healthline X - X - G1022 Cdsm intermountain X - X - G1023 Cdsm persivia X - X - G1024 Cdsm radrite X - X - G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo	G1017 Cdsm healthhelp	Х	-	Х	-	
G1020 Cdsm curbside	G1018 Cdsm infinx	Х	-	Х	-	
G1021 Cdsm ehealthline X - X - G1022 Cdsm intermountain X - X - G1023 Cdsm persivia X - X - G1024 Cdsm radrite X - X - G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo	G1019 Cdsm logicnets	X	-	Χ	-	
G1022 Cdsm intermountain X - X - G1023 Cdsm persivia X - X - G1024 Cdsm radrite X - X - G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo	G1020 Cdsm curbside	X	-	Χ	-	
G1023 Cdsm persivia X - X - G1024 Cdsm radrite X - X - G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo	G1021 Cdsm ehealthline	X	-	Χ	-	
G1024 Cdsm radrite X - X - G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo	G1022 Cdsm intermountain	X	-	Χ	-	
G1025 Pt mnth 1 mcp prov X - X - G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo			-		-	
G1026 Pt hemo > 3mo X - X - G1027 Pt hemo < 3mo		X	-		-	
G1027 Pt hemo < 3mo X - X - G1028 Take home supply 8mg per 0.1 X - X - G2001 Post d/c h vst new pt 20 m X - X - G2002 Post-d/c h vst new pt 30 m X - X - G2003 Post-d/c h vst new pt 45 m X - X - G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G1025 Pt mnth 1 mcp prov	X	-	Χ	-	
G1028 Take home supply 8mg per 0.1 X - X - G2001 Post d/c h vst new pt 20 m X - X - G2002 Post-d/c h vst new pt 30 m X - X - G2003 Post-d/c h vst new pt 45 m X - X - G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G1026 Pt hemo > 3mo	X	-	Χ	-	
G2001 Post d/c h vst new pt 20 m X - X - G2002 Post-d/c h vst new pt 30 m X - X - G2003 Post-d/c h vst new pt 45 m X - X - G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G1027 Pt hemo < 3mo	X	-	Χ	-	
G2002 Post-d/c h vst new pt 30 m X - X - G2003 Post-d/c h vst new pt 45 m X - X - G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G1028 Take home supply 8mg per 0.1	X	-	Χ	-	
G2003 Post-d/c h vst new pt 45 m X - X - G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G2001 Post d/c h vst new pt 20 m	X	-		-	
G2004 Post-d/c h vst new pt 60 m X - X - G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -		X	-	Χ	-	
G2005 Post-d/c h vst new pt 75 m X - X - G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G2003 Post-d/c h vst new pt 45 m	X	-		-	
G2006 Post-d/c h vst ext pt 20 m X - X - G2007 Post-d/c h vst ext pt 30 m X - X -	G2004 Post-d/c h vst new pt 60 m	X	-	X	-	
G2007 Post-d/c h vst ext pt 30 m X - X -	G2005 Post-d/c h vst new pt 75 m	X	-	Х	-	
	G2006 Post-d/c h vst ext pt 20 m	X	-	Х	-	
G2008 Post-d/c h vst ext pt 45 m X - X -	G2007 Post-d/c h vst ext pt 30 m		-		-	
	G2008 Post-d/c h vst ext pt 45 m	X	-	Χ	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



Product Prod			Small En	nployer / Individual	Large Employer		
	Codes	Description					
Trugs, or specially meritications and should be disceded to the Pharmacy link option within the website.							
Post-d/c h vst ext pt 60 m			se coding lists	do not reflect information	regarding immu	unizations, injectable	
Post-d/c care plan overs 30m			Х	-	Х		
Post-d/c care plan overs 30m	G2013	Post-d/c h vst ext pt 75 m	Χ	-	Х	-	
Capits Post-d/c care plan overs 60m X - X -			Χ	-		-	
beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes) G2021 Hea care pract tx in place		·	Χ	-	Χ	-	
G2021 Hea care pract tx in place		beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care	Х	-	Х	-	
G2022 Benef refuses service, mod		e ,	Χ	_	Х	-	
G2025 Dis site tele svcs rhc/fqhc				-			
Pt 66+ snp or ltc pos > 90d		, ,		-		-	
G2082 Visit esketamine 56m or less		,		-		-	
G2083 Visit esketamine, > 56m				-		-	
Cacopa				-		-	
Pt 66+ frailty and adv ill	G2090	Pt 66+ frailty and med dem		-		-	
G2093 Med doc rsn no ace arn arni X		•		-		-	
G2094 Pt rsn no ace arn arni		•	Χ	-	Х	-	
G2094 Pt rsn no ace arn arni	G2093	Med doc rsn no ace arn arni	Χ	-	Х	-	
G2096 No rsn ace arb arni X - X - G2097 Child dx uri 3d of other dx X - X - G2098 Pt 66+ frailty and med dem X - X - G2099 Pt 66+ frailty and adv ill X - X - G2100 Pt 66+ frailty and med dem X - X - G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ It ints > 90 X - X - G2106 Pt 66+ It ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m			Χ	-	Х	-	
G2096 No rsn ace arb arni X - X - G2097 Child dx uri 3d of other dx X - X - G2098 Pt 66+ frailty and med dem X - X - G2099 Pt 66+ frailty and adv ill X - X - G2100 Pt 66+ frailty and med dem X - X - G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ It ints > 90 X - X - G2106 Pt 66+ It ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2095	Sys rsn no ace arn arni	Х	-	Χ	-	
G2098 Pt 66+ frailty and med dem X - X - G2099 Pt 66+ frailty and adv ill X - X - G2100 Pt 66+ frailty and med dem X - X - G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ lt ints > 90 X - X - G2106 Pt 66+ lt ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m			Х	-	Χ	-	
G2099 Pt 66+ frailty and adv ill X - X - G2100 Pt 66+ frailty and med dem X - X - G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ lt ints > 90 X - X - G2106 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2097	Child dx uri 3d of other dx	Х	-	Χ	-	
G2100 Pt 66+ frailty and med dem X - X - G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ lt ints > 90 X - X - G2106 Pt 66+ lt ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2098	Pt 66+ frailty and med dem	Х	-	Χ	-	
G2101 Pt 66+ frailty and adv ill X - X - G2105 Pt 66+ lt ints > 90 X - X - G2106 Pt 66+ lt ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2099	Pt 66+ frailty and adv ill	Х	-	Χ	-	
G2105 Pt 66+ It ints > 90 X - X - G2106 Pt 66+ It ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2100	Pt 66+ frailty and med dem	Х	-	Χ	-	
G2106 Pt 66+ It ints > 90 X - X - G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2101	Pt 66+ frailty and adv ill	Х	-	Χ	-	
G2107 Pt 66+ frailty and adv ill X - X - G2112 Pred<=5 mg ra glu <6m	G2105	Pt 66+ It ints > 90	Χ	-	Х	-	
G2112 Pred<=5 mg ra glu <6m	G2106	Pt 66+ It ints > 90	Χ	-	Х	-	
G2113 Pred>5 mg >6m, no chg da X - X - G2115 Pt 66+ frailty and med dem X - X - G2116 Pt 66+ frailty and adv ill X - X - G2118 Pt 81+ frailty X - X - G2121 Psy dep anx ap and icd asse X - X -	G2107	Pt 66+ frailty and adv ill	Χ	-	Х	-	
G2115 Pt 66+ frailty and med dem X - X - G2116 Pt 66+ frailty and adv ill X - X - G2118 Pt 81+ frailty X - X - G2121 Psy dep anx ap and icd asse X - X -	G2112	Pred<=5 mg ra glu <6m	Х	-	Χ	-	
G2116 Pt 66+ frailty and adv ill X - X - G2118 Pt 81+ frailty X - X - G2121 Psy dep anx ap and icd asse X - X -	G2113	Pred>5 mg >6m, no chg da	Х	-	Χ	-	
G2118 Pt 81+ frailty X - X - G2121 Psy dep anx ap and icd asse X - X -	G2115	Pt 66+ frailty and med dem	Х	-	Х	-	
G2121 Psy dep anx ap and icd asse X - X -	G2116	Pt 66+ frailty and adv ill	Х	-	Х	-	
	G2118	Pt 81+ frailty	Х	-	Х	-	
G2122 Psy/dep/anx/apandicd noasse X - X -	G2121	Psy dep anx ap and icd asse	X	-			
	G2122	Psy/dep/anx/apandicd noasse	Х	-	Х	-	

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			nployer / Individual	Large Employer		
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these becialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	ınizations, injectable	
	Pt 81+ frailty	Х		Х		
	Pt 66+ frailty adv ill	X		X		
	Pt 66+ frailty med dem	X		X		
	No aspirin med rsn	X		X		
	No bp outpt	X		X		
	Bk pain vas 6-20wk = 3	X	<u> </u>	X	<u> </u>	
	Bk pain vas 6-20wk > 3	X		X		
	Bk pain vas 9-15mo = 3	X	-	X	-	
	Bk pain vas 9-10m0 = 3 Bk pain vas 9-20mo > 3	X		X	-	
	·	X		X		
	Leg pain vas 6-20wk = 3 Leg pain vas 6-20wk > 3	X		X	-	
		X		X	-	
	Fs odi 9-15mo postop<= 22 Fs odi 9-15mo > 22				-	
		X	-	X	-	
	Fs odi 6-20wk postop > 22	X	-	X	-	
	Fsodi 6-20wk >22 or chg 30pt	X	-	X	-	
	Leg pain vas 9-15mo <= 3	X	-	X	-	
	Leg pain vas 9-15mo > 3	X	-	X	-	
	Mpm used	Х	-	Х	-	
	No mpm med rsn	X	-	Х	-	
	No mpm	X	-	Х	-	
	Dx degen neuro	Χ	-	Х	-	
	Res change sc =0	Х	-	Х	-	
	Res change sc < 0	Χ	-	Х	-	
	Svs by pt in home health	X	-	Х	-	
	Svs by ot in home health	X	-	Х	-	
G2172	All inclusive payment for services related to highly coordinated and integrated opioid use disorder	Х		X		
	(oud) treatment services furnished for the demonstration project	^	-	^	-	
G2173	Uri w comorb 12m oth dx	Χ	-	Χ	-	
G2174	Uri new rx antibiotic 30d	Х	-	Х	-	
G2175	Pt comorb dx 12m of epi	Х	-	Х	-	
G2176	Outpt ed obs w inpt admit	Х	-	Х	=	
G2177	Bronch w rx antibx 30d	Χ	-	Х	-	
G2178	Pt not elig low neuro ex	Х	-	Х	-	
	Med doc rsn no low ex	Х	-	Х	-	
G2180	Inelig footwr eval	Х	-	Х	-	
	needed after certain number of visits. Limit depends on plan/provider type					

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	Small Employer / Individual			
Codes Description	Not	Preauthorization	Not	Preauthorization
	Covered	Required	Covered	Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Ac	dditionally, these coding lists	do not reflect information	regarding immu	unizations, injectable
drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	l v		1 v 1	
G2181 Bmi not doc medrsn ptref	X	-	X	-
G2182 Pt 1st biolog antirheum	X	-	X	-
G2183 Doc pt unable comm	X	-	X	-
G2184 No caregiver	X	-	X	-
G2185 Caregiver dem trained	X	-	Х	-
G2186 Pt ref app rsrcs	X	-	Х	-
G2187 Clin ind img hd trauma	X	-	Х	-
G2188 Pt 50 yrs w/clin ind hd	X	-	Χ	-
G2189 Img hd abnml neuro exam	X	-	Х	-
G2190 Ind img hd rad neck	X	-	Х	-
G2191 Ind img hd pos hd ache	X	-	Χ	-
G2192 >55 yrs temp hd ache	X	-	Χ	-
G2193 <6yr new onset hd ache	X	-	Χ	-
G2194 New hdache ped pt dis	X	-	Χ	-
G2195 Occip hdache child	Х	-	Х	-
G2196 Screen unhithy etoh use	Х	-	Х	-
G2197 Screen hithy etoh use	Х	-	Χ	-
G2198 Med rsn no unhithy etoh	Х	-	Χ	-
G2199 Not scrn etoh no rsn	Х	-	Χ	-
G2200 Unhlthy etoh rcvd couns	Х	-	Χ	-
G2201 Med rsn no brief couns	Х	-	Х	-
G2202 No rsn no brief couns	Х	-	Х	-
G2203 Med rsn no etoh couns	Х	-	Х	-
G2204 Pt 50-85 w/ scope	Х	-	Х	-
G2205 Preg drng adjv trtmt	Х	-	Х	-
G2206 Adjv trtmt chemo her2	Х	-	Х	-
G2207 Rsn no trtmt chem her2	Х	_	Х	-
G2208 No trtmt chemo and her2	X	-	X	-
G2209 Refused to participate	X	-	X	-
G2210 No neck fs prom no rsn	X	-	X	-
G2215 Home supply nasal naloxone	X	_	X	_
G2216 Home supply inject naloxon	X	-	X	_
G4000 Dermatology ss	X	-	X	-
G4001 Diagnostic rad ss	X	_	X	
G4002 Ep cardio ss	X		X	
Preguth needed after certain number of visits. Limit depends on plan/provider type	^	-		

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual		Large Employer		
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
• •		I v		1 1/ 1		
	Emergency med ss	X	-	X	-	
	Endocrinology ss	X	-	X	-	
	Family medicine ss	X	-	X	-	
	Gastroenterology ss	X	-	X	-	
	General surgery ss	X	-	X	-	
	Geriatrics ss	X	-	X	-	
	Hospitalists ss	X	-	X	-	
	Infectious disease ss	X	-	X	-	
	Internal medicine ss	X	-	X	-	
	Interventional rad ss	Х	-	Х	-	
	Mentl/behav health ss	X	-	X	-	
	Nephrology ss	X	-	Х	-	
	Neurology ss	Χ	-	Х	-	
	Neurosurgical ss	Χ	-	Х	-	
	Nutrition/dietician ss	Χ	-	Χ	-	
G4018	Ob/gyn ss	Χ	1	Χ	-	
G4019	Oncology/hema ss	Х	1	Х	-	
G4020	Ophthalmology ss	Х	1	Х	-	
	Orthopedic surgery ss	Х	-	Х	-	
34022	Otolaryngology ss	Х	-	Х	-	
	Pathology ss	Χ	-	Χ	-	
G4024	Pediatric ss	Χ	-	Χ	-	
G4025	Physical medicine ss	Χ	-	Χ	-	
G4026	Phys/occ therapy ss	Χ	-	Х	-	
	Plastic surgery ss	Χ	-	Х	-	
G4028	Podiatry ss	Χ	-	Х	-	
G4029	Preventive medicine ss	Χ	-	Х	-	
G4030	Pulmonology ss	Χ	-	Х	-	
	Radiation oncology ss	Х	-	Х	-	
	Rheumatology ss	Х	-	Х	-	
	Skilled nursing facility ss	Х	-	Х	-	
	Speech language path ss	X	-	Х	-	
	Thoracic surgery ss	X	-	Х	-	
	Urgent care ss	X	-	Х	-	
	Urology ss	X	_	X	-	

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G4038	Vascular surgery ss	Х	-	Х	-	
G8395	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	Х	-	Х	-	
G8396	Left ventricular ejection fraction (Ivef) not performed or documented	Х	-	Х	-	
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	Х	-	Х	-	
G8399	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	Х	-	Х	-	
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	Х	-	Х	-	
G8404	Lower extremity neurological exam performed and documented	Х	-	Χ	-	
G8405	Lower extremity neurological exam not performed	Х	•	Χ	-	
G8410	Footwear evaluation performed and documented	Х	•	Χ	-	
G8415	Footwear evaluation was not performed	Х	•	Χ	-	
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	Х	-	Х	-	
G8417	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	Х	-	Х	-	
G8418	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	Х	-	Х	-	
G8419	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	Х	-	Х	-	
G8420	Bmi < 30 and >= 22 was calculated and documented	Х	-	Х	-	
G8421	Bmi not calculated	Χ	-	Х	-	
G8427	Doc cur meds by prov	Χ	-	Х	-	
G8428	Cur meds not document	Χ	-	Х	-	
G8430	Documentation that patient is not eligible for medication assessment	Х	-	Х	-	
G8431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	Х	-	Х	-	
G8432	No documentation of clinical depression screening using an age appropriate standardized tool	Х	-	Х	-	
	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	Х	-	Х	-	
G8450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	Х	-	Х	-	
G8451	Clinician documented patient with left ventricular ejection fraction (Ivef) <40% or documentation as moderately or sever	Х	-	Х	-	

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as	Х	-	Х	-	
G8465	High risk of recurrence of prostate cancer	Х	-	Х	-	
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	Х	-	Х	-	
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	Х	-	Х	-	
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	Х	-	Х	-	
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	Х	-	Х	-	
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-	Х	-	
	Blood pressure measurement not performed or documented, reason not specified	Х	-	Х	-	
	Influenza immunization administered or previously received	Х	-	Х	-	
	Influenza immunization was not ordered or administered for reasons documented by clinician	Х	-	Х	-	
G8484	Influenza immunization was not ordered or administered, reason not specified	Х	-	Х	-	
	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	Х	-	Х	-	
G8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	Х	-	Х	-	
	No documentation of an elder maltreatment screen, patient not eligible	Х	-	Х	-	
	No documentation of an elder maltreatment screen, reason not specified	Х	-	Х	-	
G8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	Х	-	Х	-	
G8540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	Х	-	Х	-	
G8541	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	Х	-	Х	-	
G8542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	Х	-	Х	-	
G8543	Documentation of a current functional outcome assessment using a standardized tool; no documentation of a care plan, reas	Х	-	Х	-	
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	Х	-	Х	-	

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	Description	Small Employer / Individual		Large Employer	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G8560	Patient has a history of active drainage from the ear within the previous 90 days	Χ	_	Х	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Х	-	Х	-
	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	_	Х	-
	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-	Х	-
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-	Х	-
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	Х	-	Х	-
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	Х	-	Х	-
	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Х	-	Х	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	Х	-	Х	-
G8569	Prolonged intubation (>24 hrs) required	Х	-	Х	-
	Prolonged intubation (>24 hrs) not required	Х	-	Х	-
	Developed postoperative renal failure or required dialysis	Х	-	Х	-
	No postoperative renal failure/dialysis not required	Х	-	Х	-
	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-	Х	-
G8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-	Х	-
G8598	Aspirin or another antithrombotic therapy used	Х	-	Х	-
	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	Х	-	Х	-
	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	Х	-	Х	-
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	Х	-	Х	-
G8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	Х	-	Х	-
G8633	Pharm ther osteo rx	Х	-	Х	-
	No pharm ther osteo rx	Х	-	Х	-
	Fun stat score knee >= 0	Х	-	Х	-
G8648	Fun stat score knee < 0	Х	-	Х	-
G8650	Rafs crs ki no scor no surv	Χ	-	Х	-

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		Small Employer / Individual Large Employer				
Codes	Description	Not	Preauthorization	Not	Preauthorization	
<u> </u>		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	ınizations, injectable	
G8651	Fun stat score hip >= 0	Х	-	Х	-	
G8652	Fun stat score hip < 0	Х	-	Х	-	
G8654	Rafs crs hi no scor no surv	Х	-	Х	-	
G8655	Fun stat score le >= 0	Х	-	Х	-	
G8656	Fun stat score le < 0	Χ	-	Χ	-	
G8658	Fun stat score le not done	Χ	-	Χ	-	
	Fun stat score ls >= 0	Χ	-	Χ	-	
G8660	Fun stat score ls < 0	Χ	-	Χ	-	
G8661	Fun stat score Is pt no elg	Χ	-	Χ	-	
G8662	Rafs crs lbi no scor no surv	Χ	-	Χ	-	
G8663	Fun stat score shdl >=0	Χ	-	Χ	-	
G8664	Fun stat score shdl < 0	Χ	-	Χ	-	
G8666	Rafs crs si no scor no surv	Χ	-	Χ	-	
G8667	Fun stat score ue >=0	Χ	-	Χ	-	
G8668	Fun stat score ue < 0	Χ	-	Χ	-	
G8670	Rafs crs ewh no scor no surv	Χ	-	Χ	-	
G8694	Left ventricular ejection fraction (lvef) < 40%	Χ	-	Χ	-	
	Patient not prescribed or dispensed antibiotic	Х	-	Х	-	
G8709	Patient prescribed or dispensed antibiotic for documented medical reason(s)	Χ	-	Χ	-	
G8710	Patient prescribed or dispensed antibiotic	Χ	-	Χ	-	
G8711	Prescribed or dispensed antibiotic	Х	-	Х	-	
G8712	Antibiotic not prescribed or dispensed	Х	-	Х	-	
G8721	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	Х	-	Х	-	
G8722	Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	Х	-	Х	-	
G8723	Specimen site is other than anatomic location of primary tumor	Х	_	Х		
	Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	X	-	X	-	
C0722		Х		V		
	Documentation of a positive elder maltreatment screen and documented follow-up plan	X	-	X	-	
	Elder maltreatment screen documented as negative, no follow-up required Elder maltreatment screen documented as positive, follow-up plan not documented, reason not	_ ^	-	^	-	
	specified	Х	-	Х	-	
	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	Х	-	Х	-	

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	Description	Small Er	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
G8752	Most recent systolic blood pressure < 140 mmhg	Х	-	Х	-	
	Most recent systolic blood pressure >= 140 mmhg	Х	-	Х	-	
38754	Most recent diastolic blood pressure < 90 mmhg	Х	-	Х	-	
38755	Most recent diastolic blood pressure >= 90 mmhg	Х	-	Х	-	
38756	No documentation of blood pressure measurement, reason not otherwise specified	Х	-	Х	-	
	Blood pressure screening performed as recommended by the defined screening interval	Х	-	Х	-	
38785	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	Х	-	Х	-	
38797	Specimen site other than anatomic location of esophagus	Х	-	Х	-	
	Specimen site other than anatomic location of prostate	Х	-	Х	-	
38806	Performance of transabdominal or transvaginal ultrasound	Х	-	Х	-	
38807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	Х	-	Х	-	
	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	Х	-	Х	-	
	Statin therapy not prescribed for documented reasons	Х	-	Х	_	
	Statin medication prescribed at discharge	Х	-	Х	_	
	Statin therapy not prescribed at discharge, reason not specified	Х	-	Х	-	
	Patient discharge to home no later than postoperative day #2 following evar	Х	-	Х	-	
	Patient not discharge to home by postoperative day #2 following evar	Х	-	Х	-	
38834	Patient discharged to home no later than postoperative day #2 following cea	Х	-	Х	-	
	Patient not discharged to home by postoperative day #2	Х	-	Х	-	
	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-	Х	-	
38840	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial daytime sleepiness, patient visits between initial testing and	Х	-	Х	-	
38841	Sleep apnea symptoms not assessed, reason not otherwise specified	Х	-	Х	-	
	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	Х	-	Х	-	
38843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	Х	-	Х	-	
8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	Х	-	Х	-	
8845	Positive airway pressure therapy prescribed	Х	-	Х	-	
	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	Х	-	Х	-	
38849	Documentation of reason(s) for not prescribing positive airway pressure therapy	Х	-	Х	-	

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		Small En	nployer / Individual	La	rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G8850	Positive airway pressure therapy not prescribed, reason not otherwise specified	Χ	-	Х	-
G8851	Objective measurement of adherence to positive airway pressure therapy, documented	Х	-	Х	-
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	Х	-	Х	-
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	Х	-	Х	-
G8856	Referral to a physician for an otologic evaluation performed	Х	-	Х	-
	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	Х	-	Х	-
G8858	Referral to a physician for an otologic evaluation not performed, reason not specified	Х	-	Х	-
	Patients not assessed for risk of bone loss, reason not otherwise specified	Х	-	Х	-
	Pneumococcal vaccine administered or previously received	Х	-	Х	-
	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	Х	-	Х	-
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	Х	-	Х	-
G8867	Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	-	Х	-
	Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	Х	-	Х	-
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Х	_	Х	-
	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	Х	-	Х	-
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified	Х	-	Х	-
G8878	Sentinel lymph node biopsy procedure performed	Х	-	Х	-
	Documentation of reason(s) sentinel lymph node biopsy not performed	Х	-	Х	-
	Stage of breast cancer is greater than t1n0m0 or t2n0m0	Х	-	Х	-
	Sentinel lymph node biopsy procedure not performed	Х	-	Х	-
	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event;	Х	-	Х	-
G8908	Patient documented to have received a burn prior to discharge	Х	-	Х	-
	Patient documented not to have received a burn prior to discharge	Х	-	X	-
	Patient documented to have experienced a fall within asc	Х	-	Х	-
	Patient documented not to have experienced a fall within ambulatory surgical center	Х	-	X	-

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		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G8912	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-	Х	-	
G8913	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-	Х	-	
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	Х	-	Х	-	
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	Х	-	Х	-	
	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	Х	-	Х	-	
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	Х	-	Х	-	
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	Х	-	Х	-	
	Left ventricular ejection fraction (Ivef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	Х	-	Х	-	
G8924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	Х	-	Х	-	
G8934	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular systolic function	Х	-	Х	-	
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	-	Х	-	
	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	-	Х	-	
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	Х	-	Х	-	
	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-	Х	-	
	Ajcc melanoma cancer stage 0 through iic melanoma	Х	-	Х	-	
	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-	Х	-	
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	-	Х	-	
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	Х	-	
	Most recent assessment of adequacy of volume management	Х	-	Х	-	
	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	X	-	X	-	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the secialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G8958	Assessment of adequacy of volume management not documented, reason not given	Х	-	Х	-
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Х	-	Х	-
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	Х	-	Х	-
G8965	Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment	Х	-	Х	-
G8966	Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment	Х	-	Х	-
G8967	Warfarin or another oral anticoagulant that is fda approved prescribed	Χ	-	Х	-
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	Х	-	Х	-
	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	Х	-	Х	-
G8970	No risk factors or one moderate risk factor for thromboembolism	Х	-	Х	-
G9001	Mccd, initial rate	Х	-	Х	-
G9002	Mccd,maintenance rate	Х	-	Х	-
G9003	Mccd, risk adj hi, initial	Χ	-	Х	-
G9004	Mccd, risk adj lo, initial	Χ	_	Х	-
G9005	Mccd, risk adj, maintenance	Χ	_	Х	-
G9006	Mccd, home monitoring	Χ	-	Х	-
G9007	Mccd, sch team conf	Χ	-	Х	-
G9008	Mccd,phys coor-care ovrsght	Χ	-	Х	-
G9009	Coordinated care fee, risk adjusted maintenance, level 3	Χ	-	Х	-
G9010	Coordinated care fee, risk adjusted maintenance, level 4	Χ	-	Х	-
G9011	Coordinated care fee, risk adjusted maintenance, level 5	Χ	-	Х	-
G9012	Other specified case mgmt	Χ	-	Х	-
G9013	Esrd demo basic bundle level i	Χ	-	Х	-
G9014	Esrd demo expanded bundle including venous access and related services	Χ		Х	-
G9016	Demo-smoking cessation coun	Χ	-	Х	-
G9050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	Х	-	Х	-
G9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	Х	-	Х	-	
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Χ	-	Х	-	
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	Х	-	Х	-	
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Χ	-	Χ	-	
G9056	Oncology; practice guidelines; management adheres to guidelines	Х	-	Х	-	
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-	Х	-	
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	Х	-	Х	-	
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	Х	-	Х	-	
G9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	Х	-	Х	-	
G9061	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-	Х	-	
	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	Χ	-	Х	-	
	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	Х	-	Х	-	
G9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	Х	-	Х	-	
G9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	Х	-	Х	-	
G9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	Х	-	Х	-	
G9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	Х	-	Х	-	
G9068	Oncology; disease status; limited to small cell and combined small cell/non small cell	Х	-	Х	-	
	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	Х	-	Х	-	
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	Х	-	Х	-	
G9071	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual La			arge Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma	Х	-	Х	-	
	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown		-	Х	-	
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	ployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	
G9097	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	
G9098	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	Х	-	Х	-	
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	
G9100	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	Х	-	Х	-	
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	Х	-	Х	-	
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	Х	-	Х	-	
G9109	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	Х	-	
C0113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	_	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	Χ	-	Х	-	
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	Х	-	Х	-	
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	Х	-	Х	-	
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	Х	-	Х	-	
G9123	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	
G9124	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	
G9125	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	
G9126	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	Х	-	Х	-	
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	-	Х	-	
G9129	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-	
G9130	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	-	Х	-	
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	Х	-	Х	-	
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	Х	-	Х	-	
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-	Х	-	
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-	Х	-	
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-	Х	-	
G9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-	Х	-	
G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-	Х	-	
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-	Х	-	

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	Description	Small En	nployer / Individual	La	rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-
G9140	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	-	Х	-
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	Х	-	Х
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	Х	-	Х	-
G9148	National committee for quality assurance - level 1 medical home	Х	-	Х	-
	National committee for quality assurance - level 2 medical home	Х	-	Х	-
	National committee for quality assurance - level 3 medical home	Х	-	Х	-
	Mapcp demonstration - state provided services	Х	-	Х	-
	Mapcp demonstration - community health teams	Х	-	Х	-
	Mapcp demonstration - physician incentive pool	Х	-	Х	
	Evaluation for wheelchair requiring face to face visit with physician	Х	-	Х	-
	Bpci home visit	Х	-	Х	-
G9188	Beta not given no reason	Х	-	Х	-
	Beta pres or already taking	Х	-	Х	-
	Medical reason for no beta	Х	-	Х	-
G9191	Pt reason for no beta	Х	-	Х	-
G9196	Med reason for no ceph	Х	-	Х	-
G9197	Order for ceph	Х	-	Х	-
G9198	No order for ceph no reason	Х	-	Х	-
G9212	Doc of dsm-iv init eval	Х	-	Х	-
G9213	No doc of dsm-iv	Х	-	Х	-
G9223	Pjp proph ordered cd4 low	Х	-	Х	-
G9225	Norsn no foot exam	Х	-	Х	-
G9226	3 comp foot exam completed	Х	-	Х	-
G9227	Docrsn no care plan	Х	-	Х	-
G9228	Gc chl syp documented	Х	-	Х	-
	Norsn for gc chl syp test	Х	-	Х	-
	Doc esrd dia trans preg	Х	-	Х	-
	Doc viral load >=200	Х	-	Х	-
G9243	Doc viral load <200	Х	-	Х	-
	No med visit in 24mo	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual		Large Employer		
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
	1 med visit in 24mo	Х	_	Х		
	Doc of pain comfort 48hr	X		X		
	Doc no pain comfort 48hr	X		X		
	Doc pt dischg >2d	X		X	<u> </u>	
	Doc pt dischig >2d Doc pt dischig <=2d	X		X	-	
	Sys<140 and dia<90	X	<u> </u>	X		
	Bp out of nrml limits	X	<u>-</u>	X	<u> </u>	
	Doc of non tobacco user	X		X	-	
	Doc of tobacco user	X	<u> </u>	X		
	Doc daily aspirin or contra	X		X		
	Doc no daily aspirin	X		X		
	Pne scrn done doc vac done	X		X	<u> </u>	
	Pne not given norsn	X		X		
	Pne scrn done doc not ind	X		X		
	Doc medrsn no histo type	X		X	<u> </u>	
	Hist type doc on report	X		X	<u> </u>	
	No hist type doc on report	X		X	<u> </u>	
	Site not small cell lung ca	X	_	X		
	Doc antibio order w in 7d	X	_	X		
	No doc antibio order w in 7d	X	_	X		
	Doc medrsn no hist type rpt	X	_	X		
	Doc type nsm lung ca	X		X		
	No doc type nsm lung ca	X	_	X	-	
	Not nsm lung ca	X	_	X	_	
	Medrsn no pt category	X	_	X	_	
	No pt category on report	X	_	X	_	
	Pt cat and thek on report	X	_	X	-	
	Non cutaneous loc	X	-	X	-	
	Doc share dec prior proc	X	_	X	-	
	No doc share dec prior proc	X	-	X	-	
	Eval risk vte card 30d prior	X	_	X	_	
	No eval riskk vte card prior	X	_	X	_	
	No interv reg for leak	X	_	X	_	
	Interv reg for leak	X	_	X	_	
	No ret for surg w in 30d	X		X	_	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small En	Small Employer / Individual Large Employer			
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly rugs, or specialty medications and should be directed to the Pharmacy link option within the website.	v. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable	
G9308 Unplnd ret to surg w in 30d	Х	-	Х	-	
G9309 No unplnd hosp readm in 30d	Х	-	Х	-	
G9310 Unplnd hosp readm in 30d	Х	-	Х	-	
G9311 No surg site infection	Х	-	Х	-	
G9312 Surgical site infection	Х	-	Х	-	
G9313 Docrsn not first line amox	Х	-	Х	-	
G9314 Norsn not first line amox	Х	-	Х	-	
G9315 Doc first line amox	Х	-	Х	-	
G9316 Doc comm risk calc	Х	-	Х	-	
G9317 No doc comm risk calc	Х	-	Х	-	
G9318 Image std nomenclature	Х	-	Х	-	
G9319 Image not std nomenclature	Х	-	Х	-	
G9321 Doc count of ct in 12mo	Х	-	Х	-	
G9322 No doc count of ct in 12mo	Х	-	Х	-	
G9341 Srch for ct w in 12 mos	Х	-	Х	-	
G9342 No srch for ct in 12mo norsn	Х	-	Х	-	
G9344 Sysrsn no dicom srch	Х	-	Х	-	
G9345 Follow up pulm nod	Х	-	Х	-	
G9347 No follow up pulm nod norsn	Х	-	Х	-	
G9351 Doc >1 sinus ct w 90d dx	Х	-	Х	-	
G9352 Not >1 sinus ct w 90d dx	Х	-	Х	-	
G9353 Medrsn >1 sinus ct w 90d dx	Х	-	Х	-	
G9354 Norsn >1 sinus ct w 90d dx	Х	-	Х	-	
G9355 No early ind/delivery	X	_	Х	_	
G9356 Early ind/delivery	X	_	Х	_	
G9357 Pp eval/edu perf	X	_	Х	_	
G9358 Pp eval/edu not perf	X	_	Х	_	
G9359 Neg mgd pos tb notact	X	_	Х	_	
G9360 No doc of neg or man pos tb	X	_	Х	_	
G9361 Medical indication for elective delivery or early induction	X	_	X	_	
G9364 Sinus caus bac inx	X	_	X	-	
G9367 2high risk med ord	X	_	X	_	
G9368 2high risk no ord	X	_	X	-	
G9380 Off assis eol iss	X	_	X	-	
G9382 No off assis eol	X	_	X	-	

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	Description	Small Employer / Individual Large Emplo			
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the latty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G9383 R	ecd scrn hcv infec	Х	-	Х	-
	oc med reas no offer eol	Χ	-	Х	-
G9385 D	oc pt reas not rec hcv srn	Χ	-	Х	-
	crn hcv infec not recd	Х	-	Х	-
G9393 In	i phq9 >9 remiss <5	Х	-	Х	-
	x bipol, death, nhres, hosp	Х	-	Х	-
	i phq9 >9 no remiss >=5	Х	-	Х	-
	i phq9 >9 not assess	Х	-	Х	-
	ecd f/u w/in 30d disch	Χ	-	Х	-
G9403 D	oc reas no 30 day f/u	Χ	-	Х	-
G9404 No	o 30 day f/u	Х	-	Х	-
	ecd f/u w/in 7d dc	Χ	-	Х	-
	oc reas no 7d f/u	Χ	-	Х	-
G9407 No		Х	-	Х	-
G9408 Ca	ard tamp w/in 30d	Χ	-	Х	-
	o card tamp e/in 30d	Χ	-	Х	-
	dmit w/in 180d req remov	Χ	-	Х	-
	o admit w/in 180d req remov	Х	-	Х	-
	dmit w/in 180d reg surg rev	Χ	-	Х	-
	o admit req surg rev	Χ	-	Х	-
	dose menig vac btwn 11 & 13	Χ	-	Х	-
	o 1dose meni vac btwn 11&13	Χ	-	Х	-
	dap or td or 1tet/dipth	Χ	-	Х	-
	o tdap or td or 1tet/dipth	Χ	-	Х	-
	ungcx bx rpt docs class	Χ	-	Х	-
	led reas no rpt histo type	Χ	-	Х	-
	pec site no lung	Х	-	Х	-
	ung cx bx rpt no doc class	Х	-	Х	-
	pt doc class histo type	Χ	-	Х	-
	led reas rpt no histo type	X	-	Х	-
	ite no lung or lung cx	X	-	Х	-
	pec rpt no doc class histo	Х	-	Х	-
	npr med time edarr pain med	Х	-	Х	-
	o impro med time pain med	Х	-	Х	-
	pt pt cat and pt1	X	_	X	_

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small Employer / Individu		ual Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	y, these coding lists	do not reflect information	regarding immu	unizations, injectable	
			1 1/1		
G9429 Doc med reas no pt cat	X	-	X	-	
G9430 Spec site no cutaneous	X	-	X	-	
G9431 No pt cat and pt1	X	-	X	-	
G9432 Asth controlled	Х	-	X	-	
G9434 Asth not controlled	X	-	Х	-	
G9452 Doc med reas no scrn hcv	X	-	Х	-	
G9455 Abd imag w/us, ct or mri	X	-	Х	-	
G9456 Doc med pt reas no hcc scrn	X	-	Χ	-	
G9457 No abd imag w/o reason	X	-	Х	-	
G9458 Tob user recd cess interv	X	-	Χ	-	
G9459 Tob non-user	X	-	Χ	-	
G9460 No tob assess or cess inter	Х	-	Χ	-	
G9468 No recd cortico>=10mg/d >60d	Х	-	Х	-	
G9470 No rec cortico>60d 1rx 600mg	X	-	Χ	-	
G9471 W/in 2yr dxa not order	X	-	Χ	-	
G9473 Services performed by chaplain in the hospice setting, each 15 minutes	Х	-	Χ	-	
G9474 Services performed by dietary counselor in the hospice setting, each 15 minutes	Х	-	Х	-	
G9475 Services performed by other counselor in the hospice setting, each 15 minutes	Х	-	Х	-	
G9476 Services performed by volunteer in the hospice setting, each 15 minutes	Х	-	Х	-	
G9477 Services performed by care coordinator in the hospice setting, each 15 minutes	Х	-	Х	-	
G9478 Services performed by other qualified therapist in the hospice setting, each 15 minutes	Х	-	Х	-	
G9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes	Х	-	Х	-	
G9480 Admission to medicare care choice model program (mccm)	Х	-	Х	-	
G9481 Remote e/m new pt 10mins	Х	-	Х	-	
G9482 Remote e/m new pt 20mins	X	-	Х	-	
G9483 Remote e/m new pt 30mins	X	_	Х	-	
G9484 Remote e/m new pt 45mins	X	_	X	_	
G9485 Remote e/m new pt 60mins	X	_	X	_	
G9486 Remote e/m est. pt 10mins	X	-	X	-	
G9487 Remote e/m est. pt 15mins	X	-	X	-	
G9488 Remote e/m est. pt 25mins	X	_	X	-	
G9489 Remote e/m est. pt 40mins	X	-	X	-	
G9490 Joint replac mod home visit	X	-	X	-	
G9497 Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X		X		
G9498 Antibiotic regimen prescribed	X		X		
*Preauth needed after certain number of visits. Limit depends on plan/provider type	Λ	-	^	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



Description Passing the Plass in that the coverage may vary by plan pipe among to foliow the listed seniors. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable upon responsive major of sections and should be directed to the Pharmacy link cyclory within the website. Passing the Plass in that the coverage may vary by plan pipe among the foliow the listed seniors. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable upon recodures using fluoroscopy, documented or number of fluorographic images in final report for procedures using fluoroscopy, documented in final report for procedure using fluoroscopy, reason not given		Description	Small En	nployer / Individual	Laı	rge Employer
Jack distance exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented in final report for procedures using fluoroscopy, documented in final report for procedure using fluoroscopy, documented in final report for procedure using fluoroscopy, reason not given 39501 Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given 39502 Med reas no perf foot exam 39504 Doc reas no hbv status 39505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical 39506 Reason 39506 Reason 39507 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical 39507 Reason 39508 Documentation that the patient is not on a statin medication 39508 Documentation that the patient is not on a statin medication 39509 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less 39501 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less 39501 Remission at twelve months as demonstrated during the twelve month denominator 39501 Remission at twelve months as demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month as a demonstrated during the twelve month denominator 39501 Remission at twelve month asecure 39501 Remission at twelve month asecure 39501 Remission	Codes					Preauthorization Required
procedures using fluoroscopy, documented 39501 Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given 39502 Med reas no perf foot exam 30504 Doc reas no his status 30505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason reason substatus 30505 Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason by status 30506 Biologic immune response modifier prescribed 30507 Biologic immune response modifier prescribed 30507 Biologic immune response modifier prescribed 30508 Biologic immune response modifier prescribed at the patient is not on a statin medication 30508 Biologic immune response modifier prescribed at the patient is not on a statin medication 30508 Biologic immune response modifier prescribed within 90 days of surgen prescribed within 90 days of surgen prescribed within 90 days of surgery 30507 Biologic immune response modifier prescribed within 90 days of surgery 30508 Biologic minune response modifier prescribed within 90 days of surgery and sur			se coding lists	do not reflect information	regarding imm	unizations, injectable
final report for procedure using fluoroscopy, reason not given X	G9500		Х	-	Х	-
Doc reas no hby status	G9501		Х	-	Х	-
Doc reas no hby status	G9502	Med reas no perf foot exam	Х	-	Х	-
Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason reason feason biologic immune response modifier prescribed			Х	-	Х	-
Section Sect		Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical	Х	-		-
Section Sect	G9506	Biologic immune response modifier prescribed	Х	-	Х	-
Documentation that the patient is not on a statin medication Support				_		_
Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5 X				-		-
Remis12m not phq-9 score <5		Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less		-		-
Index date phq-9 score greater than 9 documented during the twelve month denominator identification period X	G9510		Х	-	X	-
Individual had a pdc of 0.8 or greater X		Index date phq-9 score greater than 9 documented during the twelve month denominator		-		-
Individual did not have a pdc of 0.8 or greater X - X -	G9512		X		Y	
Patient required a return to the operating room within 90 days of surgery Patient did not require a return to the operating room within 90 days of surgery Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not required a return to the operating room within 90 days of surgery X - X - X - X						
Patient did not require a return to the operating room within 90 days of surgery Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given Patient did not require a return to the operating room within 90 days of surgery X - X - X - X - X - X - X - X - X - X						
Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90						
Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given September 1.0 w/in 90d Refract not +/- 1.0 w/in 90d		Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of		-		-
Documentation of active injection drug use September 1.0 w/in 90d September 2.1 Now in 90d September 3.1 Now in 90d September 3.2 Now in 90d September 3.3 Now in 90d September 4.1 Now in 90d September 3.3 Now in 90d September 4.1 Now in 90d Se	G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90	Х	-	Х	-
Final ref +/- 1.0 w/in 90d Refract not +/- 1.0 w/in 90d X - X - X - X - S9520 Refract not +/- 1.0 w/in 90d X - X - X - X - X - S9521 Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given S9529 Patient with minor blunt head trauma had an appropriate indication(s) for a head ct S9530 Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	G9518		Χ	-	Х	-
Refract not +/- 1.0 w/in 90d Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months and the past 12 months are past 12 months and the past 12 months are			Χ	-		-
Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations less than two in the the past 12 months or patient not screened, reason not given Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months Total number of emergency department visits and inpatient hospitalizations equal to or greater X Total number of emergency department visits and inpatient hospitalizations equal to or greater X Total number of emergency department visits and inpatient hospitalizations equal to or greater X Total number of emergency department visits and inpatient hospitalizations equal to or greater X Total number of emergency department visits and inpatient hospitalizations equal to or gr			Х	-	Х	-
Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given 39529 Patient with minor blunt head trauma had an appropriate indication(s) for a head ct 39530 Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider		Total number of emergency department visits and inpatient hospitalizations less than two in the		-		-
Patient with minor blunt head trauma had an appropriate indication(s) for a head ct X - X - S9530 Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	G9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater	Х	-	Х	-
Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	G9529	· · ·	Х	-	X	-
		Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a		-		-
	G9531		Χ	_	X	_

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Employer				
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	Χ	-	Х	-	
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	Х	-	Х	-	
G9539	Intent for potential removal at time of placement	Х	-	Х	-	
	Patient alive 3 months post procedure	Х	-	Х	-	
	Filter removed within 3 months of placement	Χ	-	Х	-	
G9542	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	Х	-	Х	-	
G9543	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	Х	-	Х	-	
G9544	No filt remov w/in 3mos plcm	Х	-	Х	-	
	Cys ren les or adren	Х	-	Х	-	
G9548	No f/u rec image study	Х	-	Х	-	
G9549	Doc med rsn for f/u imag	Х	-	Х	-	
G9550	Imag rec	Х	-	Х	-	
G9551	Imag no les	Х	-	Х	-	
G9552	Incidental thyroid nodule < 1.0 cm noted in report	Х	-	Х	-	
G9553	Prior thyroid disease diagnosis	Х	-	Х	-	
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Х	-	Х	-	
G9555	Doc med reas no follow imag	Х	-	Х	-	
G9556	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	Х	-	Х	-	
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	Х	-	Х	-	
G9580	Door to puncture time of less than 2 hours	Χ	-	Х	-	
G9582	Door to puncture time of greater than 2 hours, no reason given	Χ	-	Х	-	
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	Х	-	Х	-	
G9594	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	Х	-	Х	-	
G9595	Doc shnt/tum/coag	Х	-	Х	-	
	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	Х	-	Х	-	

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	Description	Small En	nployer / Individual	Large Employer	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	Х	-
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	Х	-
G9603	Patient survey score improved from baseline following treatment	Χ	-	Х	-
G9604	Patient survey results not available	Χ	-	Х	-
	Patient survey score did not improve from baseline following treatment	Χ	-	Х	-
	Intraoperative cystoscopy performed to evaluate for lower tract injury	Χ	-	Х	-
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-	Х	-
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-	Х	-
	Documentation of an order for anti-platelet agents or p2y12 antagonists	Х	-	Х	-
	Doc md rsn no antipla/p2y12	Х	-	Х	-
	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Х	-	Х	-
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Х	-	Х	-
G9620	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Х	-	Х	-
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Х	-	Х	-
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Х	-	Х	-
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-	Х	-
G9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-	Х	-
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-	Х	-
G9626	Pt not elig	Х	-	Х	-
	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post- surgery		-	Х	-
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-
00000	Pt not elig	Х	_	Х	_

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		Small Employer / Individual		Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-	Х	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Х	-	Х	-
G9632	Pt not elig	Х	-	Х	1
	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post- surgery	Х	-	Х	-
G9637	Doc >1 dose reduc tech	Х	-	Х	_
	No doc >1 dose reduc tech	X	_	X	-
	Current cigarette smokers	X	-	X	-
	Elective surgery	X	-	X	-
	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-
	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-
G9646	Patients with 90 day mrs score of 0 to 2	Х	-	Х	-
	Patients with 90 day mrs score greater than 2	Х	-	Х	-
	Psori tool doc w/benchmk	Х	-	Х	-
G9651	Psori tool doc/no bnchmk met	Х	-	Х	-
G9654	Monitored anesthesia care (mac)	Χ	-	Х	-
G9655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Х	-	Х	-
G9656	Patient transferred directly from anesthetizing location to pacu	Χ	-	Х	-
	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Х	-	Х	-
G9659	>85y no hx colo ca/rsn scope	Х	-	Х	-
	Doc med rsn scope pt >85y	Х	-	Х	-
	>85y scope othr rsn	Χ	-	Х	-
	Previously diagnosed or have an active diagnosis of clinical ascvd	Х	-	Х	-
	Fast/dir Idl <= 190 mg/dl	Х	-	Х	-
	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Х	-	Х	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	Х	-	Х	-
	The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	Х	-	Х	-

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		Small Employer / Individual Large E			rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
G9674	Patients with clinical ascvd diagnosis	Х	-	Х	-
G9675	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	Х	-	Χ	-
G9676	40-75y w/type 1/2 w/ldl-c rs	Х	-	Χ	-
G9679	Acute care pneumonia	Х	-	Χ	-
G9680	Acute care congestive heart	Х	-	Χ	-
G9681	Acute care chronic obstruct	Х	-	Χ	-
G9682	Acute care skin infection	Х	-	Χ	-
G9683	Acute care fluid or electrol	Х	-	Χ	-
G9684	Acute care urinary tract inf	Х	-	Χ	-
G9685	Acute nursing facility care	Х	-	Χ	-
G9687	Hospice anytime msmt per	Х	-	Χ	-
	Pt w/hosp anytime msmt per	Х	-	Х	-
G9689	Inpt elect carotid intervent	Х	-	Х	-
G9690	Pt rec hospice dur msmt per	Х	-	Х	-
	Pt hosp dur msmt period	Х	-	Х	-
	Hosp recd by pt dur msmt per	Х	-	Х	-
	Pt use hosp during msmt per	Х	-	Х	-
	Hosp srv used pt in msmt per	Х	-	Х	-
	Long act inhal bronchdil pre	Х	-	Х	-
	Med rsn no presc bronchdil	Х	-	Х	-
	Sys rsn no presc bronchdil	Х	-	Х	-
	Long inhal bronchdil no pres	Х	-	Х	-
	Pt is w/hosp during msmt per	Х	-	Х	-
	Pt use hosp during msmt per	Х	-	Х	-
	Child anbx 30 prior dx phary	Х	-	Х	-
	Ajcc br ca stg i: t1 mic/t1a	Х	-	Χ	-
	Ajcc br ca stg ib	Х	-	Х	-
	Low recur prost ca	Х	-	Х	-
	Pt had hosp dur msmt per	X	-	X	-
	Bilat mast/hx bi /unilat mas	X	-	X	-
	Hosp srv used pt in msmt per	X	-	X	-
	Pt prov hosp srv msmt per	X	_	X	
	Pt hx tot col or colon ca	X	_	X	_
	Doc med rsn presc anbx	X	_	X	_
	Pt use hosp during msmt per	X	-	X	_
	proceeds after certain number of visite. Limit depends on plan/provider type	^			

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small En	nployer / Individual	Lai	Large Employer	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated	quarterly. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable	
drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	<u>_</u>				
G9714 Pt is w/hosp during msmt per	X	-	Х	-	
G9716 Bmi not norm, no follow, doc	X	-	Х	-	
G9717 Doc dx depr/dx bipol, no scr	X	-	Χ	-	
G9718 Hospice anytime msmt per	X	-	Χ	-	
G9719 Pt not ambul/immob/wc	X	-	Χ	-	
G9720 Hospice anytime msmt per	X	-	Χ	-	
G9721 Pt not ambul/immob/wc	X	-	Х	-	
G9722 Doc hx renal fail or cr+ >4	X	-	Х	-	
G9723 Hosp recd by pt dur msmt per	X	-	Χ	-	
G9724 Pt w/doc use anticoag mst yr	X	-	Х	-	
G9726 Refused to participate	X	-	Х	-	
G9727 Pt unable cmplt knee fs prom	X	-	Х	-	
G9728 Refused to participate	Х	-	Х	-	
G9729 Pt unbl cmplt hip fs prom	X	-	Х	-	
G9730 Refused to participate	X	-	Х	-	
G9731 Pt unbl cmplt ft/ank fs prom	X	-	Х	-	
G9732 Refused to participate	X	-	Х	-	
G9733 Pt unbl cmplt lb fs prom	X	_	Х	-	
G9734 Refused to participate	X	_	Х	-	
G9735 Pt unbl cmplt shid fs prom	X	_	Х	-	
G9736 Refused to participate	X	_	Х	-	
G9737 Pt unbl cmplt ewh fs prom	X	_	Х	-	
G9740 Hosp srv to pt dur msmt per	X	-	Х	-	
G9741 Pt w/hosp anytime msmt per	X	_	X	_	
G9744 Pt not elig, dx htn	X	_	X	_	
G9745 Doc rsn no scr high bp	X	-	X	_	
G9746 Mit sten, valve or trans af	X	_	X	_	
G9751 Pt died w/in 24 mos rpt time	X	-	X	_	
G9752 Urgent surgery	X	-	X		
G9753 Doc no dicom, ct other fac	X		X		
G9754 Incid pulm nodule	X		X		
G9755 Doc med rsn for imaging	X	<u> </u>	X		
G9756 Surg proc w/silicone oil	X		X		
G9757 Surg proc w/silicone oil	X	<u>-</u>	X		
G9758 Hospice or term phase	X	-	X	-	
G9/58 HOSPICE OF TEFM Phase Property peopled after certain number of vicits. Limit depends on plan/provider type.	Å	-	٨	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Employer			
Codes	Description	Not	Preauthorization	Not	Preauthorization
		Covered	Required	Covered	Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	unizations, injectable
G9760	Pt w/hosp anytime msmt per	Х	-	Х	-
	Pt w/hosp anytime msmt per	Х	-	Х	-
	Pt had hpv b/t 9-13 yr	Х	1	Х	-
G9763	Pt no hpv b/t 9-13 yr	Х	-	Х	-
	Pt tx oral syst/bio med psor	Χ	-	Х	-
G9765	Pt decl chan/conind or <6m	Χ	-	Х	-
G9766	Cva stroke dx tx transf fac	Х	-	Х	-
G9767	Hosp new dx cva consid evst	Χ	-	Χ	-
G9768	Pt w/hosp anytime msmt per	Х	ı	Х	-
	Bn den 2yr/got ost med/ther	Х	ı	Х	-
G9770	Perip nerve block	Х	-	Х	-
G9771	Anes end, 1 temp >35.5(95.9)	Х	ı	Х	-
G9772	Doc med rsn no temp >= 35.5	Х	ı	Х	-
G9773	No temp >35.5(95.9), anes	Х	ı	Х	-
G9774	Pt had hyst	Х	ı	Х	-
G9775	Recd 2 anti-emet pre/intraop	Х	ı	Х	-
G9776	Doc med rsn no proph antiem	Х	ı	Х	-
G9777	Pt no antiemet pre/intraop	Х	1	Х	-
G9778	Pts dx w/pregn	Χ	•	Χ	-
G9779	Pts breastfeeding	Χ	•	Χ	-
G9780	Pts dx w/rhabdomyolysis	Х	-	Χ	-
G9781	Doc rsn no statin	Χ	•	Χ	-
	Hx dx fam/pure hypercholes	Х	-	Х	-
	Path/derm 2nd opin bx	Х	-	Х	-
	Path report sent	Х	-	Χ	-
	Path report not sent	Х	-	Χ	-
G9787	Pt alive lst day msmt yr	Χ	•	Χ	-
	Most rct bp = 140/90</td <td>Χ</td> <td>•</td> <td>Χ</td> <td>-</td>	Χ	•	Χ	-
	Record bp ip, er, urg/self	Х	•	Х	-
	Most rct bp >/= 140/90	Х	-	Х	-
	Most rct tob stat free	Х	-	Х	-
	Most rct tob stat not free	Х	-	Х	-
	Pt on daily asa/antiplat	Х	-	Х	-
	Doc med rsn no asa/antiplat	Х	-	Χ	-
	Pt no daily asa/antiplat	Χ	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
G9796	Pt not currently on statin	Х	-	Х	-	
G9797	Pt currently on statin	Χ	-	Χ	-	
G9805	Pt w/hosp anytime msmt per	Χ	-	Χ	-	
G9806	Pt recd cerv cyto/hpv	Χ	-	Χ	-	
G9807	Pt no recd cerv cyto/hpv	Х	-	Χ	-	
G9808	Pt no asthm cont med mst per	Χ	-	Χ	-	
G9809	Pt w/hosp anytime msmt per	Χ	-	Χ	-	
G9810	Pdc 75% w/asth cont med	Χ	-	Χ	-	
G9811	No pdc 75% w/asth cont med	Χ	-	Χ	-	
G9812	Pt died during inpt/30d aft	Χ	-	Χ	-	
G9813	Pt not died w/in 30d of proc	Χ	-	Χ	-	
G9818	Doc sex activity	Χ	-	Χ	-	
G9819	Pt w/hosp anytime msmt per	Χ	-	Χ	-	
G9820	Doc chlam scr test w/follow	Χ	-	Χ	-	
G9821	No doc chlam scr ts w/follow	Χ	-	Χ	-	
G9822	Endo abl proc yr prev ind dt	Χ	-	Χ	-	
G9823	Endo smpl/hyst bx res doc	Χ	-	Χ	-	
G9824	Endo smpl/hyst bx res no doc	Χ	-	Χ	-	
G9830	Her-2 pos	Χ	-	Χ	-	
G9831	Ajcc stg brt ca dx ii or iii	Χ	-	Χ	-	
G9832	Brt ca dx i, no t1/t1a/t1b	Χ	-	Χ	-	
G9838	Pt met dis at dx	Χ	-	Χ	-	
G9839	Anti-egfr mon anti ther	Χ	-	Χ	-	
G9840	Kras tst bfr beg anti moab	Χ	-	Χ	-	
G9841	No kras tst bfr beg ant moab	Χ	-	Χ	-	
G9842	Pt met dis at dx	Χ	-	Χ	-	
G9843	Kras gene mut	Χ	-	Χ	-	
G9844	Pt no recd anti-egfr ther	Χ	-	Χ	-	
G9845	Pt recd anti-egfr ther	Χ	-	Χ	-	
G9846	Pt died from cancer	Х	-	Х	-	
G9847	Pt recd chemo last 14d life	Х	-	Х	-	
G9848	Pt no chemo last 14d life	Х	-	Х	-	
G9858	Pt enroll hospice	Х	-	Х	-	
	Pt died from cancer	Х	-	Х	-	
G9860	Pt less 3d hospice	Х	-	Х	-	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer	
Codes	Description	Not	Preauthorization	Not	Preauthorization
		Covered	Required	Covered	Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding immu	ınizations, injectable
G9861	Pt more than 3d hospice	Х	-	Х	-
G9862	Doc rsn no 10 yr follow	Х	-	Х	-
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, less than 10 minutes	Х	-	Х	-
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes	Х	-	Х	-
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes	Х	-	Х	-
G9873	1 em core session	Х	-	Х	-
	4 em core sessions	X	_	X	-
	9 em core sessions	X	-	X	-
	2 em core ms mo 7-9 no wl	Х	-	Х	-
	2 em core ms mo 10-12 no wl	Х	-	Х	-
	2 em core ms mo 7-9 wl	Х	-	Х	-
G9879	2 em core ms mo 10-12 wl	Х	-	Х	-
G9880	Em 5 percent wl	Х	-	Х	-
	Em 9 percent wl	Х	-	Х	-
	2 em ongoing ms mo 13-15 wl	Х	-	Х	-
	2 em ongoing ms mo 16-18 wl	Х	-	Χ	-
G9884	2 em ongoing ms mo 19-21 wl	Х	-	Χ	-
G9885	2 em ongoing ms mo 22-24 wl	Х	-	Χ	-
G9890	Em bridge payment	Х	-	Χ	-
G9891	Em session reporting	Х	-	Χ	-
G9892	Doc pt rsn no dil mac exam	Х	-	Χ	-
G9893	No mac exam	Х	-	Χ	-
G9894	Adr dep thrpy prescribed	Х	-	Х	-
G9895	Doc med rsn no adr dep thrpy	Х	-	Х	-
G9896	Doc pt rsn no adr dep thrpy	Х	-	Х	-
G9897	Pt nt prsc adr dep thrpy rng	Х	-	Χ	-
G9898	Pt 66+ snp or ltc pos	Х	-	Χ	-
G9899	Scrn mam perf rslts doc	Х	-	Χ	-
	Scrn mam perf rslts not doc	Х	-	Х	-
G9901	Pt 66+ snp or ltc pos	Х	-	Х	-
G9902	Pt scrn tbco and id as user	X	-	Χ	-
G9903	Pt scrn tbco id as non user	Х		Χ	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Er	nployer / Individual	Laı	ge Employer
Codes	Description	Not	Preauthorization	Not	Preauthorization
		Covered	Required	Covered	Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
	Doc med rsn no tbco scrn	X	_	X	
	No pt tbco scrn rng	X	_	X	
	Pt recy tbco cess interv	X	_	X	
	Doc med rsn no tbco interv	X	_	X	
	No pt tbco cess interv rng	X	_	X	
	Doc med rsn no tbco interv	X	_	X	
	Pt 66+ snp or Itc pos	X	-	X	_
	Node neg pre/post syst ther	X	-	X	_
	Hbv status assesed and int	X	-	X	_
	No hby status assesd and int	X	-	X	_
	Pt receiving anti-tnf agent	X	-	X	-
	No documntd hbv results rcd	X	-	X	_
	Funct status past 12 months	X	_	X	_
	Adv dem crgvr limited	Х	_	Х	_
	No funct stat perf, rsn nos	X	-	Х	-
	Scrn nd pos nd prov of rec	Х	-	Χ	-
	Scrning perf and negative	Х	-	Χ	-
	No or part scrn nd rng or os	Х	-	Х	-
	Sfty cncrns scrn nd mit recs	Х	-	Х	-
	Safty cncrns scrn and neg	Х	1	Х	-
	No scrn prov rsn nos	Х	-	Х	-
	Sfty cncrns scrn but no recs	Х	-	Х	-
39928	No warf or fda drug presc	Х	-	Х	-
39929	Trs/rev af	Х	-	Χ	-
39930	Com care	Х	-	Χ	-
9931	No chad or chad scr 0 or 1	Х	-	Χ	-
39932	Doc pt rsn no tb scrn recrds	Х	-	Х	-
39938	Pt 66+ snp or ltc pos	Х	-	Х	-
39939	Same path/derm perf biopsy	Х	-	Х	-
39940	Doc reas no statin therapy	Х	-	Χ	-
39942	Adtl spine proc on same date	Х	•	Х	-
39943	Bk pn nt msr vas scl pre/pst	Х	•	Х	-
39945	Pt w/cancer scoliosis	Х	-	Х	-
39946	Bk pain no vas	Х	•	Х	-
G99 4 9	Leg pain no vas	Х	-	Χ	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small Employer / Individu		ual Large Employer		
Codes Description	Not	Preauthorization	Not	Preauthorization	
	Covered	Required	Covered	Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionall drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	lly, these coding lists	do not reflect information	regarding immu	unizations, injectable	
G9954 Pt >2 rsk fac post-op vomit	X	-	Х	-	
G9955 InhInt anesth only for induc	Х	-	Х	-	
G9956 Combo thrpy of >= 2 prophly	Х	-	Χ	-	
G9957 Doc med rsn no combo thrpy	Х	-	Х	-	
G9958 No combo prohpyl thrp for pt	Х	-	Х	-	
G9959 Systemic antimicro not presc	Х	-	Х	-	
G9960 Med rsn sys antimi nt rx	Х	-	Х	-	
G9961 Systemic antimicro presc	Х	-	Х	-	
G9962 Embolization doc separatly	X	-	Χ	-	
G9963 Embolization not doc separat	X	-	Χ	-	
G9964 Pt recv >=1 well-chld visit	X	-	Χ	-	
G9965 No well-chld vist recv by pt	X	-	Χ	-	
G9968 Pt refrd 2 pvdr/spclst in pp	X	-	Χ	-	
G9969 Pvdr rfrd pt rprt rcvd	X	-	Χ	-	
G9970 Pvdr rfrd pt no rprt rcvd	X	-	Χ	-	
G9974 Dil mac exam performed	X	-	Χ	-	
G9975 Doc med rsn no mac exm perf	X	-	Х	-	
G9976 Doc pat rsn no mac exm perf	X	-	Х	-	
G9977 Dil mac exam no perf rsn nos	X	-	Х	-	
G9978 Remote e/m new pt 10 mins	X	-	Х	-	
G9979 Remote e/m new pt 20 mins	X	-	Х	-	
G9980 Remote e/m new pt 30 mins	X	-	Х	-	
G9981 Remote e/m new pt 45 mins	X	-	Χ	-	
G9982 Remote e/m new pt 60 mins	X	-	Χ	-	
G9983 Remote e/m est. pt 10 mins	X	-	Χ	-	
G9984 Remote e/m est. pt 15 mins	X	-	Χ	-	
G9985 Remote e/m est. pt 25 mins	X	-	Χ	-	
G9986 Remote e/m est. pt 40 mins	X	-	Χ	-	
G9987 Bpci advanced in home visit	X	-	Χ	-	
G9988 Pall serv during meas	X	-	Χ	-	
G9989 Med rsn no pneum vax	X	-	Х	-	
G9990 No pneum vax admin 60+	X	-	Х	-	
G9991 Pneum vax admin 60+	Х	-	Х	-	
G9992 Pall serv during meas	X	-	Х	-	
G9993 Pall serv during meas	X	-	Χ	-	

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	Small En	nployer / Individual	La	Large Employer	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	, these coding lists	do not reflect information	regarding imm	unizations, injectable	
rugs, or specialty medications and should be directed to the Pharmacy link option within the website.					
G9994 Pall serv during meas	Х	-	Х	-	
G9996 Doc pt pal or hospice	X	•	Х	-	
G9997 Doc pt preg dur msrmt pd	X	-	Х	-	
G9998 Doc med rsn <3 colon	X	-	Х	-	
G9999 Doc sys rsn <3 colon	X	-	Χ	-	
H0015 Alcohol and/or drug services	-	Χ	-	Χ	
H0019 Alcohol and/or drug services	X	-	Χ	-	
H0021 Alcohol and/or drug training	Х	-	Χ	-	
H0022 Alcohol and/or drug interven	X	-	Х	-	
H0023 Alcohol and/or drug outreach	X	-	Х	-	
H0024 Alcohol and/or drug preventi	X	-	Х	-	
H0025 Alcohol and/or drug preventi	X	-	Х	-	
H0026 Alcohol and/or drug preventi	X	-	Х	-	
H0027 Alcohol and/or drug preventi	X	-	Х	-	
H0029 Alcohol and/or drug preventi	X	-	Х	-	
H0030 Alcohol and/or drug hotline	X	-	Х	-	
H0031 Mental health assessment, by non-physician	X	-	Х	-	
H0032 Mental health service plan development by non-physician	X	-	Х	-	
H0034 Medication training and support, per 15 minutes	X	-	Х	-	
H0035 Mental health partial hospitalization, treatment, less than 24 hours	-	Х	-	Х	
H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes	Х	-	Х	-	
H0037 Community psychiatric supportive treatment program, per diem	X	-	Х	-	
H0038 Self-help/peer services, per 15 minutes	X	-	Х	-	
H0039 Assertive community treatment, face-to-face, per 15 minutes	Х	-	Х	-	
H0040 Assertive community treatment program, per diem	X	-	Х	-	
H0041 Foster care, child, non-therapeutic, per diem	Х	-	Х	-	
H0042 Foster care, child, non-therapeutic, per month	Х	-	Х	-	
H0043 Supported housing, per diem	X	-	Х	-	
H0044 Supported housing, per month	Х	-	Х	-	
H0045 Respite care services, not in the home, per diem	X	-	X	-	
H0048 Alcohol and/or other drug testing: collection and handling only, specimensother than blood	X	-	X	-	
H0049 Alcohol/drug screening	X	-	X	-	
H0050 Alcohol/drug service 15 min	X	-	X	_	
H0051 Traditional healing service	X	-	X	_	
H1000 Prenatal care, at-risk assessment	-	Х	-	Х	

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		Small Er	mployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	by plan type and may not follow the listed services. These codes are updated quarterly. Additionally rected to the Pharmacy link option within the website.	, these coding lists	do not reflect information	regarding imm	unizations, injectable	
H1001 Prenatal care, at-risk enh	anced service; antepartum management	-	Х	-	X	
H1002 Prenatal care, at-risk enh	anced service; care coordination	-	X	-	X	
H1003 Prenatal care, at-risk enh	anced service; education	Х	-	Х	-	
H1004 Prenatal care, at-risk enh	anced service; follow-up home visit.	-	X	-	X	
H1005 Prenatal care, at-risk enh	anced service package (includes h1001-h1004)	-	X	-	X	
H1010 Non-medical family plann	ing education, per session	Х	-	Х	-	
H1011 Family assessment by lice	ensed behavioral health professional for state definedpurposes	Х	-	Х	-	
H2000 Comprehensive multidisc	iplinary evaluation	Х	-	Х	-	
H2001 Rehabilitation program, p	er 1/2 day	Х	-	Х	-	
H2010 Comprehensive medication	on services, per 15 minutes	Х	-	Х	-	
H2011 Crisis intervention service	e, per 15 minutes	Х	-	Х	-	
H2012 Behavioral health day trea	atment, per hour	-	X	-	X	
H2013 Psychiatric health facility	service, per diem	-	X	-	X	
H2014 Skills training and develop	oment, per 15 minutes	Х	-	Х	-	
H2015 Comprehensive commun	ity support services, per 15 minutes	Х	-	Х	-	
H2016 Comprehensive commun	ity support services, per diem	X	-	Х	-	
H2017 Psychosocial rehabilitatio	n services, per 15 minutes	Х	-	Х	-	
H2018 Psychosocial rehabilitatio	n services, per diem	Х	-	Х	-	
H2019 Therapeutic behavioral se	ervices, per 15 minutes	Х	-	Х	-	
H2020 Therapeutic behavioral se	ervices, per diem	Х	-	Х	-	
H2021 Community-based wrap-a	around services, per 15 minutes	Х	-	Х	-	
H2022 Community-based wrap-a	around services, per diem	Х	-	Х	-	
H2023 Supported employment, p	per 15 minutes	Х	-	Х	-	
H2024 Supported employment, p	per diem	Х	-	Х	-	
H2025 Ongoing support to maint	ain employment, per 15 minutes	Х	-	Х	-	
H2026 Ongoing support to maint	ain employment, per diem	Х	-	Х	-	
H2027 Psychoeducational service	e, per 15 minutes	Х	-	Х	-	
H2028 Sexual offender treatmen	t service, per 15 minutes	Х	-	Х	-	
H2029 Sexual offender treatmen	t service, per diem	Х	-	Х	-	
H2030 Mental health clubhouse	- 1	Х	-	Х	-	
H2031 Mental health clubhouse		Х	-	Х	-	
H2032 Activity therapy, per 15 m	*	Х	-	Х	-	
H2033 Multisystemic therapy for		Х	-	Х	-	
	e halfway house services, per diem	Х	-	Х	-	
	vention activities, dependent child of client, per 15 minutes	Х	-	Х	-	

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		Small Employer / Individual Large Emplo			rge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
H2038	Skill train and dev/diem	Х	-	Х	-
H2040	Coordinated specialty care, team-based, for first episode psychosis, per month	Х	-	Х	-
	Coordinated specialty care, team-based, for first episode psychosis, per encounter	Х	-	Х	-
K0553	Ther cgm supply allowance	-	Χ	-	Х
	Ther cgm receiver/monitor	-	Х	-	Х
	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	Х	-	Х
	Replacement battery for automated external defibrillator, garment type only, each	Х	-	Х	-
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	-	Х	-	Х
K0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	-	Х	-	Х
K0742	Portable home suction pump		X	+	Х
	Pov group 1 std up to 300 lbs	-	X	 -	X
	Pov group 1 hd 301-450 lbs	 	X	+ -	X
	Pov group 1 vhd 451-600 lbs	+ -	X	-	X
	Pov group 2 std up to 300lbs	<u> </u>	X	 	X
	Pov group 2 hd 301-450 lbs	 	X		X
	Pov group 2 vhd 451-600 lbs	+ -	X	 	X
	Power operated vehicle noc	+ -	X	 	X
	Pwc gp 1 std port seat/back	<u> </u>	X	+ -	X
	Pwc gp 1 std port cap chair	 	X	 	X
	Pwc gp 1 std seat/back	 	X	+ -	X
	Pwc gp 1 std cap chair	_	X	 -	X
	Pwc gp 2 std port seat/back	_	X	 -	X
	Pwc gp 2 std port cap chair	_	X	_	X
	Pwc gp 2 std seat/back	_	X	<u> </u>	X
	Pwc gp 2 std cap chair	_	X	_	X
	Pwc gp 2 hd seat/back	_	X	_	X
	Pwc gp 2 hd cap chair	-	X	-	X
	Pwc gp2 vhd seat/back	1 - 1	X	-	X
	Pwc gp 2 vhd cap chair	-	X	- 1	X
	Pwc gp 2 xtra hd seat/back	-	X	- 1	X
	Pwc gp 2 xtra hd cap chair	-	X	- 1	X
	Pwc gp2 std seat elevate s/b	-	X	-	X
	Pwc gp2 std seat elevate cap	-	X	-	X

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	Small Employer / Individual			Large Employer		
Codes	Description		Not	Preauthorization	Not	Preauthorization
		Co	vered	Required	Covered	Required
Disclaimer: Please note that coverage may vary by plan type and r drugs, or specialty medications and should be directed to the Phar		re updated quarterly. Additionally, these co	ding lists of	do not reflect information	regarding immu	nizations, injectable
K0835 Pwc gp2 std sing pow opt s/b			-	X	-	X
K0836 Pwc gp2 std sing pow opt cap			-	Х	-	Х
K0837 Pwc gp 2 hd sing pow opt s/b			-	Χ	-	Х
K0838 Pwc gp 2 hd sing pow opt cap			-	Χ	-	X
K0839 Pwc gp2 vhd sing pow opt s/b			-	Х	-	Х
K0840 Pwc gp2 xhd sing pow opt s/b			-	Х	-	Х
K0841 Pwc gp2 std mult pow opt s/b			-	Х	-	X
K0842 Pwc gp2 std mult pow opt cap			-	Х	-	X
K0843 Pwc gp2 hd mult pow opt s/b			-	Х	-	Χ
K0848 Pwc gp 3 std seat/back			-	Х	-	Χ
K0849 Pwc gp 3 std cap chair			-	Χ	-	Χ
K0850 Pwc gp 3 hd seat/back			-	Χ	-	Χ
K0851 Pwc gp 3 hd cap chair			-	Х	-	X
K0852 Pwc gp 3 vhd seat/back			-	Χ	-	Χ
K0853 Pwc gp 3 vhd cap chair			-	Х	-	Χ
K0854 Pwc gp 3 xhd seat/back			-	Х	-	Χ
K0855 Pwc gp 3 xhd cap chair			-	Х	-	Χ
K0856 Pwc gp3 std sing pow opt s/b			-	Х	-	Χ
K0857 Pwc gp3 std sing pow opt cap			-	Х	-	Χ
K0858 Pwc gp3 hd sing pow opt s/b			-	Х	-	Χ
K0859 Pwc gp3 hd sing pow opt cap			-	Χ	-	Χ
K0860 Pwc gp3 vhd sing pow opt s/b			-	Х	-	Χ
K0861 Pwc gp3 std mult pow opt s/b			-	Х	-	Χ
K0862 Pwc gp3 hd mult pow opt s/b			-	Х	-	Χ
K0863 Pwc gp3 vhd mult pow opt s/b			-	Х	-	Χ
K0864 Pwc gp3 xhd mult pow opt s/b			-	Х	-	Χ
K0868 Pwc gp 4 std seat/back			-	Х	-	Χ
K0869 Pwc gp 4 std cap chair			-	Х	-	Χ
K0870 Pwc gp 4 hd seat/back			-	Х	-	Χ
K0871 Pwc gp 4 vhd seat/back			-	Х	-	Х
K0877 Pwc gp4 std sing pow opt s/b			-	Х	-	Х
K0878 Pwc gp4 std sing pow opt cap			-	Χ	-	Х
K0879 Pwc gp4 hd sing pow opt s/b			-	Х	-	Х
K0880 Pwc gp4 vhd sing pow opt s/b			-	Χ	-	Χ
K0884 Pwc gp4 std mult pow opt s/b			-	Χ	-	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Employer			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
K0885	Pwc gp4 std mult pow opt cap	-	Х	-	Х
K0886	Pwc gp4 hd mult pow s/b	-	Х	-	Х
K0890	Pwc gp5 ped sing pow opt s/b	-	Х	-	Х
K0891	Pwc gp5 ped mult pow opt s/b	-	Х	-	Х
K0898	Power wheelchair noc	-	Х	-	Х
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	Х	-	Х	-
	Lo freq us diathermy device	Х	-	Х	-
K1007	Bil hkaf pc s/d micro sensor	Х	-	Х	-
K1035	Mol diag reader self-admn	Х	-	Х	-
	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment	Х	_	Х	-
	device, per month				
	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	X	-	Х	-
	Kaf sng/dbl swg/stn mcpr cus	-	X	-	X
	Ft insert ucb berkeley shell	Х	-	Х	-
L3001	Foot insert remov molded spe	Х	-	Χ	-
L3002	Foot insert plastazote or eq	X	-	Χ	-
L3003	Foot insert silicone gel eac	X	-	Χ	-
L3010	Foot longitudinal arch suppo	X	-	Х	-
L3020	Foot longitud/metatarsal sup	Х	-	Х	-
L3030	Foot arch support remov prem	Х	-	Х	-
	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength	Х	_	Х	-
L3040	Ft arch suprt premold longit	Х	_	Х	-
L3050	Foot arch supp premold metat	Х	-	Х	-
L3060	Foot arch supp longitud/meta	Х	-	Х	-
L3070	Arch suprt att to sho longit	Х	-	Х	-
	Arch supp att to shoe metata	Х	-	Х	-
	Arch supp att to shoe long/m	Х	-	Х	-
	Hallus-valgus nght dynamic s	Х	-	Х	-
	Oxford w supinat/pronat inf	Х	-	Х	-
	Oxford w/ supinat/pronator c	Х	-	Х	-
	Oxford w/ supinator/pronator	Х	-	X	-
	Hightop w/ supp/pronator inf	Х	-	X	-
	Hightop w/ supp/pronator chi	X	_	X	-
	Hightop w/ supp/pronator jun	X	_	X	-
	Orthopedic ftwear ladies oxf	X	-	X	_

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employ		Lar	Large Employer	
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding immu	unizations, injectable	
L3216	Orthoped ladies shoes dpth i	Х	-	Χ	-	
L3217	Ladies shoes hightop depth i	Х	-	Χ	-	
L3219	Orthopedic mens shoes oxford	Х	-	Χ	-	
L3221	Orthopedic mens shoes dpth i	Х	-	Χ	-	
L3222	Mens shoes hightop depth inl	Х	-	Χ	-	
L3224	Woman's shoe oxford brace	Х	-	Χ	-	
L3225	Man's shoe oxford brace	Х	-	Χ	-	
L3230	Custom shoes depth inlay	Χ	-	Χ	-	
L3250	Custom mold shoe remov prost	Χ	-	Χ	-	
L3251	Shoe molded to pt silicone s	Х	-	Χ	-	
L3252	Shoe molded plastazote cust	Х	-	Χ	-	
L3253	Shoe molded plastazote cust	Х	-	Χ	-	
L3254	Orth foot non-stndard size/w	Х	-	Х	-	
L3255	Orth foot non-standard size/	Χ	-	Χ	-	
L3257	Orth foot add charge split s	Х	-	Х	-	
L3265	Plastazote sandal each	Х	-	Х	-	
L3300	Sho lift taper to metatarsal	Х	-	Х	-	
	Shoe lift elev heel/sole neo	Х	-	Х	-	
L3320	Shoe lift elev heel/sole cor	Х	-	Х	-	
L3330	Lifts elevation metal extens	Х	-	Х	-	
L3332	Shoe lifts tapered to one-ha	Х	-	Х	-	
	Shoe lifts elevation heel /i	Х	-	Х	-	
L3340	Shoe wedge sach	Х	-	Х	-	
	Shoe heel wedge	Х	-	Х	-	
L3360	Shoe sole wedge outside sole	Х	-	Х	-	
L3370	Shoe sole wedge between sole	Х	-	Х	-	
	Shoe clubfoot wedge	Х	-	Х	-	
L3390	Shoe outflare wedge	Х	-	Х	-	
	Shoe metatarsal bar wedge ro	Х	-	Х	-	
	Shoe metatarsal bar between	Х	-	Х	-	
L3420	Full sole/heel wedge btween	Х	-	Х	-	
	Sho heel count plast reinfor	Х	-	Х	-	
	Heel leather reinforced	Х	-	Х	-	
	Shoe heel sach cushion type	Х	-	Х	-	
	Shoe heel new leather standa	Х	-	Х	-	
	eeded after certain number of visits. Limit depends on plan/provider type					

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual		Large Employer		
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the cialty medications and should be directed to the Pharmacy link option within the website.	nese coding lists	do not reflect information	regarding immu	unizations, injectable	
L3460 S	Shoe heel new rubber standar	Х	-	Χ	-	
L3465 S	Shoe heel thomas with wedge	X	-	Χ	-	
L3470 S	Shoe heel thomas extend to b	X	-	Χ	-	
L3480 S	Shoe heel pad & depress for	X	-	Χ	-	
L3485 S	Shoe heel pad removable for	Х	-	Χ	-	
L3500 (Ortho shoe add leather insol	Х	-	Χ	-	
L3510 (Orthopedic shoe add rub insl	Х	-	Χ	-	
L3520 (O shoe add felt w leath insl	Х	-	Х	-	
L3530 (Ortho shoe add half sole	X	-	Χ	-	
L3540 (Ortho shoe add full sole	X	-	Χ	-	
L3649 (Orthopedic shoe, modification, addition or transfer, not otherwise specified	X	-	Χ	-	
	O shoe add standard toe tap	X	-	Χ	-	
L3560 (O shoe add horseshoe toe tap	X	-	Χ	-	
L3570 (O shoe add instep extension	X	-	Χ	-	
L3580 (O shoe add instep velcro clo	Х	-	Х	-	
L3590 (O shoe convert to sof counte	Х	-	Х	-	
L3595 (Ortho shoe add march bar	Х	-	Х	-	
L3600	Trans shoe calip plate exist	Х	-	Х	-	
	Frans shoe caliper plate new	Х	-	Х	-	
L3620	Frans shoe solid stirrup exi	Х	-	Х	-	
L3630	Frans shoe solid stirrup new	Х	-	Х	-	
L3640 S	Shoe dennis browne splint bo	Х	-	Х	-	
	Mold socket ank hgt w/ toe f	-	Х	-	Х	
	Fibial tubercle hgt w/ toe f	-	Х	-	Х	
	Ank symes mold sckt sach ft	-	Х	-	Х	
	Symes met fr leath socket ar	-	Х	-	Х	
L5100 N	Molded socket shin sach foot	-	Х	-	Х	
L5105 F	Plast socket jts/thgh lacer	-	Х	-	Х	
	Mold sckt ext knee shin sach	-	Х	-	Х	
	Mold socket bent knee shin s	-	X	-	X	
	Kne sing axis fric shin sach	-	Х	-	Х	
	No knee/ankle joints w/ ft b	-	X	-	X	
	No knee joint with artic ali	-	X	-	X	
	Fem focal defic constant fri	-	X	-	X	
	Hip canad sing axi cons fric	-	X	_	X	
	seded after certain number of visits. Limit depends on plan/provider type					

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Laı	ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
<u> </u>	Tilt table locking hip sing		X	1	X
	Hemipelvect canad sing axis	_	X	-	X
	Below knee, molded socket, shin, sach foot, endoskeletal system		X	-	X
	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot,	-	^	-	^
	endoskeletal system	-	X	-	X
L5321	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Χ	-	Χ
	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х	-	Х
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х	-	X
	Postop dress & 1 cast chg bk	-	Х	_	Х
	Postop dsg bk ea add cast ch	_	X	_	X
	Postop dsg & 1 cast chg ak/d	-	X	_	X
	Postop dsg ak ea add cast ch	-	Х	_	Х
	Postop app non-wgt bear dsg	-	Х	-	Х
	Postop app non-wgt bear dsg	-	Х	-	Х
L5500	Init bk ptb plaster direct	-	Χ	_	Χ
L5505	Init ak ischal plstr direct	-	Χ	-	Χ
L5510	Prep bk ptb plaster molded	-	X	-	X
L5520	Perp bk ptb thermopls direct	-	X	-	X
L5530	Prep bk ptb thermopls molded	-	Χ	-	Χ
L5535	Prep bk ptb open end socket	-	Χ	-	Χ
L5540	Prep bk ptb laminated socket	-	Χ	-	Х
L5560	Prep ak ischial plast molded	-	Χ	-	Х
L5570	Prep ak ischial direct form	-	Χ	-	Χ
L5580	Prep ak ischial thermo mold	-	Χ	-	Х
	Prep ak ischial open end	-	Χ	-	Χ
	Prep ak ischial laminated	-	Χ	-	Χ
	Hip disartic sach thermopls	-	Χ	-	Χ
L5600	Hip disart sach laminat mold	-	Χ	-	Χ
L5610	Above knee hydracadence	-	Χ	-	Χ
	Ak 4 bar link w/fric swing	-	Χ	-	Χ
	Ak 4 bar ling w/hydraul swig	-	Χ	-	Χ
L5614	4-bar link above knee w/swng	-	X	-	Χ

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	Description	Small En	nployer / Individual	La	rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, tecialty medications and should be directed to the Pharmacy link option within the website.	hese coding lists	do not reflect information	regarding imm	unizations, injectable
L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance		V		V
	phase control	-	Х	-	X
L5616	Ak univ multiplex sys frict	-	Х	-	Χ
	Ak/bk self-aligning unit ea	-	Х	-	Χ
L5618	Test socket symes	-	Χ	-	Χ
	Test socket below knee	-	Χ	-	Χ
L5622	Test socket knee disarticula	-	Χ	-	Χ
L5624	Test socket above knee	-	Χ	-	Χ
	Test socket hip disarticulat	-	Х	-	Х
	Test socket hemipelvectomy	-	Х	-	Х
	Below knee acrylic socket	-	Х	-	Χ
L5630	Syme typ expandabl wall sckt	-	Х	-	Х
	Ak/knee disartic acrylic soc	-	Х	-	Х
L5632	Symes type ptb brim design s	-	Х	-	Х
	Symes type poster opening so	-	Х	-	Χ
	Symes type medial opening so	-	Х	-	Х
	Below knee total contact	-	Х	-	Х
L5638	Below knee leather socket	-	Х	-	Х
L5639	Below knee wood socket	-	Х	-	Х
L5640	Knee disarticulat leather so	-	Х	-	Х
L5642	Above knee leather socket	-	Χ	-	Χ
L5643	Hip flex inner socket ext fr	-	Х	-	Х
L5644	Above knee wood socket	-	Х	-	Х
L5645	Bk flex inner socket ext frame	-	Х	-	Х
	Below knee air cushion socke	-	Х	-	Х
L5647	Below knee suction socket	-	Х	-	Х
L5648	Above knee air cushion socke	-	Х	-	Х
L5649	lsch containmt/narrow m-l so	-	Х	-	Х
	Tot contact ak/knee disart s	-	Х	-	Х
	Ak flex inner socket ext fra	-	X	-	X
	Suction susp ak/knee disart	-	X	-	X
	Knee disart expand wall sock	-	X	-	X
	Socket insert symes	-	X	-	X
	Socket insert below knee	-	X	-	X
	Socket insert knee articulat	-	X	-	X

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Covered Cove			Small Employer / Individual Large Employer			
iscialiner Plases note hat oceange may vary by dath type and may not follow the listed services. Those codes are updated quarterly. Additionally, these coding lists do not relifect information reparding immunizations. Implicable to the promotely link option within the website. 1.	Codes	Description				Preauthorization
1.5658 Socket insert above knee - X - X .5656 Multi-durometer below knee - X - X .5666 Multi-durometer below knee - X - X .5666 Bolk whee cuff suspension - X - X .5668 Bolk whee cuff suspension - X - X .5670 Bk molded supracondylar susp - X - X .5671 Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, laryard or equal), includes socke - X - X .5672 Bk removable medial brim sus - X - X .5672 Bk removable medial brim sus - X - X .5677 Bk knee joints single axis p - X - X .5676 Bk knee joints polycentric p - X - X .5677 Bk knee joints polycentric p - X - X <th></th> <th></th> <th>Covered</th> <th>Required</th> <th>Covered</th> <th>Required</th>			Covered	Required	Covered	Required
Multi-durometer symes -			these coding lists	do not reflect information	regarding immu	ınizations, injectable
Se66 Below knee culf suspension	L5658	Socket insert above knee	-	Х	-	Х
2.5666 Below knee culf suspension -	L5661	Multi-durometer symes	-	Х	-	Х
Section Sect	L5665	Multi-durometer below knee	-	Х	-	Χ
Section Sk molded supracondylar susp	L5666	Below knee cuff suspension	-	Х	-	Χ
Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), includes socke	L5668	Socket insert w/o lock lower	-	Х	-	Х
Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), includes socke	L5670	Bk molded supracondylar susp	-	Х	-	Х
lanyard or equal), includes socke				V		V
Left		lanyard or equal), includes socke	-	X	-	X
1.5676 8k knee joints single axis p	L5672	Bk removable medial brim sus	-	Х	-	Х
L5677 Bk knee joints polycentric p	L5673	Addition to lower extremity, below knee/above knee, custom fabricated	-	Х	-	Χ
5678 Bk joint covers pair	L5676	Bk knee joints single axis p	-	Х	-	Χ
L5679 Addition to lower extremity, below knee/above knee, custom fabricated -	L5677	Bk knee joints polycentric p	-	Х	-	Χ
L5680 Bk thigh lacer non-molded -	L5678	Bk joint covers pair	-	Х	-	Χ
L5680 Bk thigh lacer non-molded -	L5679	Addition to lower extremity, below knee/above knee, custom fabricated	-	Χ	-	Χ
L5682 Bk thigh lacer glut/ischia m			-	Χ	- 1	Χ
L5682 Bk thigh lacer glut/ischia m	L5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Χ	- 1	Χ
L5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert -			-	Χ	- 1	Χ
See See		· · ·	-	Χ	- 1	Χ
5688 Bk waist belt webbing	L5684	Bk fork strap	-	Χ	- 1	Χ
Section Sect	L5686	Bk back check	-	Χ	- 1	Χ
See See	L5688	Bk waist belt webbing	-	Χ	-	Χ
L5692 Ak pelvic control belt light - X - X L5694 Ak pelvic control belt pad/l - X - X L5695 Ak sleeve susp neoprene/equa - X - X L5696 Ak/knee disartic pelvic join - X - X L5697 Ak/knee disartic pelvic band - X - X L5698 Ak/knee disartic silesian ba - X - X L5699 Shoulder harness - X - X L5700 Replace socket below knee - X - X L5701 Replace socket above knee - X - X L5702 Replace socket hip - X - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X - X - X		<u> </u>	-	Х	- 1	Х
L5694 Ak pelvic control belt pad/l - X - X L5695 Ak sleeve susp neoprene/equa - X - X L5696 Ak/knee disartic pelvic join - X - X L5697 Ak/knee disartic pelvic band - X - X L5698 Ak/knee disartic silesian ba - X - X L5699 Shoulder harness - X - X L5700 Replace socket below knee - X - X L5701 Replace socket above knee - X - X L5702 Replace socket hip - X - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only X - X - X			-	Х	- 1	Х
L5695 Ak sleeve susp neoprene/equa L5696 Ak/knee disartic pelvic join L5697 Ak/knee disartic pelvic band L5698 Ak/knee disartic silesian ba L5699 Shoulder harness Shoulder harness Replace socket below knee L5700 Replace socket above knee L5701 Replace socket hip L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only			-	Х	- 1	Χ
L5697 Ak/knee disartic pelvic band L5698 Ak/knee disartic silesian ba - X - X L5699 Shoulder harness - X - X L5700 Replace socket below knee - X - X L5701 Replace socket above knee - X - X L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	L5695	Ak sleeve susp neoprene/equa	-	Χ	- 1	Χ
L5697 Ak/knee disartic pelvic band L5698 Ak/knee disartic silesian ba - X - X L5699 Shoulder harness - X - X L5700 Replace socket below knee - X - X L5701 Replace socket above knee - X - X L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	L5696	Ak/knee disartic pelvic join	-	Χ	-	Χ
L5699 Shoulder harness L5700 Replace socket below knee L5701 Replace socket above knee L5702 Replace socket hip L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only			-	Х	- 1	
L5700 Replace socket below knee L5701 Replace socket above knee L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	L5698	Ak/knee disartic silesian ba	-	Χ	- 1	Χ
L5701 Replace socket above knee - X - X L5702 Replace socket hip - X - X - X - X - X - X - X - X	L5699	Shoulder harness	-	Х	- 1	Х
L5701 Replace socket above knee - X - X L5702 Replace socket hip - X - X - X - X - X - X - X - X	L5700	Replace socket below knee	-	Х	- 1	Х
L5702 Replace socket hip L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only			-	Х	- 1	
L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only			-	Х	- 1	Х
		Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott,	-		-	
	I 5704		_	Х	 _ 	Х

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	Description	Small Employer / Individual Large Employer				
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
L5705	Custm shape cover above knee	-	Χ	-	Х	
L5706	Custm shape cvr knee disart	-	X	-	Х	
L5707	Custm shape cover hip disart	-	X	-	Х	
L5710	Kne-shin exo sng axi mnl loc	-	X	-	Х	
L5711	Knee-shin exo mnl lock ultra	-	Χ	-	Х	
L5712	Knee-shin exo frict swg & st	-	Χ	-	Х	
L5714	Knee-shin exo variable frict	-	Χ	-	Χ	
L5716	Knee-shin exo mech stance ph	-	Χ	-	Х	
L5718	Knee-shin exo frct swg & sta	-	Χ	-	Х	
L5722	Knee-shin pneum swg frct exo	-	Χ	-	Х	
L5724	Knee-shin exo fluid swing ph	-	Χ	-	Х	
L5726	Knee-shin ext jnts fld swg e	-	Χ	-	Х	
L5728	Knee-shin fluid swg & stance	-	Χ	-	Х	
_5780	Knee-shin pneum/hydra pneum	-	Χ	-	Х	
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	Х	-	Х	
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture					
	evacuation system, heavy dut	-	X	-	X	
_5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management	-	Х	_	Х	
	system					
	Exoskeletal bk ultralt mater	-	X	-	X	
	Exoskeletal ak ultra-light m	-	Χ	-	X	
	Exoskel hip ultra-light mate	-	Χ	-	X	
	Endoskel knee-shin mnl lock	-	X	-	X	
	Endo knee-shin mnl lck ultra	-	X	-	X	
	Endo knee-shin frct swg & st	-	Χ	-	X	
_5814	Endo knee-shin hydral swg ph	-	Χ	-	X	
	Endo knee-shin polyc mch sta	-	Χ	-	Χ	
_5818	Endo knee-shin frct swg & st	-	Χ	-	X	
	Endo knee-shin pneum swg frc	-	Χ	-	Х	
	Endo knee-shin fluid swing p	-	Χ	-	Χ	
	Miniature knee joint	-	Χ	-	X	
L5828	Endo knee-shin fluid swg/sta	-	Χ	-	X	
	Endo knee-shin pneum/swg pha	-	Χ	-	Х	
L5840	Multi-axial knee/shin system	-	Χ	-	Х	

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small En	nployer / Individual	La	rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these cialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	-	Х	-	Х
L5845	Knee-shin sys stance flexion	-	Χ	-	Х
	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	Х	-	Х
	Endo ak/hip knee extens assi	-	Х	-	Х
	Mech hip extension assist	-	X	-	X
	Elec knee-shin swing/stance	_	X	-	X
	Elec knee-shin swing only	_	X	-	X
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X	-	X
	Endo below knee alignable sy	_	X	_	X
	Endo below knee alignable sy Endo ak/hip alignable system	-	X	 	X
	Above knee manual lock	-	X	- -	X
	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip	-		-	
		-	Χ	-	Χ
	disarticulation, positional rotation unit, any type				
	High activity knee frame Endo bk ultra-light material	-	X	-	X
		-	X	-	
	Endo ak ultra-light material	-		-	X
	Endo hip ultra-light materia	-	X	-	X
	Below knee flex cover system	-	X	-	X
	Above knee flex cover system	-	X	-	X
	Hip flexible cover system	-	X	-	X
	Multiaxial ankle w dorsiflex	-	X	-	X
	Foot external keel sach foot	-	Χ	-	Χ
	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	-	X	-	X
	Flexible keel foot	-	X	-	X
	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	Χ	-	Χ
L5974	Foot single axis ankle/foot	-	Χ	-	Х
	Combo ankle/foot prosthesis	-	Х	-	Х
	Energy storing foot	-	Х	-	Х
	Ft prosth multiaxial ankl/ft	-	Х	-	Х
	Multi-axial ankle/ft prosth	-	X	-	X
	Flex foot system	_	X	1 -	X

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		Small En	nployer / Individual	Lar	Large Employer	
Codes	Description	Not	Preauthorization	Not	Preauthorization	
		Covered	Required	Covered	Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionall secialty medications and should be directed to the Pharmacy link option within the website.	y, these coding lists	do not reflect information	regarding immu	ınizations, injectable	
L5981	Flex-walk sys low ext prosth	-	Χ	-	Х	
L5982	Exoskeletal axial rotation u	-	Х	-	Х	
L5984	Endoskeletal axial rotation	-	Χ	-	Х	
L5985	Lwr ext dynamic prosth pylon	-	Χ	-	Х	
	Multi-axial rotation unit	-	Х	-	Х	
L5987	Shank ft w vert load pylon	-	Х	-	Х	
L5988	Vertical shock reducing pylo	-	Х	-	Х	
L5990	Addition to lower extremity prosthesis, user adjustable heel height	-	Χ	-	Х	
	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	X	-	Х	
L6000	Partial hand, thumb remaining	-	X	-	Х	
L6010	Partial hand, little and/or ring finger remaining	-	X	-	Х	
L6020	Partial hand, no finger remaining	-	Χ	-	Х	
L6050	Wrst mld sck flx hng tri pad	-	X	-	Х	
L6055	Wrst mold sock w/exp interfa	-	X	-	Х	
L6100	Elb mold sock flex hinge pad	-	Χ	-	Х	
L6110	Elbow mold sock suspension t	-	Χ	-	Х	
L6120	Elbow mold doub splt soc ste	-	Χ	-	Х	
	Elbow stump activated lock h	-	Χ	-	Х	
L6200	Elbow mold outsid lock hinge	-	Χ	-	Х	
L6205	Elbow molded w/ expand inter	-	Χ	-	Х	
L6250	Elbow inter loc elbow forarm	-	Χ	-	Х	
L6300	Shilder disart int lock elbow	-	Х	-	Х	
L6310	Shoulder passive restor comp	-	Х	-	Х	
	Shoulder passive restor cap	-	Х	-	Х	
L6350	Thoracic intern lock elbow	-	Χ	-	Х	
L6360	Thoracic passive restor comp	-	Χ	-	Х	
	Thoracic passive restor cap	-	Х	-	Х	
	Postop dsg cast chg wrst/elb	-	Χ	-	Х	
	Postop dsg cast chg elb dis/	-	Χ	-	Х	
	Postop dsg cast chg shider/t	-	Х	-	Х	
	Postop ea cast chg & realign	-	Х	-	Х	
	Postop applicat rigid dsg on	-	Х	-	Х	
	Below elbow prosth tiss shap	-	Х	-	Х	
	Elb disart prosth tiss shap	-	Х	-	Х	
	Above elbow prosth tiss shap	-	Х	-	Х	

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	Description	Small En	nployer / Individual	La	rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists	do not reflect information	regarding imm	unizations, injectable
lrugs, or sp	pecialty medications and should be directed to the Pharmacy link option within the website.				
L6550	Shldr disar prosth tiss shap	-	Χ	-	X
L6570	Scap thorac prosth tiss shap	-	Χ	-	Χ
L6580	Wrist/elbow bowden cable mol	-	Χ	-	Χ
L6582	Wrist/elbow bowden cbl dir f	-	Χ	-	Χ
L6584	Elbow fair lead cable molded	ı	Χ	-	X
L6586	Elbow fair lead cable dir fo	-	Χ	-	Х
L6588	Shdr fair lead cable molded	-	Χ	-	Χ
L6590	Shdr fair lead cable direct	-	Χ	-	X
L6600	Polycentric hinge pair	-	X	-	X
	Single pivot hinge pair	-	Χ	-	X
L6610	Flexible metal hinge pair	-	Χ	-	X
L6611	Addition to upper extremity prosthesis, external powered, additional switch, any type	-	Χ	-	Х
L6615	Disconnect locking wrist uni	-	Χ	-	Х
	Disconnect insert locking wr	-	Х	-	Х
L6620	Flexion-friction wrist unit	-	Х	-	Х
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with		.,		
	external powered ter	-	X	-	X
L6623	Spring-ass rot wrst w/ latch	-	Х	-	Х
	Upper extremity addition, flexion/extension and rotation wrist unit	-	Х	-	Х
	Rotation wrst w/ cable lock	-	Х	-	Х
	Quick disconn hook adapter o	-	Х	-	Х
	Lamination collar w/ couplin	-	Х	-	Х
	Stainless steel any wrist	-	Х	-	Х
	Latex suspension sleeve each	-	Х	-	Х
	Lift assist for elbow	-	Х	-	Х
	Nudge control elbow lock	-	X	-	X
	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered				
	elbow	-	X	-	X
L6640	Shoulder abduction joint pai	-	X	-	Х
	Excursion amplifier pulley t	_	X	-	X
	Excursion amplifier lever ty	_	X	-	X
	Shoulder flexion-abduction i	_	X	-	X
	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction				
	friction control, for us	-	X	-	X
	Upper extremity addition, shoulder lock mechanism, body powered actuator		X	<u> </u>	Х
_0071	eeded after certain number of visits. Limit depends on plan/provider type				Λ

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Employer			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
L6648	Upper extremity addition, shoulder lock mechanism, external powered actuator	-	Х	-	Χ
L6650	Shoulder universal joint	-	Х	-	Х
L6655	Standard control cable extra	-	Х	-	Х
L6660	Heavy duty control cable	-	Х	-	X
L6665	Teflon or equal cable lining	-	Х	-	Χ
L6670	Hook to hand cable adapter	-	Х	-	Χ
L6672	Harness chest/shider saddle	-	Х	-	Χ
L6675	Harness figure of 8 sing con	-	Х	-	Х
L6676	Harness figure of 8 dual con	-	Х	-	X
	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	-	Х	-	Х
	Test sock wrist disart/bel e	-	Х	-	Х
	Test sock elbw disart/above	-	X	-	X
	Test socket shidr disart/tho	-	Х	-	Х
L6686	Suction socket	-	Х	_	Х
	Frame typ socket bel elbow/w	-	Х	_	Х
	Frame typ sock above elb/dis	-	Х	-	Х
	Frame typ socket shoulder di	-	Х	-	Х
	Frame typ sock interscap-tho	-	Χ	-	Χ
L6691	Removable insert each	-	Χ	-	Χ
L6692	Silicone gel insert or equal	-	Х	-	Χ
L6693	Lockingelbow forearm cntrbal	-	Х	-	Χ
L6694	Elbow socket ins use w/lock	-	Х	-	Χ
L6695	Elbow socket ins use w/o lck	-	Х	-	Х
L6696	Cus elbo skt in for con/atyp	-	Х	-	Х
L6697	Cus elbo skt in not con/atyp	-	Х	-	Χ
L6698	Below/above elbow lock mech	-	Х	-	Χ
L6703	Terminal device, passive hand/mitt, any material, any size	-	Х	-	Х
L6704	Terminal device, sport/recreational/work attachment, any material, any size	-	Х	-	Х
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	-	Х	-	Х
	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	-	Х	-	X
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	-	Х	-	Х
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	-	Х	-	Х
	Terminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined, pediatric	-	Х	-	Х

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Place note that coverage may vary by plan type and may not follow the liaid services. These codes are updated quarterly. Additionally, these coding lists to not reflect information regarding immunications, injectable large, or specially medications and should be dended to the Pharmacy list, ogeno within the website. Ferriand device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric X		Description	Small En	nployer / Individual	Laı	ge Employer
L6712 Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	Codes					Preauthorization Required
pediatric L6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric L6714 Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric L6715 Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined L6721 Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined L6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined L6805 Modifier wrist flexion unit L6806 Modifier wrist flexion unit L6807 Period revision to be control lead, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6808 Microprocessor control feature, addition to upper limb prosthesis terminal device L6808 Mechanism socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power L6808 Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power L6809 Production glove L6809 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power L6809 Production glove L6809 Production			se coding lists	do not reflect information	regarding imm	unizations, injectable
Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric X	L6712	· · · · · · · · · · · · · · · · · · ·	-	Х	-	Х
Terminal device model #5xa	L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	Х	-	Х
L6721 Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined L6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined L6805 Modifier wrist flexion unit L6805 Modifier wrist flexion unit L6806 Modifier wrist flexion unit L6806 Modifier wrist flexion unit L6806 Modifier wrist flexion unit L6807 Pincher tool otto bock or eq L6807 Pincher tool otto bock or eq L6808 Microprocessor controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6808 Microprocessor control feature, addition to upper limb prosthesis terminal device - X - X - X - X - X - X - X - X - X -	L6714	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	X	-	Х
size, lined or unlined L6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined L6805 Modifier wrist flexion unit L6806 Modifier wrist flexion unit L6807 Pincher tool otto bock or eq L6808 Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6808 Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6808 Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power L6808 Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power L6808 Replacement socket, shoulder disarticulation, molded to patient model, for use with or without external power L6809 Production glove L6809 Production glove L6809 Production glove L6809 Custom glove L6809 Custom glove L7 X X X X X X X X X X X X X X X X X X X	L6715	Terminal device model #5xa	-	Χ	-	Х
Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined lined or unlined -			-	Х	-	Х
L6805 Modifier wrist flexion unit - X - X			-	Х	-	Х
L6810 Pincher tool otto bock or eq L6820 Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6882 Microprocessor control feature, addition to upper limb prosthesis terminal device - X - X L6883 Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power L6884 Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex L6889 Production glove - X - X L6890 Production glove - X - X L6890 Hand restorat thumb/1 finger - X - X L6900 Hand restorat thumb/1 finger - X - X L6910 Hand restoration multiple fi - X - X L6911 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6920 Wrist disarticul switch ctrl - X - X L6933 Below elbow switch control L6935 Below disow switch control L6935 Above elbow switch control L6935 Above elbow switch control L6936 Above elbow switch control L6936 Above elbow switch control L6936 Above elbow switch control L6937 A - X X - X X			_	X	_	X
Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) L6882 Microprocessor control feature, addition to upper limb prosthesis terminal device Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex L6895 Production glove Sustom glove			_		_	
or combination of grasp patterns, includes motor(s) L6882 Microprocessor control feature, addition to upper limb prosthesis terminal device - X - X L6883 Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power L6884 Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power L6886 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without external power L6887 Custom glove L6889 Production glove - X - X L6898 Custom glove - X - X L6990 Hand restorat thumb/1 finger - X - X L6900 Hand restoration multiple fi - X - X L6901 Hand restoration no fingers - X - X L6901 Hand restoration replacmnt g - X - X L6902 Wrist disarticul switch ctrl - X - X L6903 Below elbow switch control - X - X L6903 Below elbow switch control - X - X L6904 Elbow disart myoelectronic c - X - X L6905 Above elbow switch control - X - X L6905 Above elbow myoelectronic ct - X - X - X - X - X - X - X - X						
L6882 Microprocessor control feature, addition to upper limb prosthesis terminal device X			-	X	-	X
Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex L6890 Production glove - X - X L6895 Custom glove - X - X - X L6900 Hand restorat thumb/1 finger - X - X L6900 Hand restoration multiple fi - X - X L6901 Hand restoration no fingers - X - X L6910 Hand restoration replacmnt g - X - X L6910 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6930 Below elbow myoelectronic ct - X - X L6945 Elbow disart myoelectronic c - X - X - X L6945 Elbow disart myoelectronic c - X - X - X L6955 Above elbow switch control - X - X - X - X - X - X - X - X			-	X	-	Х
without external power L6884 Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex L6890 Production glove - X - X L6890 Production glove - X - X L6990 Hand restorat thumb/1 finger - X - X L6900 Hand restorat thumb/1 finger - X - X L6901 Hand restoration multiple fi - X - X L6905 Hand restoration no fingers - X - X L6906 Wrist disarticul switch ctrl L6910 Wrist disarticul switch ctrl L6925 Wrist disart myoelectronic c L6926 Wrist disart myoelectronic c L6930 Below elbow switch control - X - X L6930 Below elbow myoelectronic c L6940 Elbow disart myoelectronic c L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c - X - X L6950 Above elbow myoelectronic c		Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or	_		_	
External power -						
L6885 Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex X			-	X	-	X
use with or without ex - X - X L6890 Production glove - X - X L6895 Custom glove - X - X L6900 Hand restorat thumb/1 finger - X - X L6905 Hand restoration multiple fi - X - X L6910 Hand restoration replacmnt g - X - X L6915 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6921 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic c - X - X L6940 Elbow disart myoelectronic c - X - X L6945 Elbow disart myoelectronic c - X - X L6955 Ab						
L6890 Production glove - X - X L6895 Custom glove - X - X L6900 Hand restorat thumb/1 finger - X - X L6905 Hand restoration multiple fi - X - X L6910 Hand restoration no fingers - X - X L6915 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6920 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic c - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-	Χ	-	Χ
L6895 Custom glove - X - X L6900 Hand restorat thumb/1 finger - X - X L6905 Hand restoration multiple fi - X - X L6910 Hand restoration no fingers - X - X L6915 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-	X	-	Х
L6900 Hand restorat thumb/1 finger - X - X L6905 Hand restoration multiple fi - X - X L6910 Hand restoration no fingers - X - X L6915 Hand restoration replacement g - X - X L6920 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disart myoelectronic c - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6905 Hand restoration multiple fi - X - X L6910 Hand restoration no fingers - X - X L6915 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			_		_	
L6910 Hand restoration no fingers - X - X L6915 Hand restoration replacmnt g - X - X L6920 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disart imyoelectronic c - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6915 Hand restoration replacement g - X - X L6920 Wrist disarticul switch ctrl - X - X L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disarticulation switch - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6920 Wrist disarticul switch ctrl		v	-		-	
L6925 Wrist disart myoelectronic c - X - X L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disarticulation switch - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6930 Below elbow switch control - X - X L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disarticulation switch - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6935 Below elbow myoelectronic ct - X - X L6940 Elbow disarticulation switch - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6940 Elbow disarticulation switch - X - X L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6945 Elbow disart myoelectronic c - X - X L6950 Above elbow switch control - X - X L6955 Above elbow myoelectronic ct - X - X			-		-	
L6950 Above elbow switch control-X-XL6955 Above elbow myoelectronic ct-X-X			-		-	
L6955 Above elbow myoelectronic ct - X - X			-		-	
			-		-	
			_	X	-	X

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Lar	ge Employer
Codes	Description	Not	Preauthorization	Not	Preauthorization
		Covered	Required	Covered	Required
	ase note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the alty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding immu	ınizations, injectable
L6965 Shl	ldr disartic myoelectronic	-	Х	-	Х
L6970 Inte	erscapular-thor switch ct	-	Х	-	Х
L6975 Inte	erscap-thor myoelectronic	-	Х	-	Х
L7008 Ele	ectric hand, switch or myoelectric, controlled, pediatric	Х	-	Χ	-
L7040 Pre	ehensile actuator hosmer s	-	Х	-	Х
L7045 Ele	ectron hook child michigan	-	Х	-	Х
L7170 Ele	ectronic elbow hosmer swit	-	Х	-	Х
L7180 Ele	ectronic elbow utah myoele	-	Χ	-	Х
L7181 Ele	ectronic elbo simultaneous	-	Х	-	Х
L7185 Ele	ectron elbow adolescent sw	-	Х	-	Х
L7186 Ele	ectron elbow child switch	-	Х	-	Х
L7190 Elb	pow adolescent myoelectron	-	Х	-	Х
L7191 Elb	pow child myoelectronic ct	-	Х	-	Х
L7360 Six	volt bat otto bock/eq ea	Х	-	Χ	-
L7362 Bat	ttery chrgr six volt otto	Х	-	Χ	-
L7364 Tw	velve volt battery utah/equ	Х	-	Х	-
L7366 Bat	ttery chrgr 12 volt utah/e	Х	-	Х	-
	hium ion battery, replacement	Х	-	Х	-
	hium ion battery charger, replacement only	Х	-	Х	-
	dition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material anium, carbon fiber o	-	Х	-	Х
L7401 Add	Idition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, rbon fiber or equa	-	Х	-	Х
L7402 Add	Idition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight laterial (titanium,	_	X	-	Х
		_		+	
	dition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material dition to upper extremity prosthesis, above elbow disarticulation, acrylic material	-	X X	-	X
	Idition to upper extremity prostnesis, above elbow disarticulation, acrylic material ldition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic	-	^	+ - +	^
	aterial	-	Х	-	Χ
L7499 Up	per extremity prosthes nos	-	Χ	-	Χ
L7900 Va	cuum erection system	Х	-	-	-
L7902 Ter	nsion ring, for vacuum erection device, any type, replacement only, each	Х	-	-	-
L8033 Nip	ople prosthesis custom, ea	Х	-	Х	-
L8039 Bre	east prosthesis nos	-	Х	-	Χ
L8040 Na	isal prosthesis	-	Х	-	Х

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small En	nployer / Individual	Laı	rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
L8041	Midfacial prosthesis	-	Х	-	Х
	Orbital prosthesis	-	Х	-	Χ
L8043	Upper facial prosthesis	-	Χ	-	Х
L8044	Hemi-facial prosthesis	-	Χ	-	Х
L8045	Auricular prosthesis	-	Χ	-	Х
	Partial facial prosthesis	-	Х	-	Х
	Nasal septal prosthesis	-	Х	-	Х
	Unspec maxillofacial prosth	-	Х	-	Х
	Repair maxillofacial prosth	-	Χ	-	Х
L8500	Artificial larynx	-	Χ	-	Х
L8501	Tracheostomy speaking valve	-	Χ	-	Х
	Artificial larynx replacement battery/accessory, any type	Χ	-	Х	-
	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	-	Х	-	Х
	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	-	Х	-	Х
	Voice amplifier	Χ	-	Х	-
	Implant breast silicone/eg	-	Х	-	Х
	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml,	.,		,,	
	includes shipping and necessary supplies	Х	-	X	-
	Artificial cornea	Х	-	Х	-
L8610	Ocular implant	Χ	-	Х	-
	Ossicular implant	Χ	-	Х	-
	Metacarpophalangeal implant	Χ	-	Х	-
	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	Х	-	Х
	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	Х	-	Х
	Vascular graft, synthetic	Х	-	Х	-
	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	-	Х	-	Х
	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	-	Х	-	Х
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	-	Х	-	Х
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	-	Х	-	Х
	Auditory osseointegrated device, includes all internal and external components	-	Х	-	Х
L8692	Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes headband	-	Х	-	Х
	Pow ue rom dev ewh uprt cust	-	Х	- 1	Х
	Pow ue rom dev ewhf uprt cus	_	X	-	X

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Laı	ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Х	-	Х	-
	Receptor sole for use with I8720, replacement, each	Х	-	Х	-
M0001	Advancing cancer care mips value pathways	Χ	-	Х	-
M0002	Optimal care for kidney health mips value pathways	Χ	-	Х	-
M0003	Optimal care for patients with episodic neurological conditions mips value pathways	Χ	-	Х	-
M0004	Supportive care for neurodegenerative conditions mips value pathways	Χ	-	Х	-
M0005	Promoting wellness mips value pathways	Χ	-	Х	-
	Eom meos payment	Х	-	Х	-
	Cellular therapy	Χ	-	Х	-
	Prolotherapy	Χ	-	Х	-
M0100	Intragastric hypothermia	Х	-	Х	-
	lv chelationtherapy	Х	-	Х	-
M0301	Fabric wrapping of aneurysm	Х	-	Х	-
	Tb screening performed and results interpreted within twelve months prior to initiation of first-time	.,		.,	
	biologic disease modifying anti-rheumatic drug therapy for ra	Х	-	X	-
	Doc med rsn no srn tb	Χ	-	Х	-
M1005	Tb screening not performed or results not interpreted, reason not given	Χ	-	Х	-
	Disease activity not assessed, reason not given	Χ	-	Х	-
	>=50% of total number of a patient's outpatient ra encounters assessed	Х	-	Х	-
M1008	<50% of total number of a patient's outpatient ra encounters assessed	Χ	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-
M1010	Dc eoc doc med rec	Χ	-	Х	-
M1011	Dc eoc doc med rec	Χ	-	Х	-
M1012	Dc eoc doc med rec	Χ	-	Х	-
M1013	Dc eoc doc med rec	Х	-	Х	-
M1014	Dc epi care doc medrec	Х	-	Х	-
	Female patients unable to bear children	Х	-	Х	-
	Patient admitted to palliative care services	Χ	-	Х	-
	Pt dx hst cr pt sk lg cr scr	Х	-	Х	-
	Adl pt mj dep ds rs 12 phq<5	Х	-	Х	-
	Adl pt mj dep ds no rs 12 mo	Х	-	Х	-
	Patient had only urgent care visits during the performance period	Х	-	Х	-
	Imaging of the head (ct or mri) was obtained	Х	-	Х	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small Employer / Individual Large Employer				
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
M1028	Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained	Х	-	Х	-	
M1029	Imaging of the head (ct or mri) was not obtained, reason not given	Χ	-	Х	-	
M1032	Adults currently taking pharmacotherapy for oud	Χ	-	Х	-	
M1034	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	Х	-	Х	-	
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment	Х	-	Х	-	
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days	Х	-	Х	-	
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	Х	-	Х	-	
	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	Х	-	Х	-	
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Х	-	Х	-	
	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Х	-	Х	-	
M1041	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	Х	-	
	Fs no odi 9-15mo	Х	_	Х	_	
	Fs oks 9-15mo = 37	X	_	X	_	
	Fs oks 9-15mo = 37	X	_	X	_	
	Fs wth scr no odi pre and p	X	-	X	_	
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	Х	-	
	Lg pn not meas w/ vas 1yr po	Х	_	Х	_	
	Patient had only urgent care visits during the performance period	X	-	X	_	
	Aspirin or another antiplatelet therapy used	X	-	X	_	
	Presc antico med in pp	X	-	X	-	
	Aspirin or another antiplatelet therapy not used, reason not given	Х	-	X	-	
	Patient was a permanent nursing home resident at any time during the performance period	Х	-	X	-	
	Patient was in hospice or receiving palliative care at any time during the performance period	Х	-	X	-	
	Patient died prior to the end of the performance period	Х	-	X	-	
	Hospice services for patient provided any time during the measurement period	Х	-	X	-	
	Adults who are not ambulatory	Х	-	X	-	
	Patient screened for future fall risk	Х	-	X	-	
	Patient not screened for future fall risk, reason not given	Х	-	Х	-	

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Small En	Small Employer / Individual Large Employer				
Not Covered	Preauthorization Required	Not Covered	Preauthorization Required		
ally, these coding lists	do not reflect information	regarding imm	unizations, injectable		
V		V			
Α .	-	^	-		
Х	-	Х	-		
Х	-	Х	-		
X	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
X	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
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Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
Х	-	Х	-		
X	-	X	-		
X	-	X	-		
X	-	Х	-		
	-		-		
	_				
	Not Covered	Not Required Req	Not		

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	Small Employer / Individual					
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required		
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	unizations, injectable		
drugs, or specialty medications and should be directed to the Pharmacy link option within the website.						
M1109 Oc ni pt dc 1-2 vis	Х	-	Χ	-		
M1110 Oc ni pt selfdc 1-2 vis	Х	-	Χ	-		
M1111 Start eoc doc med rec	Х	-	Χ	-		
M1112 Docu dx degen neuro	Χ	-	Χ	-		
M1113 Oc ni pt 1-2 vis	Χ	-	Χ	-		
M1114 Oc ni pt dc 1-2 vis	Χ	-	Χ	-		
M1115 Oc ni pt selfdc 1-2 vis	Χ	-	Χ	-		
M1116 Start eoc doc med rec	Χ	-	Χ	-		
M1117 Docu dx degen neuro	X	-	Х	-		
M1118 Oc ni pt 1-2 vis	X	-	Х	-		
M1119 Oc ni pt dc 1-2 vis	X	-	Х	-		
M1120 Oc ni pt selfdc 1-2 vis	Х	-	Х	-		
M1121 Start eoc doc med rec	Х	-	Х	-		
M1122 Docu dx degen neuro	Χ	-	Х	-		
M1123 Oc ni pt 1-2 vis	Х	-	Х	-		
M1124 Oc ni pt dc 1-2 vis	Х	-	Х	-		
M1125 Oc ni pt selfdc 1-2 vis	Х	-	Х	-		
M1126 Start eoc doc med rec	Χ	-	Х	-		
M1127 Docu dx degen neuro	Χ	-	Х	-		
M1128 Oc ni pt 1-2 vis	Х	-	Х	-		
M1129 Oc ni pt dc 1-2 vis	Χ	-	Х	-		
M1130 Oc ni pt self dc 1-2 vis	Х	-	Х	-		
M1131 Docu dx degen neuro	Χ	-	Х	-		
M1132 Oc ni pt 1-2 vis	Х	-	Х	-		
M1133 Oc ni pt dc 1-2 vis	Χ	-	Х	-		
M1134 Oc ni pt self dc 1-2 vis	Х	-	Х	-		
M1135 Start eoc doc med rec	Χ	-	Х	-		
M1141 Fs no oks	Х	-	Х	-		
M1142 Emerge cases	Х	-	Х	-		
M1143 Ni rehab med chiro	Х	-	Х	-		
M1146 Ongoing care not ind	Х	-	Х	-		
M1147 Care not poss med rsn	Х	-	Х	-		
M1148 Pt self dschg	Х	-	Х	-		
M1149 No neck fs prom incap	Х	-	Х	-		

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	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
M1150	Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	Х	-	Х	-	
M1151	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Х	-	Х	-	
M1152	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Х	-	Х	-	
M1153	Patient with diagnosis of osteoporosis on date of encounter	Х	-	Χ	-	
M1154	Hospice services provided to patient any time during the measurement period	Х	-	Χ	-	
M1155	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-	Х	-	
M1159	Hospice services provided to patient any time during the measurement period	Х	-	Х	-	
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	
	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	
	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	
M1163	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	
M1164	Patients with dementia any time during the patient's history through the end of the measurement period	Х	-	Х	-	
M1165	Patients who use hospice services any time during the measurement period	Х	-	Х	_	
	Pathology report for tissue specimens produced from wide local excisions or re-excisions	X	_	X	_	
	In hospice or using hospice services during the measurement period	Х	-	X	-	
	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	Х	-	
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-	Х	-	
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	Х	-	
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	Х	-	
M1172	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	Х	-	Х	-	
	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	Х	-	

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		Small En	nployer / Individual	Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
M1174	Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes				
	zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday	X	-	Х	-
	before or during the measurement period				
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis	Х		Х	
	due to the zoster vaccine)	^	-	^	•
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the				
	herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th	X	-	Х	-
	birthday before or during the measurement period				
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th	Х		Х	
	birthday and before the end of the measurement period	^	-	^	•
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior	Х		Х	
	anaphylaxis due to the pneumococcal vaccine)	^	-	^	•
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their	Х		Х	
	60th birthday and before or during measurement period	^	-	^	-
M1180	Patients on immune checkpoint inhibitor therapy	Х	-	Х	-
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	Х	-	Х	-
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis,	Х		Х	
	crohn's disease)	^	-	^	-
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or	V	X - X		
	immunosuppressants prescribed or administered	^	-	^	-
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or				
	immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic				
	insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other	Х	-	Х	-
	medication, awaiting diagnostic workup results for alternative etiologies, other medical				
	reasons/contraindication)				
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or	V		V	
	immunosuppressants prescribed or administered was not performed, reason not given	Х	-	X	-
M1186	Patients who have an order for or are receiving hospice or palliative care	Х	-	Х	-
	Patients with a diagnosis of end stage renal disease (esrd)	Х	-	Х	-
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-	Х	-
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate	V			
	(egfr) and urine albumin-creatinine ratio (uacr) performed	Х	-	X	-
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	X	-	X	-
M1101	Hospice services provided to patient any time during the measurement period	Х	-	Х	_

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
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M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-	Х	-	
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	Х	-	Х	-	
	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	Х	-	x	-	
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	Х	-	Х	-	
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-	Х	-	
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-	Х	-	
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Х	-	Х	-	
M1199	Patients receiving rrt	Χ	-	Х	-	
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Х	-	Х	-	
	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	Х	-	Х	-	
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	Х	-	Х	-	
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Χ	-	Х	-	
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-	Х	-	
M1205	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-	Х	-	
M1206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Х	-	Х	-	
M1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	Х	-	

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Disclaimer: drugs, or sp	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable	
	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	Х	-	
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	Х	-	
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	Х	-	
	Most recent hemoglobin A1c level > 9.0%	Х	-	Х	-	
	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	Х	-	Х	-	
M1213	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70%	Х	-	Х	-	
M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and reviewed	Х	-	Х	-	
	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)	Х	-	Х	-	
	No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no spirometry performed with results documented during the encounter	Х	-	Х	-	
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)	Х	-	Х	-	
	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	Х	-	Х	-	
	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-	Х	-	
M1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	Х	-	Х	-	
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	Х	-	Х	-	
	Glaucoma plan of care not documented, reason not otherwise specified	Х	-	Х	-	
	Glaucoma plan of care documented	Х	-	Х	-	
	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	Х	-	Х	-	
M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre- intervention level	Х	-	Х	-	
	IOP measurement not documented, reason not otherwise specified	Х	-	Х	-	
	Evidence-based therapy was prescribed	X	-	Х	-	
M1228	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	Х	-	Х	-	

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M1229	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	х	-	Х	-	
M1230	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	х	-	х	-	
M1231	Patient receives HCV antibody test with nonreactive result	Х	_	Х	_	
	Patient receives HCV antibody test with reactive result	Х	-	Х	-	
	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	Х	-	Х	-	
M1234	Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia	Х	-	Х	-	
M1235	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	Х	-	Х	-	
M1236	Baseline MRS > 2	Х	-	Х	-	
	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	Х	-	Х	-	
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	Х	-	Х	-	
M1239	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	
M1240	Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	Х	-	
M1241	Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	
M1242	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	
M1243	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	
M1244	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х		Х	-	

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M1245	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	
M1246	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	
M1247	Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	Х	-	
M1248	Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	Х	-	
M1249	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	Х	-	
M1250	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	
M1251	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	Х	-	Х	-	
M1252	Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit	Х	-	Х	-	
M1253	Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	Х	-	Х	-	
M1254	Patients who were deceased when the HU survey reached them	Х	-	Х	-	
	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	Х	-	Х	-	
M1256	Prior history of known CVD	Х	-	Х	-	
	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	Х	-	Х	-	
M1258	CVD risk assessment performed, have a documented calculated risk score	Х	-	Х	-	
	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis		-	Х	-	
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	Х	-	Х	-	
M1261	Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Х	-	Х	-	
	Patients who had a transplant prior to initiation of dialysis	Х	-	Х	-	
	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Х	-	Х	-	
	Patients age 75 or older on their initiation of dialysis date	Х	-	Х	-	
	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	Х	-	Х	-	

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M1266	Patients admitted to a skilled nursing facility (SNF)	Х	-	Х	-	
	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	
	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	
	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	Х	-	Х	-	
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	
	Patients with dementia at any time prior to or during the month	Х	-	Х	-	
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	Х	-	
M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form	Х	-	Х	-	
M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that month	Х	-	Х	-	
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Х	-	Х	-	
	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Х	-	Х	-	
	Colorectal cancer screening results documented and reviewed	Х	-	Х	-	
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Х	-	Х	-	
	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	Х	-	
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-	Х	-	
	Blood pressure reading not documented, reason not given	Х	-	Х	-	
	Patient screened for tobacco use and identified as a tobacco non-user	X	-	X	-	
	Patient screened for tobacco use and identified as a tobacco user	Х	-	Х	-	
	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	х	-	Х	-	
	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	Х	-	Х	-	

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M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-	Х	-	
M1287	BMI is documented below normal parameters and a follow-up plan is documented	Х	-	Х	-	
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	Х	-	Х	-	
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	Х	-	Х	-	
M1290	Patient not eligible due to active diagnosis of hypertension	Х	-	Х	-	
M1291	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	х	-	Х	-	
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	х	-	X	-	
M1293	BMI is documented above normal parameters and a follow-up plan is documented	Х	-	Х	-	
	Normal blood pressure reading documented, follow-up not required	Χ	-	Х	-	
	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Х	-	Х	-	
	BMI is documented within normal parameters and no follow-up plan is required	Х	-	Х	-	
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	Х	-	Х	-	
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Х	-	Х	-	
M1299	Influenza immunization administered or previously received	Х	-	Х	-	
	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	х	-	Х	-	
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	х	-	Х	-	
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results documented and reviewed	Х	-	Х	-	
M1303	Hospice services provided to patient any time during the measurement period	Х	-	Х	-	

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M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-	Х	-
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-	Х	-
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-	Х	-
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-	Х	-
M1308	Influenza immunization was not administered, reason not given	Х	-	Х	-
	Palliative care services provided to patient any time during the measurement period	Х	-	Х	-
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	Х	-	Х	-
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-	Х	-
	Patient not screened for tobacco use	Х	-	Х	-
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the 6 months prior to the measurement period	Х	-	Х	-
M1314	BMI not documented and no reason is given	Х	-	Х	-
	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	Х	-	Х	-
M1316	Current tobacco non-user	Х	-	Х	-
	Patients who are counseled on connection with a CSP and explicitly opt out	Х	-	Х	-
	Patients who did not have documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	х	-	Х	-
M1319	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	Х	-	Х	-
M1320	Patients who screened positive for at least 1 of the 5 HRSNS	Χ	-	Х	-
M1321	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg	Х	-	Х	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye	Х	-	Х	-
	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented	х	-	Х	-

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M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Х	-	Х	-	
M1325	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment)	Х	-	Х	-	
M1326	Patients with a diagnosis of hypotony	Х	-	Х	-	
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 8 weeks	Х	-	Х	-	
M1328	Patients with a diagnosis of acute vitreous hemorrhage	Χ	-	Х	-	
M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	Х	-	Х	-	
M1330	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	Х	-	
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-	Х	-	
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 2 weeks	Х	-	Х	-	
M1333	Acute vitreous hemorrhage	Х	-	Х	-	
	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter	Х	-	Х	-	
M1335	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	Х	-	
M1336	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-	Х	-	
M1337	Acute PVD	Х	-	Х	-	
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	Х	-	Х	-	
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	х	-	Х	-	
M1340	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	Х	-	Х	-	

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M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Х	-	Х	-	
M1342	Patients who died during the performance period	Х	-	Х	-	
M1343	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	Х	-	Х	-	
	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	
M1345	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	
M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Х	-	Х	-	
M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Х	-	Х	-	
M1348	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	Х	-	Х	-	
	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	Х	-	Х	-	
	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	Х	ı	Х	-	
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	Х	-	Х	-	
	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	Х	-	Х	-	
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	Х	-	Х	-	
	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	Х	-	Х	-	
	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-	Х	-	
	Patients who died during the measurement period	Х	-	Х	-	
	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х	-	Х	-	
	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х	-	Х	-	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior				
	symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained	Х	-	Х	-
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	Х	-	Х	-
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-	Х	-
M1362	Patients who died during the measurement period	Х	-	Х	-
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	Х	-	Х	-
M1364	Calculated 10-year ASCVD risk score of >=20 percent during the performance period	Х	-	Х	-
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	Х	-	Х	-
M1366	Focusing on women's health MIPS value pathway	Х	-	Х	-
	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	Х	-	Х	-
	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value	Х	-	Х	-
144000	pathway				
	Quality care in mental health and substance use disorders MIPS value pathway	X	-	X	-
	Rehabilitative support for musculoskeletal care MIPS value pathway	X	-	X	-
	Hair analysis	Х	-	X	-
	Plaelet rich plasma unit	Х	-	Х	-
	One-way allow prorated miles	X	-	X	-
	One-way allow prorated trip	Χ	-	X	-
	Cardiokymography	X	-	Х	-
	Pinworm examinations	Х	-	Х	-
	Fern test	Χ	-	X	-
	Post-coital mucous exam	Χ	-	X	-
	Power adapter, combo vad	-	X	-	X
	Power module combo vad, rep	-	X	-	Χ
	Driver for use with pneumatic ventricular assist device, replacement only	-	X	-	Χ
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	Χ	-	Χ
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	Χ	-	Χ
Q0483	Monitor/display module for use with electric ventricular assist device, replacement only	_	Х	-	Х
	Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X	-	X
00485	Monitor control cable for use with electric ventricular assist device, replacement only	_	X	_	X
Q0400	Information control cable for use with electric ventification assist device, replacement of hy		٨		^

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the exitation and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
Q0488	Power pack base for use with electric ventricular assist device, replacement only	-	Х	-	Х	
	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
	Emergency power source for use with electric ventricular assist device, replacement only	-	Χ	-	Χ	
	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	-	Х	-	Х	
	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacment only	-	Х	-	Х	
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
	Belt/vest elec/combo vad rep	-	Х	-	Х	
	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	-	Х	-	Х	
	Battery for pneumatic ventricular assist device, replacement only, each	-	Х	-	Х	
	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	-	Х	-	Х	
	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	Х	-	Х	-	
	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first presription in a	Х	-	Х	-	
	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i	Х	-	Х	-	

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Decisioner Design Processor and Policy Covered Required Decisioner Decisioner Design Processor and Stock plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these conting state do not reflect information registeding immurizations, rejectable drugs, or specially medications and should be directed to the Pharmacy interption drug (per part of the processor) Pharmacy dispensing fee for inhalation drug(s); per 30 days X			Small En	nployer / Individual	Laı	ge Employer
drugs, or specially medications and should be directed to the Pharmacy (nix potion within the website.) O0513 Pharmacy dispensing fee for inhalation drug(s); per 90 days	Codes	Description				Preauthorization Required
Coostal Pharmacy dispensing fee for inhalation drug(s); per 90 days			ese coding lists	do not reflect information	regarding imm	unizations, injectable
Q0516 Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per X	Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Х	-	Х	-
30-days			Х	-	Х	-
60-days	Q0516		Х	-	Х	-
Q0518	Q0517		Х	-	Х	-
Q0519	Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per	Х	-	Х	-
Q0520 Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable drug, per 60-days X	Q0519	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable	Х	-	Х	-
Q1004 Ntiol category 4	Q0520	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription injectable	Х	-	Х	-
Q1005 Ntiol category 5	Q1004		Х	-	Х	-
Q3031 Collagen skin test X - X - Q4100 Skin substitute, not otherwise specified X - X - Q4130 Strattice tm, per square centimeter X - X - Q4134 Hmatrix, per square centimeter X - X - Q4135 Mediskin, per square centimeter X - X - Q4136 Ez-derm, per square centimeter X - X - Q4137 Amnioexcel or biodexcel, 1cm X - X - Q4138 Biodfence dryflex, 1cm X - X - Q4139 Amnio or biodmatrix, inj 1cc X - X - Q4139 Biodfence 1cm X - X - Q4140 Biodfence 1cm X - X - Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4144 Epifix, inj, 1mg X - X - Q4145 Epifix, inj, 1mg<				-		-
Q4100 Skin substitute, not otherwise specified X - X <t< td=""><td></td><td></td><td></td><td>-</td><td></td><td>-</td></t<>				-		-
Q4130 Strattice tm, per square centimeter X - X - X - Q - X <td></td> <td>ů</td> <td>Х</td> <td>-</td> <td>Х</td> <td>-</td>		ů	Х	-	Х	-
Q4134 Hmatrix, per square centimeter X - X - X - X - Q - Q - X -			Х	-	Х	-
Q4136 Ez-derm, per square centimeter X - X - Q4137 Amnioexcel or biodexcel, 1cm X - X - Q4138 Biodfence dryflex, 1cm X - X - Q4139 Amnio or biodmatrix, inj 1cc X - X - Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - X Q4147 Architect ecm, 1cm X - X - X - Q4148 Neox 1k, 1cm X - X - X - Q4149 Excellagen, 0.1 cc X - X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - X - Q4151 Amnioband, guardian 1 sq cm X - X - X - Q4152 Dermapu			Х	-	Х	-
Q4137 Amnioexcel or biodexcel, 1cm X - X - Q4138 Biodfence dryflex, 1cm X - X - Q4139 Amnio or biodmatrix, inj 1cc X - X - Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4135	Mediskin, per square centimeter	Х	-	Х	-
Q4138 Biodfence dryflex, 1cm X - X - Q4139 Amnio or biodmatrix, inj 1cc X - X - Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4136	Ez-derm, per square centimeter	Х	-	Х	-
Q4139 Amnio or biodmatrix, inj 1cc X - X - Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4137	Amnioexcel or biodexcel, 1cm	Х	-	Х	-
Q4140 Biodfence 1cm X - X - Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X - X -	Q4138	Biodfence dryflex, 1cm	Х	-	Х	-
Q4142 Xcm biologic tiss matrix 1cm X - X - Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4139	Amnio or biodmatrix, inj 1cc	Х	-	Х	-
Q4143 Repriza, 1cm X - X - Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4140	Biodfence 1cm	Х	-	Х	-
Q4145 Epifix, inj, 1mg X - X - Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4142	Xcm biologic tiss matrix 1cm	Х	-	Х	-
Q4146 Tensix, 1cm X - X - Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4143	Repriza, 1cm	Х	-	Х	-
Q4147 Architect ecm, 1cm X - X - Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4145	Epifix, inj, 1mg	Х	-	Х	-
Q4148 Neox 1k, 1cm X - X - Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4146	Tensix, 1cm	Х	-	Х	-
Q4149 Excellagen, 0.1 cc X - X - Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4147	Architect ecm, 1cm	Х	-	Х	-
Q4150 Allowrap ds or dry 1 sq cm X - X - Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -	Q4148	Neox 1k, 1cm	X		Х	
Q4151 Amnioband, guardian 1 sq cm X - X - Q4152 Dermapure 1 square cm X - X -			X		Х	
Q4152 Dermapure 1 square cm X - X -	Q4150	Allowrap ds or dry 1 sq cm	Х	-	Х	-
	Q4151	Amnioband, guardian 1 sq cm	Х	-	Х	-
O4153 Dermayest 1 square cm	Q4152	Dermapure 1 square cm	Х			
	Q4153	Dermavest 1 square cm	Х	-	Χ	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
	· · · · · · · · · · · · · · · · · · ·	l v l		l v		
	iovance 1 square cm	X	-	X	-	
	leoxflo or clarixflo 1 mg	X	-	X	-	
	leox 100 1 square cm	X	-	X	-	
	evitalon 1 square cm	X	-	X	-	
	erecis omega3, per sq cm	X	-	X	-	
	ffinity1 square cm	X	-	X	-	
	lushield 1 square cm	X	-	X	-	
	io-connekt wound matrix, per square centimeter	X	-	X	-	
	Vndex flw, bioskn flw, 0.5cc	X	-	X	-	
	Voundex, bioskin, per sq cm	Х	-	Х	-	
	elicoll, per square centimeter	Х	-	Х	-	
	eramatrix, per square centimeter	Χ	-	X	-	
	ruskin, per sq centimeter	Х	-	Х	-	
	mnioband, 1 mg	Х	-	Х	-	
Q4169 A	rtacent wound, per sq cm	Χ	-	Χ	-	
Q4170 C	lygnus, per sq cm	Χ	-	Χ	-	
Q4171 In	nterfyl, 1 mg	Х	-	Χ	-	
Q4173 P	alingen or palingen xplus	Χ	-	Х	-	
Q4174 Pa	alingen or promatrx	Χ	-	Χ	-	
Q4175 M	liroderm	Χ	-	Χ	-	
Q4176 N	leopatch, per sq centimeter	Χ	-	Χ	-	
	loweramnioflo, 0.1 cc	Х	-	Х	-	
Q4179 FI	lowerderm, per sq cm	Х	-	Х	-	
Q4180 R	evita, per sq cm	Х	-	Х	-	
	mnio wound, per square cm	Х	-	Х	-	
	ranscyte, per sq centimeter	Х	-	Х	-	
	urgigraft, per square centimeter	X	-	Х	-	
	rellesta, per square centimeter	X	-	X	-	
	rellesta flowable amnion (25 mg per cc); per 0.5 cc	X	-	X	-	
	picord, per square centimeter	X	_	X	_	
	mnioarmor, per square centimeter	X	_	X	_	
	rtacent ac, 1 mg	X	-	X	_	
	rtacent ac, per square centimeter	X	_	X		
	estorigin, per square centimeter	X	-	X	-	
	estorigin, 1 cc	X		X		
	vided after certain number of vicite. Limit depends on plan/provider type	^	-	^	-	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Employer / Individual Large Emp			ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
Q4193	Coll-e-derm, per square centimeter	Х	-	Х	-
	Novachor, per square centimeter	Х	-	Х	-
Q4195	Puraply, per square centimeter	Х	-	Х	-
	Puraply am, per square centimeter	Х	-	Х	-
	Puraply xt, per square centimeter	Х	-	Х	-
	Genesis amniotic membrane, per square centimeter	Х	-	Х	-
	Cygnus matrix, per square centimeter	Х	-	Х	-
	Skin te, per square centimeter	Х	-	Х	-
	Matrion, per square centimeter	Х	-	Х	-
	Keroxx (2.5g/cc), 1cc	Х	-	Х	-
Q4203	Derma-gide, per square centimeter	Х	-	Х	-
	Xwrap, per square centimeter	Х	-	Х	-
	Fluid flow or fluid gf 1 cc	Х	-	Х	-
	Surgraft per sq cm	Х	-	Х	-
	Axolotl graf dualgraf sq cm	Х	-	Х	-
	Amnion bio or axobio sq cm	Х	-	Х	-
Q4212	Allogen, per cc	Х	-	Х	-
	Ascent, 0.5 mg	Х	-	Х	-
	Cellesta cord per sq cm	Х	-	Х	-
	Axolotl ambient, cryo 0.1 mg	Х	-	Х	-
Q4216	Artacent cord per sq cm	Х	-	Х	-
	Woundfix biowound plus xplus	Х	-	Х	-
Q4218	Surgicord per sq cm	Х	-	Х	-
	Surgigraft dual per sq cm	Х	-	Х	-
	Bellacell hd, surederm sq cm	Х	-	Х	-
	Amniowrap2 per sq cm	Х	-	Х	-
	Progenamatrix, per sq cm	Х	-	Х	-
	Hhf10-p per sq cm	Х	-	Х	-
	Amniobind, per sq cm	Х	-	Х	-
	Myown harv prep proc sq cm	X	-	X	-
	Amniocore per sq cm	X	-	X	-
	Bionextpatch, per sq cm	X	-	Х	-
	Cogenex amnio memb per sq cm	X	-	Х	-
	Cogenex flow amnion 0.5 cc	X	-	Х	-
	Corplex p, per cc	X	-	X	-

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Description	Small En	nployer / Individual	Large Employer		
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
isclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	unizations, injectable	
rugs, or sp	ecialty medications and should be directed to the Pharmacy link option within the website.					
Q4232	Corplex, per sq cm	Χ	-	Х	-	
Q4233	Surfactor /nudyn per 0.5 cc	Χ	-	Х	-	
Q4234	Xcellerate, per sq cm	Χ	-	Х	-	
Q4235	Amniorepair or altiply sq cm	Χ	-	Х	-	
Q4236	Carepatch per sq cm	Χ	-	Х	-	
Q4237	Cryo-cord, per sq cm	Χ	-	Х	-	
	Derm-maxx, per sq cm	Χ	-	Х	-	
	Amnio-maxx or lite per sq cm	Χ	-	Х	-	
	Corecyte topical only 0.5 cc	Х	-	Х	-	
	Polycyte, topical only 0.5cc	Х	-	Х	-	
	Amniocyte plus, per 0.5 cc	Х	-	Х	-	
	Procenta, per 200 mg	Х	-	Х	-	
	Amniotext, per cc	Х	-	Х	-	
	Coretext or protext, per cc	Х	-	Х	-	
	Amniotext patch, per sq cm	Х	-	Х	-	
	Dermacyte amn mem allo sq cm	Х	-	Х	-	
24249	Amniply, per sq cm	Х	-	Х	-	
	Amnioamp-mp per sq cm	Х	-	Х	-	
	Vim, per square centimeter	Х	-	Х	-	
	Vendaje, per square centimeter	Х	-	Х	-	
	Zenith amniotic membrane, per square centimeter	Х	-	Х	-	
	Reguard, topical use per sq	Х	-	Х	-	
	Mlg complet, per sq cm	Х	-	Х	-	
	Relese, per sq cm	Х	-	Х	-	
	Enverse, per sq cm	Х	-	Х	-	
	Celera dual layer or celera dual membrane, per square centimeter	Х	-	Х	-	
	Signature apatch, per square centimeter	X	-	X	-	
	Tag, per square centimeter	X	-	X	-	
	Dual layer impax membrane, per square centimeter	X	-	X	-	
	Surgraft tl, per square centimeter	X	_	X	_	
	Cocoon membrane, per square centimeter	X	-	X	_	
	Neostim tl, per square centimeter	X	_	X	_	
	Neostim membrane, per square centimeter	X	-	X	-	
	Neostim dl, per square centimeter	X	-	X	_	
	Surgraft ft, per square centimeter	X	_	X	_	

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	Small En	nployer / Individual	Lai	ge Employer
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are udrugs, or specialty medications and should be directed to the Pharmacy link option within the website.	pdated quarterly. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable
Q4269 Surgraft xt, per square centimeter	X	-	Х	-
Q4270 Complete sl, per square centimeter	Х	-	Х	-
Q4271 Complete ft, per square centimeter	Х	-	Х	-
Q4272 Esano a, per square centimeter	Х	-	Х	-
Q4273 Esano aaa, per square centimeter	Х	-	Х	-
Q4274 Esano ac, per square centimeter	Х	-	Х	-
Q4275 Esano aca, per square centimeter	Х	-	Х	-
Q4276 Orion, per square centimeter	Х	-	Х	-
Q4277 Woundplus membrane or e-graft, per square centimeter	Х	-	Х	-
Q4278 Epieffect, per square centimeter	Х	-	Х	-
Q4278 Epieffect, per square centimeter	Х	-	Х	-
Q4279 Vendaje AC, per sq cm	Х	-	Х	-
Q4280 Xcell amnio matrix, per square centimeter	Х	-	Х	-
Q4281 Barrera sl or barrera dl, per square centimeter	Х	-	Х	-
Q4282 Cygnus dual, per square centimeter	Х	-	Х	-
Q4283 Biovance tri-layer or biovance 3I, per square centimeter	Х	-	Х	-
Q4284 Dermabind sl, per square centimeter	Х	-	Х	-
Q4287 DermaBind DL, per sq cm	Х	-	Χ	-
Q4288 DermaBind CH, per sq cm	Х	-	Χ	-
Q4289 RevoShield+ Amniotic Barrier, per sq cm	Х	-	Х	-
Q4290 Membrane Wrap-Hydro™, per sq cm	Х	-	Х	-
Q4291 Lamellas XT, per sq cm	Х	-	Х	-
Q4292 Lamellas, per sq cm	Х	-	Χ	-
Q4293 Acesso DL, per sq cm	X	_	Х	-
Q4294 Amnio Quad-Core, per sq cm	X	_	Х	-
Q4295 Amnio Tri-Core Amniotic, per sq cm	X	_	Х	-
Q4296 Rebound Matrix, per sq cm	X	_	Х	-
Q4297 Emerge Matrix, per sq cm	X	_	Х	-
Q4298 AmniCore Pro, per sq cm	X	_	Х	-
Q4299 AmniCore Pro+, per sq cm	X	_	X	_
Q4300 Acesso TL, per sq cm	X	_	X	_
Q4301 Activate Matrix, per sq cm	X	_	X	_
Q4302 Complete ACA, per sq cm	X	-	X	_
Q4303 Complete AA, per sq cm	X	-	X	_
Q4304 Grafix plus, per sq cm	<u> </u>	X	_	Х
Property pooded after cortain number of visits. Limit depends on plan/provider type	_			

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small Er	nployer / Individual	Lai	ge Employer
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	e note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarter y medications and should be directed to the Pharmacy link option within the website.	ly. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable
Q4305 Ame	erican amnion ac tri-layer, per square centimeter	Х	-	Х	-
	erican amnion ac, per square centimeter	Х	-	Х	-
Q4307 Ame	erican amnion, per square centimeter	Х	-	Х	-
	opellis, per square centimeter	Х	-	Х	-
	matrix, per square centimeter	Х	-	Х	-
	centa, per 100 mg	Х	-	Х	-
	sso, per square centimeter	Х	-	Х	-
Q4312 Ace	sso ac, per square centimeter	Х	-	Х	-
Q4313 Deri	mabind fm, per square centimeter	Х	-	Х	-
Q4314 Ree	eva ft, per square cenitmeter	Х	-	Х	-
	penelink amniotic membrane allograft, per square centimeter	Х	-	Х	-
	choplast, per square centimeter	Х	-	Х	-
	graft, per square centimeter	Х	-	Х	-
	raft, per square centimeter	Х	-	Х	-
	ograft, per square centimeter	Х	-	Х	-
	ograft, per square centimeter	Х	-	Х	-
	ograft, per square centimeter	Х	-	Х	-
	egraft, per square centimeter	Х	-	Х	-
	ply, per square centimeter	Х	-	Х	-
	niotx, per square centimeter	Х	-	Х	-
	patch, per square centimeter	Х	-	Х	-
	undplus, per square centimeter	Х	-	Х	-
	pamnion, per square centimeter	Х	-	Х	-
	st, per square centimeter	Х	-	Х	-
	glay, per square centimeter	Х	-	Х	-
	al, per square centimeter	Х	-	Х	-
	lotl graft, per square centimeter	Х	-	Х	-
	lotl dualgraft, per square centimeter	Х	-	Х	-
	eograft, per square centimeter	Х	-	Х	-
	nioplast 1, per square centimeter	X	-	Х	-
	nioplast 2, per square centimeter	Х	-	Х	-
	icent c, per square centimeter	X	-	Х	-
	acent trident, per square centimeter	X	-	Х	-
	icent velos, per square centimeter	X	-	Х	-
	icent vericlen, per square centimeter	X	-	X	_

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorizatior Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
Q4340	Simpligraft, per square centimeter	Х	-	Х	-	
Q4341	Simplimax, per square centimeter	Χ	-	Х	-	
Q4342	Theramend, per square centimeter	Χ	-	Х	-	
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Χ	-	Х	-	
Q4344 ·	Tri-membrane wrap, per square centimeter	Χ	-	Х	-	
Q4345	Matrix hd allograft dermis, per square centimeter	Х	-	Х	-	
	Hospice in assist living	-	Χ	-	Х	
Q5003 I	Hospice in It/non-skilled nf	-	Χ	-	Х	
Q5004	Hospice in snf	-	Х	-	Х	
Q5005	Hospice, inpatient hospital	-	Х	-	Х	
Q5006	Hospice in hospice facility	-	Х	-	Х	
	Hospice in Itch	-	Χ	-	Х	
Q5008	Hospice in inpatient psych	-	Χ	-	Х	
	Hospice, nos	-	Х	-	Х	
Q5010	Hospice home care provided in a hospice facility	-	Х	-	Х	
	Va chaplain assessment	Х	-	Х	-	
29002	Va chaplain counsel individu	Х	-	Х	-	
	Va chaplain counsel group	Х	-	Х	-	
	Va whole health partner serv	Х	-	Х	-	
	Injection, sulfur hexafluoride lipid microspheres, per ml	Х	-	Х	-	
	Transport port x-ray multipl	Х	-	Х	-	
	Transport portable ekg	Х	-	Х	-	
	Partial hospitalization services, less than 24 hours, per diem	-	Х	-	Х	
	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	Х	-	Х	-	
	Paramedic intercept, hospital-based als service (non-voluntary), non transport	Х	-	Х	-	
	Wheelchair van, mileage, per mile	Х	-	Х	-	
	Non-emergency transportation; mileage	Х	-	Х	-	
	Medical conference by physic	Х	-	Х	-	
	Medical conference, 60 min	Х	_	Х	_	
	Comprehensive geriatric assessment and treatment planning performed by assessment team	Х	-	X	-	
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-	Х	-	
	Physician management f patient home care standard monthly case rate per 30 days	Х	-	Х	-	
	Physician management of patient home care hospice monthly case rate per 30 days	X	-	X		
	Physician management of patient home care episodic care monthly case rate per 30 days	X		X		

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	Description	Small En	nployer / Individual	Laı	ge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
S0274	Nurse practioner visit at members home outside of a capitation arrangement	Х	-	Х	-
S0280	Medical home program, comprehensive care coordination and planning, initial plan	Х	-	Х	-
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	Х	-	Х	-
S0285	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Х	-	Х	-
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	Х	-	Х	-
	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	Х	-	Х	-
	Comprehensive management and care coordination for advanced illness, per calendar month	Х	-	Х	_
	Disease management program, initial assessment and initiation of program	X	-	X	_
	Disease management program, followup assessment	X	-	X	_
	Disease management program; per diem	X	-	X	_
	Telephone calls by reg nurse to disease management program member	X	-	X	_
	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	X	-	Х	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	Х	-	Х	-
S0342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	Х	-	Х	-
S0353	Treatment planning and care coordination management for cancer initial treatment	_	X	_	Х
	Treatment planning and care coordination management for cancer established patient with a change of regimen	-	X	-	X
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Х	-	Х	-
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-	Х	-
	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	Х	-
S0508	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	Х	-
	Non-prescription lens (safety, athletic, or sunglass), per lens	Х	-	Х	-
S0516	Safety eyeglass frames	Х	-	Х	-
	Sunglasses frames	Х	-	Х	-
	Polycarbonate lens (list this code in addition to the basic code for the lens)	Х	-	Х	-
	Nonstandard lens (list this code in addition to the basic code for the lens)	Х	-	Х	-
	Integral lens service, miscellaneous services reported separately	Х	-	Х	-
	Dispensing new spectacle lenses for patient supplied frame	Х	-	Х	-
	Phakic intraocular lens for correction of refractive error	X	-	X	-

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		Small Employer / Individual		Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the specialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
S0618	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Х	=	Х	-	
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem	Х	-	Х	-	
S0800	Laser in situ keratomileusis	Х	-	Х	-	
S0810	Photorefractive keratectomy	Х	-	Х	-	
S0812	Phototheraputic keratectomy (ptk)	Х	-	Х	-	
	Deluxe item, patient aware (list in addition to code for basic item)	Х	-	Х	-	
	Customized item (list in addition to code for basic item)	Х	-	Х	-	
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	-	Х	-	Х	
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	-	Х	-	Х	
S2053	Transplantation of small int	Х	_	Х	_	
	Transplantation of multivisc	X	-	X	-	
	Harvesting of donor multivis	X	_	X	_	
	Lobar lung transplantation	-	Х	-	Х	
	Donor lobectomy (lung)	- 1	X	-	X	
	Simultaneous pancreas kidney transplantation	- 1	X	-	X	
	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Х	<u> </u>	Х	_	
	Islet cell tissue transplant	Х	-	Х	-	
	Adrenal tissue transplant	Х	-	Х	-	
	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	Х	-	Х	-	
S2140	Cord blood harvesting	-	Х	_	Х	
	Cord blood-derived stem-cell	Х	-	Х	-	
	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	-	Х	-	Х	
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,	Х	-	Х	-	
S2202	Echosclerotherapy	Х		Х		
	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	X	-	X	-	
S2260	Induced abortion, 17 to 24 weeks, any surgical method	Х		Х		
	Abortion for fetal indication, 25-28 weeks	X	<u> </u>	X	<u> </u>	
	Abortion for fetal indication, 29-31 weeks Abortion for fetal indication, 29-31 weeks	X		X		

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		Small Employer / Individual Large Employ			
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable
S2267	Abortion for fetal induction, 32 weeks or greater	Х	-	Х	-
S2300	Arthroscopy, shoulder, surgi	Χ	-	Х	-
	Decompress disc rf lumbar	Χ	-	Х	-
S2350	Diskectomy, anterior, with d	Χ	-	Х	-
S2351	Diskectomy, anterior, with d	Χ	-	Х	-
S2405	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Х	-	Х	-
	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Х	-	Х	-
	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-	Х	-
	Performance measurement, evaluation of patient self assessment, depression	Х	-	Х	-
	Saliva test, hormone level;	Х	-	Х	-
S3652	Saliva test, hormone level;	Х	-	Х	-
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	-	Х	-	Х
	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	-	Х	-	Х
S3841	Genetic testing for retinoblastoma	_	X	 	X
	Genetic testing for von hippel-lindau disease	_	X	 	X
	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	_	X	_	X
	Genetic testing for alpha-thalassemia	_	X	_	X
	Genetic testing for hemoglobin e beta-thalassemia	_	X	_	X
	Genetic testing for niemann-pick disease	_	X	_	X
	Genetic testing for sickle cell anemia	_	X	_	X
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	Х	-	Х	-
	Genetic testing for myotonic muscular dystrophy	-	X	-	Х
	Gene expression profiling panel for use in the management of breast cancer treatment	_	X	_	X
	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	-	X	-	X
S2965	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	_	X		Х
	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an	 -		+ -	
	individual with a known hom mu	-	Χ	-	X
	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	-	Х	-	Х
S3900	Surface electromyography (emg)	Х	_	Х	_
	Masters two step	X	_	X	_

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		Small Employer / Individual Large Employer			
Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imm	unizations, injectable
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	Х	-	Х	_
	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	Х	-	Х	-
	Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-	Х	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-	X	_
	Complete in vitro fertilization cycle, case rate	X	-	X	_
	Frozen in vitro fertilization cycle, case rate	Х	-	X	-
	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	-	Х	-
	Frozen embryo transfer procedure cancelled before transfer, case rate	X	-	X	-
	In vitro fertilization procedure cancelled before aspiration, case rate	Х	-	Х	-
	In vitro fertilization procedure cancellation after aspiration, case rate	Х	-	Х	-
	Assisted oocyte fertilization, case rate	Х	-	Х	-
	Donor egg cycle, incomplete, case rate	Х	-	Х	-
	Donor services for in vitro fertilization (sperm or embryo), case rate	Х	-	Х	-
	Procurement of donor sperm from sperm bank	Х	-	Х	-
	Storage of previously frozen embryos	Х	-	Х	-
	Microsurgical epididymal sperm aspiration (mesa)	Х	-	Х	-
	Sperm procurement and cryopreservation services; initial visit	Х	-	Х	-
	Sperm procurement and cryopreservation services; subsequent visit	Х	-	Х	-
	Stimulated intrauterine insemination (iui), case rate	Х	-	Х	-
	Cryopreserved embryo transfer, case rate	Х	-	Х	-
	Monitoring and storage of cryopreserved embryos, per 30 days	Х	-	Х	-
	Ovulation mgmt per cycle	Х	-	Х	-
	Penile contracture device, manual, greater than 3 lbs traction force	Х	-	Х	-
	Nicotine patches, legend	X	-	Х	-
	Nicotine patches, non-legend	Х	-	Х	-
	Contraceptive pills for birth control	Х	-	Х	1
S4995	Smoking cessation gum	X	-	Х	-
S5000	Prescription drug, generic	X	-	Х	-
	Prescription drug, brand name	X	-	Х	-
	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	-	Х	-	Х
	Home infusion therapy, repair of infusion device (e.g., pump repair)	-	Х	-	Х
	Day care services, adult, per 15 minutes	Х	-	Х	-
	Day care services, adult, per half day	Х	-	Х	-
	Day care services, adult, per diem	Х	-	Х	-

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		Small En	nployer / Individual	Large Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
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S5105	Day care services, center based, not incl in program fee, per diem	Х		Х	-
	Home care training to home care client, per 15 minutes	-	X	-	X
	Home care training to home care client, per 15 minutes per session	-	X	_	X
	Home care training, family, per 15 minutes	Х	-	Х	-
	Home care training, family, per session	X	_	Х	-
	Home care training, non-family, per 15 minutes	X	_	Х	-
	Home care training, non-family, per session	X	_	Х	-
	Chore services, per 15 minutes	X	_	Х	-
	Home care training, family, per diem	X	-	Х	-
	Attendant care services, per 15 minutes	Х	-	Х	-
	Attendant care services, per diem	Х	-	Х	-
	Homemaker service, nos, per 15 minutes	Х	-	Х	-
	Homemaker services, nos, per diem	Х	-	Х	-
	Companion care, adult, per 15 minutes	Х	-	Х	-
S5136	Companion care, adult, per diem	Х	-	Х	-
	Foster care, adult, per diem	Х	-	Х	-
S5141	Foster care, adult, per month	Х	-	Х	-
S5145	Foster care, therapeutic, child, per diem	Х	-	Х	-
S5146	Foster care, therapeutic, child, per month	Х	-	Х	-
S5150	Unskilled respite care, not hospice, per 15 minutes	Х	-	Χ	-
S5151	Unskilled respite care, not hospice, per diem	Х	-	Χ	-
S5160	Emergency response system, installation and testing	Х	-	Χ	-
S5161	Emergency response system, service fee per month	Х	-	Χ	-
S5162	Emergency response system, purchase only	Х	-	Χ	-
S5165	Home modifications, per service	Х	-	Х	=
S5170	Home delivered meals, including preparation, per meal	Х	-	Х	=
S5175	Laundry service, external, professional, per order	Х	-	Х	=
S5180	Home health respiratory therapy, initial evaluation	-	Χ	-	Х
S5181	Home health respiratory therapy, nos, per diem	-	Χ	-	Χ
S5185	Medication reminder services, no face to face, per month	Х	-	Х	-
	Wellness assessment, performed by non-physician	Х	-	Х	-
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Х	-	Х	-
S8035	Magnetic source imaging	-	-	Х	-
S8040	Topographic brain mapping	Х	-	Χ	-

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		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the pecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used					
	when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction	Х	-	Х	-	
S8085	Fluorine-18 fluorodeoxygluco	Х	-	Х	-	
S8092	Electron beam computed tomog	Х	-	Х	-	
S8130	Interferential current stimulator, 2 channel	Х	-	Х	-	
S8131	Interferential current stimulator, 4 channel	Х	-	Х	-	
S8415	Supplies for home delivery of infant	Х	-	Х	-	
S8930	Auricular electrostim	Х	-	Х	-	
S8940	Equestrian/hippotherapy, per session	Х	-	Х	-	
S8948	Application of a modality (requiring constant provider attendance) to one or	Х	-	Х	-	
	Complex lymphedema therapy,	Х	-	Х	-	
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Х	-	Х	-	
	Home uterine monitor with or	Х	-	Х	-	
	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Х	-	Х	-	
S9007	Ultrafiltration monitor	_	Х	-	Х	
	Paranasal sinus ultrasound	Х	-	Х	-	
	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	Х	-	Х	-	
	Procuren or other growth fac	Х	-	Х	-	
	Coma stimulation per diem	Х	-	Х	-	
	Vertebral axial decompressio	Х	-	Х	-	
	Home visit for wound care	-	Х	-	Х	
	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	-	Х	-	Х	
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per	Х	-	Х	-	
S9117	Back school, per visit	_	X*	_	X*	
	Home health aide or certifie	Х	-	Х	-	
	Nursing care, in the home; b	X	-	-	Х	
	Nursing care, in the home; b	X	_	-	X	
	Respite care, in the home, p	X	_	Х	-	
	Hospice care, in the home, p	-	X	-	X	
	Social work visit, in the ho	_	X	_	X	
			X*		X*	

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	Not overed	Preauthorization		rge Employer	
·	OVATAC		Not	Preauthorization	
Elease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these codes	•	Required	Covered	Required	
specialty medications and should be directed to the Pharmacy link option within the website.	ding lists d	do not reflect information	regarding immu	ınizations, injectable	
Occupational therapy, in the	-	X*	- 1	Χ*	
Physical therapy, in the home, per diem	-	X*	-	Χ*	
Diabetic management program,	Χ	-	Χ	-	
Diabetic management program,	Χ	-	Х	-	
Insulin pump initiation, instruction in initial use of pump (pump not included)	Χ	-	Х	-	
Evaluation by ocularist	Χ	-	Х	-	
Speech therapy, re-evaluation	-	Х	-	Х	
Delivery or service to high risk areas requiring escort or extra protection, per visit	Χ	-	Х	-	
Pharmacy compounding and dispensing services	Χ	-	Х	-	
Med food non inborn err meta	Χ	-	Х	-	
Childbirth preparation/lamaze classes, non-physician provider, per session	Χ	-	Х	-	
Childbirth refresher classes, non-physician provider, per session	Χ	-	Х	-	
Cesarean birth classes, non-physician provider, per session	Χ	-	Х	-	
Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	Χ	-	Χ	-	
Birthing classes, non-physician provider, per session	Χ	-	Х	-	
Parenting classes, non-physician provider, per session	Χ	-	Х	-	
Infant safety (including cpr) classes, non-physician provider, per session	Χ	-	Х	-	
Weight management classes, non-physician provider, per session	Χ	-	Х	-	
Exercise classes, non-physician provider, per session	Χ	-	Х	-	
Smoking cessation classes, non-physician provider, per session	Χ	-	Х	-	
Stress management classes, non-physician provider, per session	Χ	-	Х	-	
Cardiac rehabilitation progr	Χ	-	Х	-	
Pulmonary rehabilitation pro	Χ	-	Х	-	
Enterostomal therapy by a re	Χ	-	Х	-	
Ambulatory setting substance	-	Χ	-	Χ	
Vestibular rehabilitation program, non-physician provider, per diem	Χ	-	Х	-	
Intensive outpatient psychia	-	Х	-	Х	
Family stabilization services, per 15 minutes	Χ	-	Х	-	
Crisis intervention mental health services, per hour	-	Χ	-	Χ	
Crisis intervention mental h	-	Х	-	Х	
Services by a journal-listed christian science practitioner for the purpose of healing, per diem	Х	-	Х	-	
Christian sci nurse visit	Χ	-	Х	-	
Air ambulanc nonemerg fixed	Х	-	Х		
Air ambulan nonemerg rotary	Х	-	Х	-	
Health club membership, annual	Х	-	Х		

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^{**}Preauth after 3rd rental month when doesn't met criteria.



		Small En	nployer / Individual	Large Employer		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the ecialty medications and should be directed to the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	unizations, injectable	
S9975	Transplant related lodging, meals and transportation, per diem	Х	-	Х	-	
S9976	Lodging, per diem, not otherwise specified	Χ	-	Х	-	
S9977	Meals, per diem, not otherwise specified	Χ	-	Х	-	
S9981	Medical records copying fee, administrative	Χ	-	Х	-	
S9982	Medical records copying fee, per page	Χ	-	Х	-	
	Not medically necessary service (patient is aware that service not medically necessary)	Χ	-	Х	-	
	Services provided outside of the united states of america (list in addition to code(s) for service(s)	Х	-	Х	-	
S9992	Transportation costs to and	Х	-	Х	-	
	Lodging costs (e.g. hotel ch	Х	-	Х	-	
	Meals for clinical trial par	Х	-	Х	-	
	Sales tax	Х	-	Х	-	
	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Х	-	-	Х	
	Nursing assessment/evaluation	Х	-	-	Х	
	Rn services, up to 15 minutes	Х	-	-	Х	
	Lpn/lvn services, up to 15 minutes	Х	-	-	Х	
	Services of a qualified nursing aide, up to 15 minutes	Х	-	Х	-	
	Respite care services, up to 15 minutes	Х	-	Х	-	
	Alcohol and/or substance abuse services, family/couple counseling	Х	-	Х	-	
	Alcohol and/or substance abuse services, treatment plan development and/or modification	Х	-	Х	-	
	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	Х	-	Х	-	
T1010	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-	Х	-	
T1012	Alcohol and/or substance abuse services, skills development	Х	-	Х	-	
	Sign language or oral interpreter services	X	-	X	-	
	Telehealth transmission, per minute, professional services bill separately	Х	-	Х	-	
	Clinic visit/encounter, all-inclusive	Х	-	Х	-	
	Case management, each 15 minutes	Х	-	Х	-	
	Targeted case management, each 15 minutes	Х	-	Х	-	
	School-based individualized education program (iep) services, bundled	Х	-	Х	-	
	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	Х	-	Х	-	
	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-	Х	-	

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		Small Er	nployer / Individual	Large Employer		
Codes	Description		Preauthorization Required	Not Covered	Preauthorization Required	
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T1021	Home health aide or certified nurse assistant, per visit	Х	-	Х	-	
T1022	Contracted home health agency services, all services provided under contract,per day	Х	-	Х	-	
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, pr	Х	-	Х	-	
T1024	Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	Х	-	Х	-	
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-	Х	-	
T1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-	Х	-	
T1027	Family training and counseling for child development, per 15 minutes	Х	-	Х	-	
	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	-	Х	-	
T1029	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Х	-	Х	-	
	Nursing care, in the home, by registered nurse, per diem	-	Х	-	Х	
	Nursing care, in the home, by licensed practical nurse, per diem	-	Х	-	Х	
	Services performed by a doula birth worker, per 15 minutes	Х	-	Х	-	
	Services performed by a doula birth worker, per diem	Х	-	Х	-	
T1040	Comm bh clinic svc per diem	Х	-	Х	-	
T1041	Comm bh clinic svc per month	Х	-	Х	-	
T1505	Elec med comp dev, noc	Х	-	Х	-	
T2001	Non-emergency transportation; patient attendant/escort	Χ	•	X	-	
T2002	Non-emergency transportation; per diem	Х	-	Χ	-	
T2003	Non-emergency transportation; encounter/trip	Х	•	Χ	-	
T2004	Non-emergency transport; commercial carrier, multi-pass	Χ	-	Χ	-	
	Non-emergency transportation; non-ambulatory stretcher van	Х	-	Х	-	
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Х	-	Х	-	
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	Х	-	Х	-	
	Preadmission screening and resident review (pasrr) level ii eval, per eval	Х	-	Х	-	
	Habilitation, educational; waiver, per diem	Х	-	Х	-	
	Habilitation, educational, waiver; per hour	Х	-	Х	-	
	Habilitation, prevocational, waiver; per diem	Х	-	Х	-	
	Habilitation, prevocational, waiver; per hour	Х	-	Х	-	
	Habilitation, residential, waiver; per diem	Х	-	Х	-	

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		Small Employer / Individual Lar			rge Employer	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
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T2017	Habilitation, residential, waiver; 15 minutes	Х	-	Х	-	
	Habilitation, supported employment, waiver; per diem	Х	-	Х	-	
T2019	Habilitation, supported employment, waiver; per 15 minutes	Х	-	Х	-	
T2020	Day habilitation, waiver; per diem	Х	-	Х	-	
T2021	Day habilitation, waiver; per 15 minutes	Х	-	Х	-	
	Case management, per month	Х	-	Х	-	
	Targeted case management; per month	Х	-	Х	-	
	Service assessment/plan of care development, waiver	Х	-	Х	-	
	Waiver services; not otherwise specified (nos)	Х	-	Х	-	
	Specialized childcare, waiver; per diem	Х	-	Х	-	
	Specialized childcare, waiver; per 15 minutes	Х	-	Х	-	
	Specialized supply, not otherwise specified, waiver	Х	-	Х	-	
	Specialized medical equipment, not otherwise specified, waiver	Х	-	Х	-	
	Assisted living, waiver; per month	Х	-	Х	-	
	Assisted living; waiver, per diem	Х	-	Х	-	
	Residential care, not otherwise specified (nos), waiver; per month	Х	-	Х	-	
	Residential care, not otherwise specified (nos), waiver; per diem	Х	-	Х	-	
	Crisis intervention, waiver; per diem	Х	-	Х	-	
	Utility services to support medical equipment and assistive technology/devices, waiver	Х	-	Х	-	
	Therapeutic camping, overnight, waiver; each session	Х	-	Х	-	
	Therapeutic camping, day, waiver; each session	Х	-	Х	-	
	Community transition, waiver; per service	Х	-	Х	-	
	Vehicle modifications, waiver; per service	Х	-	Х	-	
	Financial management, self-directed, waiver; per 15 minutes	Х	-	Х	-	
	Supports brokerage, self-directed, waiver; per 15 minutes	Х	-	Х	-	
	Hospice routine home care; per diem	-	Х	-	Х	
	Hospice continuous home care; per hour	-	Х	-	Х	
	Hospice inpatient respite care; per diem	Х	-	Х	-	
	Hospice general inpatient care; per diem	-	Х	-	Х	
	Hospice long term care, room and board only; per diem	Х	-	Х	-	
	Hab prevo waiver per 15	Х	-	Х	-	
	Behavioral health; long-term care residential (non-acute care in a residential program, per diem	Х	-	Х	-	
T2049	Non-emergency transportation; stretcher van, mileage; per mile	Х	-	Х	-	
T2050	Financial mgt waiver/diem	Х	-	Х	-	

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		Small En	nployer / Individual	Large Employer	
Codes	Description	Not	Preauthorization	Not	Preauthorization
		Covered	Required	Covered	Required
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T2051	Support broker waiver/diem	Х	-	Х	-
T4521	Adult size brief/diaper sm	Χ	-	Χ	-
T4522	Adult size brief/diaper med	Χ	-	Χ	-
T4523	Adult size brief/diaper Ig	Χ	-	Χ	-
T4524	Adult size brief/diaper xl	Χ	-	Χ	-
T4525	Adult size pull-on sm	Χ	-	Χ	-
T4526	Adult size pull-on med	Χ	-	Χ	-
T4527	Adult size pull-on Ig	Χ	-	Χ	-
T4528	Adult size pull-on xl	Х	-	Х	-
T4529	Ped size brief/diaper sm/med	Χ	-	Х	-
T4530	Ped size brief/diaper Ig	Χ	-	Х	-
T4531	Ped size pull-on sm/med	Χ	-	Х	-
T4532	Ped size pull-on lg	Χ	-	Х	-
T4533	Youth size brief/diaper	Χ	-	Х	-
T4534	Youth size pull-on	Χ	-	Х	-
T4535	Disposable liner/shield/pad	Χ	-	Х	-
T4536	Reusable pull-on any size	Χ	-	Х	-
T4537	Reusable underpad bed size	Х	-	Х	-
T4538	Diaper serv reusable diaper	Χ	-	Х	-
T4539	Reuse diaper/brief any size	Χ	-	Х	-
T4540	Reusable underpad chair size	Χ	-	Х	-
T4541	Large disposable underpad	Χ	-	Х	-
T4542	Small disposable underpad	Χ	-	Х	-
T4543	Disposable incontinence product, brief/diaper, bariatric, each	Χ	-	Х	-
T4544	Adlt disp und/pull on abv xl	Χ	-	Х	-
T4545	Incontinence product, disposable, penile wrap, each	Χ	-	Х	-
T5001	Positioning seat for persons with special orthopedic needs, for use in vehicles	Х	-	Х	-
V2020	Vision svcs frames purchases	-	-	Х	-
V2025	Eyeglasses delux frames	Χ	-	Х	-
V2100	Lens spher single plano 4.00	-	-	Х	-
V2101	Single visn sphere 4.12-7.00	-	-	Χ	-
	Singl visn sphere 7.12-20.00	-	-	Х	_
V2103	Spherocylindr 4.00d/12-2.00d	-	-	Х	_
V2104	Spherocylindr 4.00d/2.12-4d	-	-	Х	-
	Spherocylinder 4.00d/4.25-6d	-	-	Χ	-

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	Description	Small En	nployer / Individual	Laı	ge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	by plan type and may not follow the listed services. These codes are upda	ated quarterly. Additionally, these coding lists	do not reflect information	regarding imm	unizations, injectable
3 , 1, ,	rected to the Pharmacy link option within the website.				
V2106 Spherocylinder 4.00d/>6.0		-	-	Х	-
V2107 Spherocylinder 4.25d/12-2		-	-	Χ	-
V2108 Spherocylinder 4.25d/2.12		-	-	Χ	-
V2109 Spherocylinder 4.25d/4.25	5-6d	-	-	Χ	-
V2110 Spherocylinder 4.25d/ove	r 6d	-	-	Χ	-
V2111 Spherocylindr 7.25d/.25-2	25	-	-	Χ	-
V2112 Spherocylindr 7.25d/2.25-	-4d	-	-	Χ	-
V2113 Spherocylindr 7.25d/4.25-	·6d	-	-	Χ	-
V2114 Spherocylinder over 12.00		-	-	Х	-
V2115 Lens lenticular bifocal		-	-	Х	-
V2118 Lens aniseikonic single		-	-	Х	-
V2121 Lenticular lens, per lens,	single	-	-	Χ	-
V2200 Lens spher bifoc plano 4.		-	-	Х	-
V2201 Lens sphere bifocal 4.12-		-	_	Х	-
V2202 Lens sphere bifocal 7.12-		_	_	Х	-
V2203 Lens sphcyl bifocal 4.00d		_	-	Х	-
V2204 Lens sphcy bifocal 4.00d/		_	-	Х	-
V2205 Lens sphcy bifocal 4.00d/		_	-	Х	-
V2206 Lens sphcy bifocal 4.00d/		_	-	Х	-
V2207 Lens sphcy bifocal 4.25-7		_	-	X	_
V2208 Lens sphcy bifocal 4.25-7		_	_	X	_
V2209 Lens sphcy bifocal 4.25-7		_	_	X	_
V2210 Lens sphcy bifocal 4.25-7			_	X	
V2211 Lens sphcy bifo 7.25-12/.			_	X	
V2212 Lens sphcyl bifo 7.25-12/2				X	
V2213 Lens sphcyl bifo 7.25-12/4				X	
V2214 Lens sphcyl bifocal over 1			_	X	
V2215 Lens lenticular bifocal	<u></u>	_		X	
V2218 Lens aniseikonic bifocal				X	
V2219 Lens bifocal seg width over		-		X	
V2220 Lens bifocal add over 3.2		-	<u>-</u>	X	<u>-</u>
V2220 Lens bilocal add over 3.25		-	<u> </u>	X	-
	ліосаі	-			-
/2299 Lens bifocal speciality			-	X	-
V2300 Lens sphere trifocal 4.000		-	-	X	-
V2301 Lens sphere trifocal 4.12-	/.	-	-	Χ	-

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	Description	Small Employer / Individual Large Em			rge Employer
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imm	unizations, injectable
	ty medications and should be directed to the Pharmacy link option within the website.			_	
	ns sphere trifocal 7.12-20	-	-	Х	-
	ns sphcy trifocal 4.0/.12-	-	-	X	-
	ns sphcy trifocal 4.0/2.25	-	-	Х	-
	ns sphcy trifocal 4.0/4.25	-	-	Х	-
V2306 Len	ns sphcyl trifocal 4.00/>6	-	-	Х	-
V2307 Len	ns sphcy trifocal 4.25-7/.	-	-	Χ	-
V2308 Len	ns sphc trifocal 4.25-7/2.	-	-	Χ	-
V2309 Len	ns sphc trifocal 4.25-7/4.	-	•	Χ	•
V2310 Len	ns sphc trifocal 4.25-7/>6	-	-	Х	-
V2311 Len	ns sphc trifo 7.25-12/.25-	-	-	Х	-
V2312 Len	ns sphc trifo 7.25-12/2.25	-	-	Х	-
V2313 Len	ns sphc trifo 7.25-12/4.25	-	-	Х	-
V2314 Len	ns sphcyl trifocal over 12	-	-	Х	-
V2315 Len	ns lenticular trifocal	-	-	Х	-
V2318 Len	ns aniseikonic trifocal	-	-	Х	-
	ns trifocal seg width > 28	-	-	Х	-
	ns trifocal add over 3.25d	-	-	Х	-
	nticular lens, per lens, trifocal	-	-	Х	-
	ns trifocal speciality	Х	-	Х	-
	ns variab asphericity sing	Х	-	Х	-
	ns variable asphericity bi	Х	-	Х	-
	iable asphericity lens	Х	-	Х	-
	cct lens hydrophil photoch	Х	-	Х	-
	ntact lens, hydrophilic, with blue-violet filter, per lens	Х	-	Х	-
	nd held low vision aids	Х	-	Х	-
	gle lens spectacle mount	Х	-	Х	-
	escop/othr compound lens	Х	-	Х	-
V2700 Bala		-	-	Х	-
	ss/plastic slab off prism	-	-	X	-
V2715 Pris	,	_	-	X	-
	snell prism press-on lens	Х	-	X	_
	ecial base curve	-	-	X	-
	t photochromatic lens/es	_	_	X	-
	dition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	_	-	X	-
	i-reflective coating	_	_	X	_
	interiective Coating	_	_	^	

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Covered Required Covered C		Description	Small En	nployer / Individual	Laı	ge Employer
1986 or specially medications and should be directed to the Pharmacy link option within the website. 2756 Eye glass case	Codes					Preauthorization Required
2756 Eye glass case				do not reflect information	regarding imm	unizations, injectable
Scratch resistant coating	V2755	Uv lens/es	-	-	Х	-
Scratch resistant coating	V2756	Eye glass case	Х	-	Х	-
Mirror coating, any type, solid, gradient or equal, any lens material, per lens			-	-	Х	-
2762 Polarization, any lens material, per lens		•	Х	-	Х	-
2770 Occluder lens/es - - X - - X - - - X - -			X	-	Х	-
Progressive lens per lens			-	-	Х	-
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens -	V2780	Oversize lens/es	-	-	Х	-
Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens -	V2781	Progressive lens per lens	-	-	Х	-
Lens, polycarbonate or equal, any index, per lens			-	-		-
2784 Lens, polycarbonate or equal, any index, per lens X - 2786 Specialty occupational multifocal lens, per lens X - X - 2786 Specialty occupational multifocal lens, per lens X - X - X - 2788 Presbyopia correcting function of intraocular lens X - X - X - 2788 Presbyopia correcting function of intraocular lens X - X - X - 2797 Vision supply, accessory and/or service component of another hcpcs vision code - - X			-	-	Х	-
2786 Specialty occupational multifocal lens, per lens X	V2784	Lens, polycarbonate or equal, any index, per lens	-	-	Х	-
Astigmatism correcting function of intraocular lens X			Х	-	Х	-
Presbyopia correcting function of intraocular lens X			Х	-	Х	-
Vision supply, accessory and/or service component of another hcpcs vision code			Х	-	Х	-
		, i	-	-	Х	-
			-	Х	-	Х
	V5011	Hearing aid fitting/checking	-	Х	-	Х
15020 Conformity evaluation -			-	Х	-	Х
15030 Body-worn hearing aid air -			-	Х	-	Х
75040 Body-worn hearing aid bone - X - X 75050 Hearing aid monaural in ear - X - X 75060 Behind ear hearing aid - X - X 75070 Glasses air conduction - X - X 75080 Glasses bone conduction X - X - 75090 Hearing aid dispensing fee X - X - 75090 Semi-implantable middle ear hearing prosthesis X - X - 75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaural hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural			-	Х	-	Х
5050 Hearing aid monaural in ear -			-		-	
75060 Behind ear hearing aid - X - X 75070 Glasses air conduction - X - X 75080 Glasses bone conduction X - X - 75090 Hearing aid dispensing fee X - X - 75095 Semi-implantable middle ear hearing prosthesis X - X - 75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X			-		-	
5070 Glasses air conduction - X - X - X - X -		<u> </u>	-	Х	-	
75080 Glasses bone conduction X - X - 75090 Hearing aid dispensing fee X - X - 75095 Semi-implantable middle ear hearing prosthesis X - X - 75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X		<u> </u>	-	Х	-	
75095 Semi-implantable middle ear hearing prosthesis X - X - 75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X			Х	-	Х	-
75095 Semi-implantable middle ear hearing prosthesis X - X - 75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X	V5090	Hearing aid dispensing fee	Х	-	Х	-
75100 Body-worn bilat hearing aid - X - X 75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing aid - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X				-		-
75110 Hearing aid dispensing fee - X - X 75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing ai - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X		1 01	-	Х	-	Х
75120 Body-worn binaur hearing aid - X - X 75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing ai - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X		,	_		-	
75130 In ear binaural hearing aid - X - X 75140 Behind ear binaur hearing ai - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X		<u> </u>	_		-	
75140 Behind ear binaur hearing ai - X - X 75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X			_		-	
75150 Glasses binaural hearing aid - X - X 75160 Dispensing fee binaural - X - X			_		-	
/5160 Dispensing fee binaural - X - X		<u> </u>	_		_	
		<u> </u>	_		 	
		Hearing aid, contralateral routing device, monaural, in the ear (ite)	 	X	Х	

^{*}Preauth needed after certain number of visits. Limit depends on plan/provider type.

^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small	Small Employer / Individual Large Employer			
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. Thes drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	e codes are updated quarterly. Additionally, these coding lis	ts do not reflect information	regarding imm	unizations, injectable	
V5172 Hearing aid, contralateral routing device, monaural, in the canal (itc) -	X	Х	-	
V5181 Hearing aid, contralateral routing device, monaural, behind the ea	ar (bte) -	Х	Х	-	
V5190 Glasses cros hearing aid	-	Х	Х	-	
V5200 Cros hearing aid dispens fee	X	-	Х	-	
V5211 Hearing aid, contralateral routing system, binaural, ite/ite	X	-	Х	-	
V5212 Hearing aid, contralateral routing system, binaural, ite/itc	-	X	Х	-	
V5213 Hearing aid, contralateral routing system, binaural, ite/bte	-	X	Х	-	
V5214 Hearing aid, contralateral routing system, binaural, itc/itc	-	X	Χ	-	
V5215 Hearing aid, contralateral routing system, binaural, itc/bte	-	Х	Х	-	
V5221 Hearing aid, contralateral routing system, binaural, bte/bte	-	Х	Х	-	
V5230 Glasses bicros hearing aid	-	Х	Х	-	
V5240 Dispensing fee bicros	X	-	Х	-	
V5241 Dispensing fee, monaural healing aid, any type	-	X	-	Χ	
V5242 Hearing aid, analog, monaural, cic (completely in the ear canal)	-	X	-	Χ	
V5243 Hearing aid, analog, monaural, itc (in the canal)	-	X	-	Χ	
V5244 Hearing aid, digitally programmable analog, monaural, cic	-	X	-	Χ	
V5245 Hearing aid, digitally programmable analog, monaural, itc	-	X	-	Χ	
V5246 Hearing aid, digitally programmable analog, monaural, ite (in the	ear) -	X	-	Χ	
V5247 Hearing aid, digitally programmable analog, monaural, bte (behin	·	X	-	Χ	
V5248 Hearing aid, analog, binaural, cic	-	X	-	Χ	
V5249 Hearing aid, analog, binaural, itc	-	Х	-	Χ	
V5250 Hearing aid, digitally programmable analog, binaural, cic	-	Х	-	Х	
V5251 Hearing aid, digitally programmable analog, binaural, itc	-	Х	-	Х	
V5252 Hearing aid, digitally programmable binaural, ite	-	Х	-	Х	
V5253 Hearing aid, digitally programmable binaural, bte	-	Х	-	Х	
V5254 Hearing aid, digital, monaural, cic	-	Х	-	Х	
V5255 Hearing aid, digital, monaural, itc	-	Х	-	Х	
V5256 Hearing aid, digital, monaural, ite	-	Х	-	Х	
V5257 Hearing aid, digital, monaural, bte	-	Х	-	Х	
V5258 Hearing aid, digital, binaural, cic	-	X	-	X	
V5259 Hearing aid, digital, binaural, itc	-	X	-	X	
V5260 Hearing aid, digital, binaural, ite	-	X	-	X	
V5261 Hearing aid, digital, binaural, bte	-	X	-	X	
V5262 Hearing aid, disposable, and type, monaural	-	X	-	X	
V5263 Hearing aid, disposable, and type, binaural	_	X	-	X	
Product product of the contain number of visits. Limit depends on plan/provider type					

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^{**}Preauth after 3rd rental month when doesn't met criteria.



	Small En	Small Employer / Individual Large Employer		
Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the drugs, or specialty medications and should be directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding immu	unizations, injectable
V5264 Ear mold/insert, not disposable, any type	Х	-	Х	-
V5265 Ear mold/insert, disposable, any type	Х	-	Х	-
V5266 Battery for use in hearing device	Х	-	Х	-
V5267 Hearing aid supplies/accessories	-	Χ	Χ	-
V5268 Assistive listening device, telephone amplifier, any type	Х	-	Х	-
V5269 Assistive listening device, alerting, any type	Х	-	Х	-
V5270 Assistive listening device, television amplifier, any type	Х	-	Х	-
V5271 Assistive listening device, television caption decoder	Х	-	Х	-
V5272 Assistive listening device, tdd	Х	-	Х	-
V5273 Assistive listening device, for use with cochlear implant	-	-	Х	-
V5274 Assistive listening devise, not otherwise specified	Х	-	Χ	-
V5275 Ear impression, each	Х	-	Х	-
V5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter,		-	Х	-
microphone), any type	X			
V5282 Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter,			\ \ \	
microphone), any type	X	-	X	-
V5283 Assistive listening device, personal fm/dm neck, loop induction receiver	Х	-	Х	-
V5284 Assistive listening device, personal fm/dm, ear level receiver	Х	-	Х	-
V5285 Assistive listening device, personal fm/dm, direct audio input receiver	Х	-	Х	-
V5286 Assistive listening device, personal blue tooth fm/dm receiver	Х	-	Х	-
V5287 Assistive listening device, personal fm/dm receiver, not otherwise specified	Х	-	Х	-
V5288 Assistive listening device, personal fm/dm transmitter assistive listening device	Х	-	Х	-
V5289 Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Х	-	Х	-
V5290 Assistive listening device, transmitter microphone, any type	Х	-	Х	-
V5298 Hearing aid, not otherwise classified	-	Χ	Х	-
V5336 Repair communication device	Х	-	Х	-
V5362 Speech screening	Х	-	Х	-
V5363 Language screening	Х	-	Х	-
V5364 Dysphagia screening	Х	-	Х	-
END OF DATA				

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