

15829 Removal of skin wrinkles

15832 Excise excessive skin tissue

15833 Excise excessive skin tissue

15834 Excise excessive skin tissue 15836 Excise excessive skin tissue

15837 Excise excessive skin tissue

Commercial codes not covered or requiring preauthorization - Nevada As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ 11055 Trim skin lesion X 11056 Trim skin lesions, 2 to 4 X 11057 Trim skin lesions, over 4 Χ 11719 Trim nail(s) 11720 Debride nail, 1-5 X 11721 Debride nail, 6 or more 11765 Excision of nail fold, toe X 11950 Therapy for contour defects Χ 11951 Therapy for contour defects X Х 11952 Therapy for contour defects 11954 Therapy for contour defects Χ X 15775 Hair transplant punch grafts X 15776 Hair transplant punch grafts X 15780 Abrasion treatment of skin 15781 Abrasion treatment of skin X X 15782 Abrasion treatment of skin Χ 15783 Abrasion treatment of skin X 15786 Abrasion, lesion, single Χ 15787 Abrasion, lesions, add-on 15788 Chemical peel, face, epiderm Χ X 15789 Chemical peel, face, dermal 15792 Chemical peel, nonfacial X 15793 Chemical peel, nonfacial X X 15819 Plastic surgery, neck X 15820 Revision of lower eyelid X 15821 Revision of lower eyelid 15822 Revision of upper eyelid Х 15823 Revision of upper eyelid Χ 15824 Removal of forehead wrinkles X 15825 Removal of neck wrinkles Χ 15826 Removal of brow wrinkles X Χ 15828 Removal of face wrinkles

Χ X

Χ

X

X

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15838	Excise excessive skin tissue	X	-
15845	Skin and muscle repair, face	X	-
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Х	-
15850	Removal of sutures	X	-
15876	Suction assisted lipectomy	X	-
15877	Suction assisted lipectomy	X	-
15878	Suction assisted lipectomy	X	-
15879	Suction assisted lipectomy	X	-
17360	Skin peel therapy	X	-
	Hair removal by electrolysis	X	-
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	X	-
	Correct inverted nipple(s)	X	-
20560	Ndl insj w/o njx 1 or 2 musc	X	-
	Ndl insj w/o njx 3+ musc	X	-
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	Х	_
20936	Spinal bone autograft	X	-
	Prepare face/oral prosthesis	X	_
	Interdental fixation	X	
	Reconstruction of chin	X	
	Reconstruction of chin	X	
	Reconstruction of chin	X	
	Reconstruction of chin	X	-
	Revision of eyelid	-	X
	Revision of eyelid	_	X
	Revision of jaw muscle/bone	Х	
	Interdental wiring	X	-
	Manipulation of spine	X	-
	Perq cervicothoracic inject	-	X
	Perq lumbosacral injection	_	X
	Vertebroplasty addl inject	_	X
	Perq vertebral augmentation	_	X
	Perq vertebral augmentation	_	X
	Perq vertebral augmentation	_	X
	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Х	,,
<u>i</u>		^	<u> </u>

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22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	Х	-
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	X
22551	Neck spine fuse&remove	-	X
22552	Neck spine fuse&remove addl	-	X
22554	Neck spine fusion	-	X
22558	Lumbar spine fusion	-	X
22586	PrescrI fuse /w instr I5/1	Х	-
	Neck spine fusion	-	X
22610	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	-	X
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X
22614	Spine fusion, extra segment	-	Х
	Lumbar spine fusion	-	Х
	Spine fusion, extra segment	-	Х
	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy		
	and/or discectomy sufficient to prepare interspace(other t	_	Χ
	Fusion of spine	-	X
	Fusion of spine	-	Х
	Fusion of spine	-	Х
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	X	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	X	-
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	_	Х
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	_	X
22858	Second level cer diskectomy	- 1	X
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for		
22000	decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	X
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	_	X
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	_	X
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	_	X
	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; tervical	_	X

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32856 Backbench standard preparation of cadaver donor lung allograft; bilateral

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33140	Heart revascularize (tmr)	X	-
33141	Heart tmr w/other procedure	X	-
33542	Removal of heart lesion	Х	-
33930	Removal of donor heart/lung	-	X
33933	Backbench standard preparation of cadaver donor heart/lung allograft	-	X
33935	Transplantation, heart/lung	-	X
	Removal of donor heart	-	X
33944	Backbench standard preparation of cadaver donor heart allograft	-	X
33945	Transplantation of heart	-	X
	Plnning pt spec fenest graft	X	-
	Place needle in vein	X	-
36400	Drawing blood	X	-
	Drawing blood	X	-
	Drawing blood	X	-
	Drawing blood	X	-
	Collection of venous blood by venipuncture	Х	-
	Collection of capillary blood specimen (eg, finger, heel, ear stick)	Х	-
	Establish access to vein	Х	-
	Establish access to vein	Х	-
36465	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	Х
	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	Х
	Injection(s), spider veins	Х	-
	Injection therapy of vein	-	Х
	Injection therapy of veins	-	Х
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,		
	percutaneous, mechanochemical; first vein treated	_	X
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,		
	percutaneous, mechanochemical; subsequent vein(s) treated in a si	-	Χ
36475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	Х
	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep		
	sites	_	Χ
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	X
	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep		^
30 77 3	sites	_	X
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	_	X
	Endoverious ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated  Endoverious ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	X
	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique),		Λ
07 100	noncorona	Χ	_

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38242 Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions

41530 Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session

38232 Bone marrow harvesting for transplantation; autologous

41512 Tongue base suspension, permanent suture technique

38240 Bone marrow/stem transplant

38241 Bone marrow/stem transplant

41821 Excision of gum flap

41822 Excision of gum lesion

41823 Excision of gum lesion 41825 Excision of gum lesion

41826 Excision of gum lesion

41827 Excision of gum lesion

Χ

X

Х

X

Χ

X

X

Χ Χ

X

Χ



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· · · · ·	Excision of gum lesion	Х	-
	Removal of gum tissue	X	-
	Treatment of gum lesion	X	<u> </u>
	Gum graft	X	-
	Repair gum	X	-
	Repair tooth socket	X	-
	Remove tonsils and adenoids	-	X
	Remove tonsils and adenoids	-	X
	Removal of tonsils	-	X
	Removal of tonsils	-	X
	Removal of adenoids	-	X
	Removal of adenoids	-	X
	Removal of adenoids	-	X
	Removal of adenoids	-	X
	Esoph optical endomicroscopy	Х	-
	Upper gi optical endomicrscopy	Х	-
	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Х	-
	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	X
	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150		
	cm)	-	X
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	Х	-
	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and		
	subcutaneou	X	<u>-</u>
	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	Х	-
	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	Х	-
	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component		
	only	Х	<u>-</u>
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port		
	component	-	X
	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	X
	Gastroplasty for obesity	Х	-
	Gastroplasty for obesity	Х	-
	Gastric revision for obesity	-	X
	Gastric bypass for obesity	-	X
	Gastric bypass for obesity	Х	-
	Revision gastroplasty	-	X
	Revision of gastroduodenal anastomosis (gastroduodenostomy) with reconstruction; without vagotomy	Х	-
	Revise stomach-bowel fusion	-	X

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	Revise stomach-bowel fusion	-	X
	Gastric restrictive procedure, open; revision of subcutaneous port component only	X	-
	Gastric restrictive procedure, open; removal of subcutaneous port component only	X	-
	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	X	-
44132	Enterectomy, cadaver donor	-	X
44133	Enterectomy, live donor	-	X
44135	Intestine transplnt, cadaver	-	X
44136	Intestine transplant, live	-	X
44137	Removal of transplanted intestinal allograft, complete	-	X
44715	Backbench standard preparation of cadaver or living donor intestine allograft	-	X
44720	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	X
46601	Diagnostic anoscopy	X	-
46607	Diagnostic anoscopy & biopsy	X	-
	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery, radiofrequency)	X	-
	Removal of donor liver	_	X
47135	Transplantation of liver	_	X
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	X
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	X
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	X
	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	X
	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts		
		_	X
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts		
	Zaonaonon otamaara proparation of oadaaror donor involvigiant, milit robo opini or grant mo trio partial granto	_	X
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each		
	Pack prior to allow action of base for or inviting action in or grant prior to allow an action, verious an action color, sacrif	_	Х
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each		
.,,	Business to distribution of business of firming desired five grant prior to differentiable figure and controlled, out of	_	X
48550	Donor pancreatectomy	_	X
	Backbench standard preparation of cadaver donor pancreas allograft	_	X
	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each		
70002	Davidonon reconstruction of cadaver denot particle as allogial prior to transplantation, verious anastomosis, each	_	X
18551	Transpl allograft pancreas	_	X
	Removal, allograft pancreas		X
	Removal, allogram paricreas  Removal of donor kidney	_	X
	Removal of donor kidney  Removal of donor kidney		X
		-	X
<b>5U3Z3</b>	Backbench standard preparation of cadaver donor renal allograft	-	^

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	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X
	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each		
00027	Business of the second of the	-	Χ
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each		Х
50220	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	-	^
30329	Backberich reconstruction of cadaver of living donor renal allogrant prior to transplantation, dreteral anastomosis, each	_	Χ
50340	Removal of kidney	-	X
	Transplantation of kidney	-	X
	Transplantation of kidney	-	X
	Remove transplanted kidney	-	X
	Reimplantation of kidney	-	X
	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including		
-	r	Х	-
50547	Laparo removal donor kidney	-	Х
	Hysterectomy/bladder repair	-	Х
	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	Х	-
	Insertion of tandem cuff (dual cuff)	Х	-
	Transurethral rf treatment	Х	-
	Treatment of penis lesion	Х	-
	Treatment of penis lesion	Х	-
	Treatment of penis lesion	Х	-
	Prepare penis study	Х	-
	Dynamic cavernosometry	Х	-
	Penile injection	Х	-
	Penis study	Х	-
	Penis study	Х	-
	Insert semi-rigid prosthesis	Х	-
	Insert self-contd prosthesis	Х	-
	Insert multi-comp prosthesis	Х	-
	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	X	-
	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative		
	session	X	-
	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	Х	-
	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	X	-

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58544 Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or

Х

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58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	X
58552			
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	X
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or		
	ovar	-	X
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent		
	implants	X	-
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	X
58571			
	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	X
58573			
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	X
58673	Laparoscopy, salpingostomy	Х	-
	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring,		
	radiofrequency	X	-
58750	Repair oviduct	Х	-
	Create new tubal opening	Х	-
	Retrieval of oocyte	Х	-
	Transfer of embryo	Х	-
	Transfer of embryo	Х	-
	Transabdominal amnioinfusion, including ultrasound guidance	Х	-
	Fetal umbilical cord occlusion, including ultrasound guidance	Х	-
	Procedure associated with miscarriage or terminated pregnancy	Х	-
	Procedure associated with miscarriage or terminated pregnancy	Х	-
	Procedure associated with miscarriage or terminated pregnancy	Х	-
	Procedure associated with miscarriage or terminated pregnancy	Х	-
	Procedure associated with miscarriage or terminated pregnancy	Х	-
	Abortion (mpr)	Х	-
	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Х	-
	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop		
	, , , , , , , , , , , , , , , , , , , ,	Х	-
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat		
	, ,, , , , , , , , , , , , , , , , , , ,	Х	-
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se		
	(1000)	Х	-

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	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	-
	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	-
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	X
01797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator), each additional cramar lesion, simple (ils	-	Χ
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	X
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	X
61800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	<u>-</u>
	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	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	-
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,	-	X
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona	-	Х
	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)	-	X
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		v
	additional segment (list separately in addition to code for primary procedure)	-	X
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	X
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat		X
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	_	X
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	_	X

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64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
64505	Injection, anesthetic agent; sphenopalatine ganglion	Х	-
	Dstrj nulyt agt gnclr nrv	X	ı
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	X
	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)	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	X
	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	X
65710	Keratoplasty (corneal transplant); anterior lamellar	-	X
65730	Keratoplasty (corneal transplant); penetrating (except in aphakia or pseudophakia)	-	X
65750	Corneal transplant	-	X
65755	Corneal transplant	-	X
65756	Keratoplasty (corneal transplant); endothelial	-	X
65757	Backbench preparation of corneal endothelial allograft prior to transplantation (list separately in addition to code for	-	X
65760	Revision of cornea	Х	-
65765	Revision of cornea	Х	-
65767	Corneal tissue transplant	X	-
65770	Revise cornea with implant	X	-
65771	Radial keratotomy	Х	-
	Revision of iris	X	-
	Implant eye drug system	-	X
67516	Suprachoroidal space injection of pharmacologic agent (separate procedure)	X	-

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67715	Incision of eyelid fold	X	-
67900	Repair brow defect	-	Х
67901	Repair eyelid defect	-	X
67902	Repair eyelid defect	-	X
67903	Repair eyelid defect	-	X
67904	Repair eyelid defect	-	X
67906	Repair eyelid defect	-	X
67908	Repair eyelid defect	-	X
67909	Revise eyelid defect	-	X
67911	Revise eyelid defect	-	X
68841	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	X	-
69090	Pierce earlobes	X	-
69300	Revise external ear	X	-
69710	Implant/replace hearing aid	-	Х
	Remove/repair hearing aid	-	Х
	Implant temple bone w/stimul	-	X
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor		
		-	X
	Temple bone implant revision	-	Х
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic		
	transcutaneous attachment to external speech processor	-	X
	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	X
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
	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 to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X
	Implant cochlear device	-	X
	Magnetic resonance imaging, brain, functional mri; including test selection and administration of repetitive body part m	-	Х
70555	Magnetic resonance imaging, brain, functional mri; requiring physician or psychologist administration of entire neurofun	-	X

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blo

image

Stereotactic radiation trmt

77520 Proton trmt, simple w/o comp

77522 Proton trmt, simple w/comp

77432

Commercial codes not covered or requiring preauthorization - Nevada As of: 03/22/24 Small Employer and Individual Codes **Description 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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Cardiac magnetic resonance imaging for morphology and function without contrast material; 75559 Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging Χ 75561 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi Χ 75563 Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast Х materi Cardiac magnetic resonance imaging for velocity flow mapping (list separately in addition to code for primary Χ procedure) 76140 X-ray consultation Χ X 76948 Echo guide, ova aspiration X Us bone density measure 77078 Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg. hips, pelvis, spine) old code Х 760 77081 Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton (peripheral) (eq. Χ 77086 Fracture assessment via dxa Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation and report on fracture-risk Χ Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical preparation and transmission Χ of data for analysis to be performed elsewhere Х Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical calculation only 77092 Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and report on fracture-risk Χ only by other qualified health care professional 77371 Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis Χ 77372 Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis Χ 77373 Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en

77423 High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-coplanar geometry with

77435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including

Χ

X

Χ

Χ

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80352 Cannabinoids, synthetic: 7 or more

80355 Gabapentin, non-blood

80353 Cocaine 80354 Fentanyl

#### Commercial codes not covered or requiring preauthorization - Nevada

As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 77523 Proton trmt, intermediate Χ X 77525 Proton treatment, complex 80320 Alcohols X \_ 80321 Alcohol biomarkers; 1 or 2 Χ X 80322 Alcohol biomarkers; 3 or more X 80323 Alkaloids, not otherwise specified 80324 Amphetamines: 1 or 2 X 80325 Amphetamines: 3 or 4 Х 80326 Amphetamines; 5 or more X Х 80327 Anabolic steroids; 1 or 2 80328 Anabolic steroids; 3 or more Χ X 80329 Analgesics, non-opioid; 1 or 2 X 80330 Analgesics, non-opioid; 3-5 X 80331 Analgesics, non-opioid; 6 or more 80332 Antidepressants, serotonergic class; 1 or 2 X X 80333 Antidepressants, serotonergic class; 3-5 Χ 80334 Antidepressants, serotonergic class; 6 or more 80335 Antidepressants, tricyclic and other cyclicals; 1 or 2 X Χ 80336 Antidepressants, tricyclic and other cyclicals: 3-5 80337 Antidepressants, tricyclic and other cyclicals; 6 or more Χ X 80338 Antidepressants, not otherwise specified 80339 Antiepileptics, not otherwise specified; 1-3 X X 80340 Antiepileptics, not otherwise specified; 4-6 80341 Antiepileptics, not otherwise specified; 7 or more Χ X 80342 Antipsychotics, not otherwise specified; 1-3 X 80343 Antipsychotics, not otherwise specified; 4-6 80344 Antipsychotics, not otherwise specified; 7 or more Χ 80345 Barbiturates X 80346 Benzodiazepines; 1-12 X 80347 Benzodiazepines: 13 or more X 80348 Buprenorphine Χ 80349 Cannabinoids, natural 80350 Cannabinoids, synthetic; 1-3 Χ X 80351 Cannabinoids, synthetic; 4-6 Χ

X

X

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	edications and should be directed to the Pharmacy link option within the website.		
	Heroin metabolite	X	<u>-</u>
	Ketamine and norketamine	X	-
	Methadone	X	<u>-</u>
	Methylenedioxyamphetamines (mda, mdea, mdma)	X	<u>-</u>
	Methylphenidate	X	<u>-</u>
	Opiates, 1 or more	X	<u>-</u>
	Opioids and opiate analogs; 1 or 2	X	-
	Opioids and opiate analogs; 3 or 4	X	-
	Opioids and opiate analogs; 5 or more	X	<u>-</u>
	Oxycodone	X	-
	Pregabalin	X	-
	Propoxyphene	X	-
	Sedative hypnotics (non-benzodiazepines)	X	-
	Skeletal muscle relaxants; 1 or 2	X	-
	Skeletal muscle relaxants; 3 or more	X	-
	Stimulants, synthetic	Х	-
	Tapentadol	X	-
	Tramadol	X	-
	Stereoisomer anal single drug class	X	<u>-</u>
	Drug(s) definitive, qual or quant nos 1-3	X	-
	Drug(s) definitive, qual or quant nos 7 or more	X	-
	ldh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	X
	Idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	X
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		
	and full duplication/deletion analysis	-	X
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer)		
	gene analysis; full sequence analysis	-	X
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	-	X
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
	analysis (ie, detection of large gene rearrangements)	-	Χ
	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
	analysis (ie, detection of large gene rearrangements)	_	Χ
	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene		
	analysis; full gene sequence	_	Χ

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	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	Х
	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	-	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)	-	X
	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	Х
	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	1	Χ
	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	X
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	X
	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	X
	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis  Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X
	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	_	X
	Apc gene analysis; full sequence	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Apc gene analysis; known fam variants	-	X
	Apc gene anaysis; duplication/deletion variants	-	X
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	-	X
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	X
	Braf (v-raf murine sarcoma viral oncogene homolog b1) (eg, colon cancer), gene analysis, v600e variant	-	X
	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	Х
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	X
	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	_	X
	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	X
	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	_	X
81223	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	-	X
81225	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	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
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	Х
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	X
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	Х
81230	Cyp3a4, gene analysis, common variant(s)	-	X
	Cyp3a5, gene analaysis, common variants	-	X
	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	Х
81234	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
81235	Egfr gene analysis; common variants	-	X
	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	_	X
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis,	_	X
81239	common variant(s) (eg, codon 646)  Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	X

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	Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	X
	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	X
	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	-	X
81252	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	-	X
	Gjb6 gene com variants	-	X
	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis, for common deletions or variant (eg, south	-	X
	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	-	X
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	X
	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
81263	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	-	Х
	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	X
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	-	X
	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	X
81275	Kras (v-ki-ras2 kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13	-	X
	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	-	X
	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	Х
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Χ
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	X
	Mgmt gene methylation anal	-	Χ
81288	Mlh1 gene methylation anal	-	X

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	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Х	-
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Χ
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	X
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
81298	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	X
	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	Х
	Palb2 gene full gene seq	-	Х
	Pik3ca gene trgt seq alys	-	X
	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
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
81313	Pca3 klk3	-	X
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	X
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
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X

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	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	X
	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	X
	Pten gene analysis;full seq analysis	-	X
	Pten gene analysis; duplication/deletion variant	-	X
	Pmp22 gene analysis; dup/deletion analysis	-	X
	Pmp22 gene analysis; full seq analysis	-	X
81326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X
81327	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	X	-
81328	Slc01b1, gene analysis, common variant(s)	-	X
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	X
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	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)	-	X
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515l, w515l)	-	X
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	X
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
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
81342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	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
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	X

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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	-	X
	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	X
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		
		-	X
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants		
	(eg, -1639/3673)	-	X
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis,		
	common variants (eg, s34f, s34y, q157r, q157p)	-	X
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)	-	X
81400	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	-	X
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	-	X
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	-	X
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,	-	X
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	-	X
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	-	X
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	-	X
	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	-	X
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 (	-	Χ
81410	Gsps for aortic dysfnc or dilat	-	X
	Gsps for aortic dysfnc or dilat dupe delete anal	-	X
	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia		
	faconi anemia group c. gaucher disease, tay-sachs disease),	-	Χ
81413	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		
25	polymorphic ventricular tachycardia); genomic sequence analysis panel,	_	X
81414	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		
· · · · ·	polymorphic ventricular tachycardia); duplication deletion gene analy	_	X
81415	Exome sequence anal	_	X

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81416	Exome sequence anal ea add	-	Χ
	Exome sequence anal re-eval	-	X
	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	-
	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	-	X
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du-chat syndrome), circulating cell-free fetal dna in maternal blood	х	
81425	Gsps for unex costitut heritable ds	-	X
	Gsps for unex costitut heritable ds ea add	_	X
	Gsps for unex costitut heritable ds re-eval	_	X
	Gsps for hearing loss	_	X
	Gsps for hearing loss dupe delete anal	_	X
	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
81433	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1 brca2 mlh1	-	×
81434	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
81435	Gsps for colon ca	-	X
81436	Gsps for colon ca dupe delete anal	-	X
81437	Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s	-	X
81438	Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl	-	X
81439	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	Х
81440	Gsps nuclear encod mitochondrial genes	-	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	-	X
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

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	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,		V
04445	spg11, sptlc1)	-	X
	Gsps for solid organ neoplasm	-	X
	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	_	×
Q1 <i>1</i> 50	Gsps hematolymphoid neo 5-50 genes	_	X
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	-	X
81455	Gsps hematolymphoid neo =/>51 genes	-	X
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
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	X
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	X
	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
81460	Gsps for whole mitochondrial genome	-	Х
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	-	X
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	-	X
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	-	X
	Gsps for whole mitochondrial genome lg delete anal	-	X
	Gsps for xlid at least 60 genes	-	X
	Gsps for xlid at least 60 genes	-	X
81479	Unlisted molecular pathology	-	X

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	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Х	-
81493	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score	-	X
	Maaa 2 serum proteins	Х	-
	Maaa 2 serum proteins	Х	-
	Oncology tissue of origin	-	Х
	Maaa 7 serum/plasma analytes	X	-
	Fetal aneuploidy trisom risk	-	X
	Maaa 5 maternal serum analytess	Х	
81517	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	X	<u>-</u>
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
81519	Gsps onco (brst) 21 genes	-	Х
81520	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	X
81521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Х
81522	Onc breast mrna 12 genes	-	X
81523	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	-	X
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	-	X
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	<u>-</u>
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	-
	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	
	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	Х	-
	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	-
	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	Х
81541	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	_	X

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	Onc prostate mrna 22 cnt gen	-	Χ	
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)	-	Χ	
	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Χ	
81552	Onc breast mrna 12 genes	-	Χ	
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])	-	X	
81560	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			
		X	-	
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	-	X	
31596	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin,			
	apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	Х	-	
32777	Assay of galectin-3	Х	-	
33006	Assay growth hormone (st2)	Х	=	
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when	Х	_	
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eg, by nuclear mag	Х	_	
83950	Oncoprotein; her-2/neu	X		
	Oncoprotein; ricr 2/ricd Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	X		
	Assay for phencyclidine	X		
	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	X		
	Cell enumeration	X	-	
	Cell enumeration phys interp	X	-	
	Leukocyte histamine release	X	-	
	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp)	X	-	
	Autologous blood process	X	-	
	Autologous blood, op salvage	X	-	
	Compatibility test each unit; electronic	X	-	
	Hpv low-risk types	X	-	
	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	X	-	
	Cytp urne 3-5 probes ea spec	X	-	
	Cytp urine 3-5 probes cmptr	X	-	
	Optical endomicroscopy interp	X	-	
	Hemoglobin (hgb), quantitative, transcutaneous	X		

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	pecialty medications and should be directed to the Pharmacy link option within the website.							
	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	X	-					
	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	X	-					
89049	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including interpretation and repor	X	_					
89250	Fertilization of oocyte	X	-					
	Culture oocyte w/embryos	Х	-					
	Embryo hatching	X	-					
	Occyte identification	X	-					
	Prepare embryo for transfer	X	-					
	Sperm identification	X	_					
	Cryopreservation, embryo	X	_					
	Cryopreservation, sperm	X	_					
	Insemination of oocytes	X	_					
	Extended culture of oocyte(s)/embryo(s), 4-7 days	X	_					
	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	X	_					
	Assisted oocyte fertilization, microtechnique, less than 10 oocytes  Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	X						
	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	X						
	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	X	-					
	Semen analysis	X	-					
		X	-					
	Sperm evaluation test	X	-					
	Cryopreservation, reproductive tissue, testicular		<del>-</del>					
	Cryopreservation, mature oocyte(s)	X	-					
	Storage, (per year); embryo(s)	X	-					
	Storage, (per year); sperm/semen	X	-					
	Storage, (per year); reproductive tissue, testicular/ovarian	X	-					
	Storage, (per year); oocyte	X	-					
	Thawing of cryopreserved; embryo(s)	X	-					
	Thawing of cryopreserved; sperm/semen, each aliquot	X	-					
	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	X	-					
	Thawing of cryopreserved; oocytes, each aliquot	X	-					
	Anthrax vaccine, for subcutaneous or intramuscular use	X	-					
	Bcg vaccine, percut	X	-					
	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	Х	-					
	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	X	-					
	Influenza virus vaccine, pandemic formulation, live, for intranasal use	X	-					
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	X	-					
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	X	-					
90668	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	X	-					

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	Description	Small Employer and Individual						
Codes		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 immunizations, injectable drugs, or								
	ecialty medications and should be directed to the Pharmacy link option within the website.							
	Typhoid vaccine, oral	X	-					
	Typhoid vaccine, im	X	-					
	Yellow fever vaccine, sc	X	-					
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	X	-					
	Family psytx w/o patient	X	-					
	Family psytx w/patient	X						
	Multiple family group psytx	X	-					
	Narcosynthesis	X	-					
	Psychophysiological therapy	X	-					
	Psychophysiological therapy	X	-					
	Hypnotherapy	X	•					
	Environmental manipulation	X	-					
	Psy evaluation of records	X	-					
	Consultation with family	X	-					
90889	Preparation of report	X	•					
90901	Biofeedback train, any meth	Χ	•					
	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	X	-					
	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	-					
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Х	-					
91112	Gi wireless capsule measure	Χ	•					
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	Χ	•					
91117	Colon motility 6 hr study	X	•					
92065	Orthoptic/pleoptic training	X	-					
92145	Corneal hysteresis deter	X	-					
92311	Contact lens fitting	X	-					
	Contact lens fitting	X	-					
	Prescription of contact lens	X	-					
	Prescription of contact lens	Χ	-					
	Fitting of spectacles	Χ	-					
	Fitting of spectacles	Х	-					
	Fitting of spectacles	Х	•					
	Special spectacles fitting	X	-					
	Special spectacles fitting	X	-					
		-						

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_		Oman E	mployer and individual
Codes	Description	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 coding lists do not reflec adications and should be directed to the Pharmacy link option within the website.	t information regarding	immunizations, injectable drugs, or
	Special spectacles fitting	X	-
	Special spectacles fitting	Х	-
	Eye prosthesis service	Х	-
	Repair & adjust spectacles	Х	-
	Repair & adjust spectacles	Х	-
	Speech/hearing therapy	-	X*
	Speech/hearing therapy	-	Χ*
	Evaluation of speech fluency	-	Χ*
	Evaluate speech production	-	X*
	Speech sound lang comprehen	-	X*
92524	Behavral qualit analys voice	-	Χ*
	Oral function therapy	-	X*
	Spontaneous nystagmus study	X	-
	Positional nystagmus study	X	-
92533	Caloric vestibular test	X	-
92534	Optokinetic nystagmus	X	-
92550	Tympanometry and reflex threshold measurements	X	-
92555	Speech threshold audiometry	X	-
92556	Speech audiometry, complete	X	-
92557	Comprehensive hearing test	X	-
92562	Loudness balance test	X	-
92563	Tone decay hearing test	X	-
92565	Stenger test, pure tone	X	-
92567	Tympanometry	X	-
92568	Acoustic reflex testing	X	-
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and		
	acoustic	X	-
92571	Filtered speech hearing test	X	-
92572	Staggered spondaic word test	X	-
92575	Sensorineural acuity test	X	-
92576	Synthetic sentence test	Х	-
92577	Stenger test, speech	X	-
92579	Visual audiometry (vra)	X	-
92582	Conditioning play audiometry	Х	-
92583	Select picture audiometry	X	-
	Electrocochleography	X	-
	Distortion product evoked otoacoustic emissions; limited evaluation (to confirm the presence or absence of hearing disorder, 3-6 frequencies) or transient evoked otoacoustic e	X	

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		Small E	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	
pecialty me	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or	
	Distortion product evoked otoacoustic emissions; comprehensive diagnostic evaluation (quantitative analysis of outer hair cell function by cochlear mapping, minimum of 12 freq	Х	-	
	Ear protector evaluation	Х	-	
	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Х	-	
	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	X	-	
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	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	-	
	Evaluation of central auditory function, with report; initial 60 minutes	Х	-	
92621	Evaluation of central auditory function, with report; each additional 15 minutes (list separately in addition to code for primary procedure)	X	_	
		X	-	
	Assessment of tinnitus (includes pitch, loudness matching, and masking)	X	-	
	Evaluation of auditory rehabilitation status; first hour  Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primar	X		
92630	Auditory rehabilitation; pre-lingual hearing loss	-	Χ*	
	Auditory rehabilitation; post-lingual hearing loss	Х	-	
	Diagnostic analysis with programming of auditory brainstem implant, per hour	Х	-	
	Prq cardiac angio addl art	Х	-	
	Prq card angio/athrect addl	Х	-	
	Prq card stent w/angio addl	Х	-	
	Prq card stent/ath/angio	Х	-	
	Prq revasc byp graft addl	Х	-	
	Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft; each addl	Х	-	
	Microvolt t-wave alterans for assessment of ventricular arrhythmias	Х	-	
	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf	Х	-	
	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	Х	-	
	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	X	-	
93592	Percutaneous transcatheter closure of paravalvular leak; each additional occlusion device (list separately in addition to code for primary procedure)	Х	_	
	Peripheral vascular rehab	-	Χ*	
	Bioimpedance-derived physiologic cardiovascular analysis	Х	-	

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•	Description	Small E	Employer and Individual
Codes		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 coding lists do not reflect ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding	ı immunizations, injectable drugs, or
	Bis xtracell fluid analysis	X	-
93740	Temperature gradient studies	X	-
93770	Measure venous pressure	X	-
93895	Carotid intima atheroma eval	X	-
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg,	Х	-
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	Х	-
	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 yea	Х	-
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve	Х	-
94150	Vital capacity test	X	-
94452	High altitude simulation test (hast), with physician interpretation and report;	X	-
94453	High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration	Х	-
95060	Eye allergy tests	Х	-
	Nose allergy test	Х	-
	Neuromuscular junction test	-	X
	Eeg digital analysis	Х	-
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	Х	-
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with plantar pressure measurements	Х	-
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	X	-
	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Х	-
	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and fine wire emg, w report	Х	_
96105	Assessment of aphasia	X	_
	Trichogram	X	-
	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o	Х	-
96931	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	X	-
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	X	-
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Х	-
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately i	Х	-

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Small Employer and Individual

	Description	Small Employer and Individual			
Codes		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 immunizations, injectable dru specialty medications and should be directed to the Pharmacy link option within the website.					
	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	X	_		
	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each				
	additional lesion (list separately in addition to cod	X	-		
97010	Hot or cold packs therapy	Х	-		
97012	Mechanical traction therapy	-	X*		
97014	Electric stimulation therapy	-	X*		
97016	Vasopneumatic device therapy	-	X*		
97018	Paraffin bath therapy	-	X*		
	Whirlpool therapy	-	X*		
97024	Diathermy treatment	-	X*		
97026	Infrared therapy	X	1		
97028	Ultraviolet therapy	-	X*		
97032	Electrical stimulation	-	X*		
97033	Electric current therapy	-	X*		
97034	Contrast bath therapy	-	X*		
97035	Ultrasound therapy	•	X*		
	Hydrotherapy	-	X*		
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-				
	operative pain reduction	X	•		
	Physical therapy treatment	-	X*		
97110	Therapeutic exercises	-	X*		
97112	Neuromuscular reeducation	-	X*		
	Aquatic therapy/exercises	•	X*		
97116	Gait training therapy	-	X*		
97124	Massage therapy	-	Χ*		
	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*		
	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*		
	Physical medicine procedure	-	Χ*		
	Manual therapy	-	Х*		
97150	Group therapeutic procedures	X	-		

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As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 97161 Physical therapy evaluation: low complex Χ\* 97162 Physical therapy evaluation: moderate complex Χ\* 97163 Physical therapy evaluation: high complex Χ\* 97164 Re-evaluation of physical therapy Χ\* Χ\* 97165 Occupational therapy evaluation, low complex 97166 Occupational therapy evaluation, moderate complex 97167 Occupational therapy evaluation, high complex 97168 Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan Χ\* 97169 Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity: Χ 97170 Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; Χ Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no 97171 Χ comorbidities that affect phsical activity; 97172 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 Χ 97530 Therapeutic activities X\* Χ\* 97533 Sensory integration Χ\* 97535 Self care magment training 97537 Community/work reintegration Χ\* X, 97542 Wheelchair mngment training X, 97545 Work hardening 97546 Work hardening add-on 97550 Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or Х community Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or 97551 community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility, Χ 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 X 97602 Wound care non-selective Χ 97610 Low frequency non-thermal us 97750 Physical performance test 97755 Assistive technology assessment, direct one-on-one contact by provider, with written report, each 15 minutes 97799 Physical medicine procedure 97810 Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient

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	Description	Small Employer and Individual	
Codes		Not Covered	Preauthorization Required
Disclaimer: specialty m	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 edications and should be directed to the Pharmacy link option within the website.	nformation regarding	j immunizations, injectable drugs, or
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	X	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
98940	Chiropractic manipulation	-	Х*
98941	Chiropractic manipulation	-	X*
98942	Chiropractic manipulation	-	X*
98943	Chiropractic manipulation	-	X*
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	
09061	Education and training for patient self-management by a qualified, nonphysician health care professional using a	^	
90901	standar	Х	ı
00060	Education and training for patient self-management by a qualified, nonphysician health care professional using a	^	
90902		Х	ı
00070	standar Qualified nonphysician health care professional online digital evaluation and management service, for an established	^	-
98970		Х	ı
98971	patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	^	<u>-</u>
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established	Х	ı
00070	patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	^	-
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established		ı
00000	patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	X	<del>-</del>
	Specimen handling	X	
	Specimen handling		
	Device handling	X	<del>-</del>
	Postop follow-up visit	X	-
	Hospital mandated on call service; in-hospital, each hour	X	-
	Hospital mandated on call service; out-of-hospital, each hour	X	
	Special supplies		-
	Patient education materials	X	-
	Addl supl matrl&staf tm phe	X	-
	Medical testimony	X	-
	Group health education	X	-
	Special reports or forms	X	-
	Unusual physician travel	X	-
	Anesthesia with hypothermia	X	-
	Office consultation	X	-
	Office consultation	X	-
	Office consultation	X	-
	Office consultation	X	-
99245	Office consultation	X	_

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Codes	Description	Small Employer and Individual	
		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 coding lists do not reflect in	nformation regarding	j immunizations, injectable drugs, or
· · ·	edications and should be directed to the Pharmacy link option within the website.		
	Initial inpatient consult	X	-
	Initial inpatient consult	X	-
	Initial inpatient consult	X	-
	Initial inpatient consult	X	-
	Initial inpatient consult	X	-
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home	X	-
	Prolong service w/o contact	X	-
	Prolong serv w/o contact add	X	-
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil	Х	-
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	_
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	_
99374	Home health care supervision	X	
	Hospice care supervision	X	
	Nursing fac care supervision	X	
	Nursing fac care supervision	X	_
	Preventive counseling, group	X	
	Preventive counseling, group	X	
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the	Λ	_
	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)		
		X	-
99450	Life/disability evaluation	Х	-
	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting		
	physician or other qualified health care professional, 30 m	X	-
	Disability examination	Х	-
	Disability examination	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	-
99485	Suprv interfacilty transport	X	-
	Suprv interfac trnsport addl	Х	-

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Small Employer and Individual

		Small Employer and Individual	Small Employer and Individual
Codes	Description	Not Covered	Preauthorization Required
specialty me	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regardino	immunizations, injectable drugs, or
99500	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	-	X
99501	Home visit for postnatal assessment and follow-up care	-	X
	Home visit for newborn care and assessment	-	X
99503	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	-	X
99504	Home visit for mechanical ventilation care	-	X
	Home visit for stoma care and maintenance including colostomy and cystostomy	-	Х
	Home visit for intramuscular injections	-	X
	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Х	-
	Home visit for assistance with activities of daily living and personal care	Х	-
	Home visit for individual, family, or marriage counseling	Х	-
	Home visit for fecal impaction management and enema administration	Х	-
	Home visit for hemodialysis, per diem	-	X
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with		
	assessmen	X	-
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with		
	assessmen	X	-
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	_
	Heart failure assessed (includes assessment of all the following components) (cad)	X	
	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel		X
	Liver disease, 10 biochem assays	X	
	Onc clrct quan 3 ur metabolites alg adnmts plp	X	
	Liver disease, 10 biochem assays	X	-
	Onc ovarian assay 5 proteins serum alg scor	X	
	Scoliosis dna alys	X	
	Osteoarthritis assessed (oa)	X	
	Onco prst8 3 gene ur alg	-	X
	Once prise 3 gene ur aig Onc hep gene risk classifier	X	-
	Onc gastro 51 gene nomogram	X	
	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes	^	_
	specimen verification including dna authentication in	Х	-
	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	
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	X	<u>-</u>

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		Small Employer and Individu	mployer and Individual
Codes	Description	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 coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	х	-
0011M	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	Χ
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	X	-
0012F	Community acquired bacterial pneumonia assessed (cap)	X	-
	Onc mrna 5 genes ur alg risk urothelial cancer	х	-
	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	Х
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	Х	<del></del>
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna,		
00.00	fresh or frozen tissue or cells, report of specific gene rearra	_	Χ
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes		
00111	ass	Х	_
001411	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation	^	
00140	sequencing, dna, whole blood or bone marrow, report of specific gene rearra	_	Χ
0015E	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained		
00131	regarding	Х	_
00151/1	AdrnI cortcl tum bchm asy 25	X	
	Onc bladder mrna 219 gen alg	X	<del></del>
	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of	^	
JU 1 / IVI	20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	v	_
204014	Trnsplj rnl meas cd154+cll	X	<del></del>
		^	<u>-</u>
00180	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm		V
204014	reported as a positive or negative result for moderate to	-	X
0019IVI	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported	V	
201011	as 4-year likelihood of coronary event in high-risk populations	Х	<u> </u>
00190	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh		V
	frozen tissue, predictive algorithm reported as potential	-	X
0021U	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin,		
	aurkaip-1, csnk2a2), multiplexed immunoassay and flow	Х	<u>-</u>
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis, 23 genes,		
	interrogation for sequence variants and rearrangements, reported as pr	X	-
	Glyca nuc mr spectroscopy quantitative	Х	-
	Tenofovir liq chrom tandem mass spect ur quan	X	-
	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	X
	Rx metab advrs rx rxn & rspse trgt seq alys	-	X
0030Ū	Rx metab warfarin rx response trgt seq alys	-	X

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Codes	Description	Not Covered	Preauthorization Required
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	edications and should be directed to the Pharmacy link option within the website.		
	Comt gene analysis c.472g>a variant	-	X
0033U	Htr2a htr2c gene analysis common variants	-	X
0035U	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced conformational conversion, qualitative	Х	_
003611	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen,		
00000	sequence analyses	_	Χ
0037U	Trgt gen seq alys sld orgn neo dna 324 genes	-	X
	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Х	-
	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	Х	-
	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		
00.00		_	Χ
004511	Onc brst dux carc is mrna 12 genes alg rsk scor	_	X
	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative		
00 100	The (interested tyrodine kindee o) (og, deate myeleta loakerna) internal tandem dapheation (ita) variante, quantitative	-	Χ
0047U	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Χ
	Onc sld org neo dna 468 cancer associated genes	-	X
	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for		
	sequence variants, copy number variants or rearrangements	-	X
0052U	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	X	-
	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen,		
	algorithm reported as probability of higher tumor grade	X	-
0054U	Rx mntr 14+ class drugs & sbsts capillary blood	Х	-
	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism		
	targets and two control targets), plasma	_	Χ
0056U	Hem aml dna gene rearrangement blood/bone marrow	-	X
	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t		
	antigen), serum, quantitative	Х	<u>-</u>
0059U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum,		
00000	reported as positive or negative	Х	_
006011	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal		
00000	blood	X	_
006111	Tc meas 5 biomarkers w/sfdi multi-spectral alys	X	
	Cyp2d6 gen com&slct rar vrnt	-	X
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc		
50711	of	Х	_
007111	Cyp2d6 full gene sequence	^	X
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc	-	^
00121	of	Х	-

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0072U	Cyp2d6 gen cyp2d6-2d7 hybrid	-	X	
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	X	
0074U	Cyp2d6 nonduplicated gene	-	X	
0075U	Cyp2d6 5' gene dup/mlt	-	X	
0076U	Cyp2d6 3' gene dup/mlt	-	X	
0078U	Pain mgt opi use gnotyp pnl	X	-	
0079U	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification	-	X	
0080U	Onc Ing 5 clin rsk factr alg	Х	-	
	Rx test def 90+ rx/sbsts ur	X	-	
	Onc rspse chemo cntrst tomog	X	-	
	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	X	_	
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	X	_	
0087U	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	X	
U8800	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	X	
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	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	-	
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	-	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Х	-	
0093U	Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug reported detected or not detected	Х	-	
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	X	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa	-	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	-	
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c.	Х	-	
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	-	X	

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0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial		
	adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	Χ
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	Х	_
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary		
	endometrial cancer), genomic sequence analysis panel utilizing	-	X
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis		
	panel utilizing a combination of ngs, sanger, mlpa, and arr	-	X
0105U	Neph ckd mult eclia tum nec	Х	-
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	X	_
010711	C diff tox ag detcj ia stool	X	<del>-</del>
	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	X	<u>-</u>
0108U	Gi barrett esoph 9 prtn bmrk	X	-
	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	X	-
0109U	ld aspergillus dna 4 species	Х	-
	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	_
0110U	Rx mntr 1+oral onc rx&sbsts	X	_
	Onc colon ca kras&nras alys	-	X
	ladi 16s&18s rrna genes	Х	-
	Onc prst8 pca3&tmprss2- erg	-	X
	Gi barretts esoph vim&ccna1	-	X
	Respir iadna 18 viral&2 bact	Х	-
	Rx mntr nzm ia 35+oral flu	Х	-
	Pain mgmt 11 endogenous anal	Х	-
	Trnsplj don-drv cll-fr dna	-	Х
	Crd ceramides liq chrom plsm	Х	-
	Onc b cll lymphm mrna 58 gen	-	X
	Sc dis vcam-1 whole blood	Х	-
	Sc dis p-selectin whl blood	Х	-

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specialty medications and should be directed to the Pharmacy link option within the website.	1	
0123U Mchnl fragility rbc prflg	Х	-
0129U Hered brst ca rltd do panel	-	X
0130U Hered colon ca do mrna pnl	-	X
0131U Hered brst ca rltd do pnl 13	-	X
0132U Hered ova ca rltd do pnl 17	-	X
0133U Hered prst8 ca rltd do 11	-	X
0134U Hered pan ca mrna pnl 18 gen	-	X
0135U Hered gyn ca mrna pnl 12 gen	-	X
0136U Atm mrna seq alys	-	X
0137U Palb2 mrna seq alys	-	X
0138U Brca1 brca2 mrna seq alys	-	X
0140U Nfct ds fungi dna 15 trgt	X	-
0141U Nfct ds bact&fng gram pos	X	-
0142U Nfct ds bact&fng gram neg	X	-
0143U Drug assay 120+ rx/metablt	X	1
0144U Drug assay 160+ rx/metablt	X	-
0145U Drug assay 65+ rx/metablt	X	-
0146U Drug assay 80+ rx/metablt	X	1
0147U Drug assay 85+ rx/metablt	X	·
0148U Drug assay 100+ rx/metablt	X	•
0149U Drug assay 60+ rx/metablt	X	ı
0150U Drug assay 120+ rx/metablt	X	ı
0152U Nfct bct fng prst dna >1000	X	-
0153U Onc breast mrna 101 genes	-	X
0154U Fgfr3 gene analysis	-	X
0155U Pik3ca gene analysis	-	X
0156U Copy number sequence alys	X	-
0157U Apc mrna seq alys	-	X
0158U Mlh1 mrna seq alys	-	X
0159U Msh2 mrna seq alys	-	X
0160U Msh6 mrna seq alys	-	X
0161U Pms2 mrna seq alys	-	X
0162U Hered colon ca trgt mrna pnl	-	X
0163T		V
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	X
0163U Onc circt scr 3 prtn alg	Х	-
0164U Gi ibs ia anticdtb&vinculin	Х	-
0165U Peanut allg spec asmt 64 epi	X	-

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Codes	Description	Not Covered	Preauthorization Required
Disclaimer specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	j immunizations, injectable drugs, or
0166U	Liver ds 10 biochem asy srm	Х	-
0168U	Ftl aneuploidy dna seq alys	-	Х
0170U	Neuro asd rna next gen seq	X	ı
	Trgt gen seq alys pnl dna 23	-	X
0172U	Onc sld tum alys brca1 brca2	-	X
0173U	Psyc gen alys panel 14 genes	X	-
0174T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	_
0174U	Onc solid tumor 30 prtn trgt	X	-
0175T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-
0175U	Psyc gen alys panel 15 genes	-	X
0176U	Cdtb&vinculin igg antb ia	X	-
0177U	Onc brst ca dna pik3ca 11	-	X
0178U	Peanut allg asmt epi clin rx	X	-
0179U	Onc nonsm cll lng ca alys 23	-	X
0180U	Abo gnotyp abo 7 exons	X	-
0181U	Co gnotyp aqp1 exon 1	X	-
0182U	Crom gnotyp cd55 exons 1-10	X	-
0183U	Di gnotyp slc4a1 exon 19	X	-
0184U	Do gnotyp art4 exon 2	X	-
0185U	Fut1 gnotyp fut1 exon 4	X	1
0186U	Fut2 gnotyp fut2 exon 2	X	1
0187U	Fy gnotyp ackr1 exons 1-2	X	-
0188U	Ge gnotyp gypc exons 1-4	X	-
0189U	Gypa gnotyp ntrns 1 5 exon 2	X	-
	Gypb gnotyp ntrns 1 5 seux 3	X	ı
0191U	In gnotyp cd44 exons 2 3 6	X	1
	Jk gnotyp slc14a1 exon 9	X	ı
0193U	Jr gnotyp abcg2 exons 2-26	X	-
0194U	Kel gnotyp kel exon 8	X	-
0195U	Klf1 targeted sequencing	X	ı
	Lu gnotyp bcam exon 3	Χ	-
0197U	Lw gnotyp icam4 exon 1	Χ	-
0198U	Rhd&rhce gntyp rhd1-10&rhce5	X	-
0199U	Sc gnotyp ermap exons 4 12	Х	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-

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0219U Nfct agt hiv gnrj seg alys

#### Commercial codes not covered or requiring preauthorization - Nevada

As of: 03/22/24 Small Employer and Individual Codes **Description 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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ 0200U Xk anotyp xk exons 1-3 0201T Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic Χ Χ 0201U Yt gnotyp ache exon 2 0202T Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin Χ 0203U Ai ibd mrna xprsn prfl 17 X X 0204U Onc thyr mrna xprsn alys 593 0205U Oph amd alys 3 gene variants Χ Χ 0206U Neuro alzheimer cell aggregi 0207T Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral X 0207U Neuro alzheimer quan imaging X 0209U Cytog const alvs interrog Х 0210U Syphilis tst antb ia quan X X 0211U Onc pan-tum dna&rna gnrj seg X 0212U Rare ds gen dna alys proband 0213T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi Х 0213U Rare ds gen dna alvs ea comp 0214T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi Х 0214U Rare ds xom dna alys proband 0215T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi 0215U Rare ds xom dna alvs ea comp 0216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi Х Neuro inh ataxia dna 12 com 0216U 0217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi 0217U Neuro inh ataxia dna 51 gene 0218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi Neuro musc dvs dmd seg alvs 0219T Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)

Χ

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0220T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	X	_
0220U	Onc brst ca ai assmt 12 feat	X	-
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)		
		X	-
0221U	Abo gnotyp next gnrj seq abo	Х	-
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	
022211	Rhd&rhce gntyp next gnrj seq	X	-
	Rx asy prsmv 30+rx/metablt	Х	-
	Onc prst8 ma molec prfl alg	Х	-
	Bcat1 promoter mthyltn alys	Х	-
	Ar full sequence analysis	-	Х
	Cacna1a full gene analysis	-	Х
	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	_
023211	Cstb full gene analysis	-	X
	Fxn gene analysis	_	X
	Pten full gene analysis	_	X
	Car ion chnlpthy gen seq pnl	_	X
	Onc Inch syn gen dna seq aly	_	X
	Trgt gen seq alys pnl 311+	-	X
	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes,		
02420	interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	_	Χ
024311	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay,		
02400	maternal serum, predictive algorithm reported as a risk score for preeclampsia	X	_
024411	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants,	, ,	
02110	insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite		
	instability, utilizing formalin-fixed paraffinembedded tumor tissue	X	_
024511	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-		
3 <b>2</b> -100	generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	X
0246U	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red	_	· · · ·
00.471.1	blood cell antigens  Obstatics (and any high) is sulin like growth footen, highling protein 4 (ibn4), any hormone, highling planulin (abb.n.)	Х	<del></del>
U24/U	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	X	-
0248U	Onc brn sphrd cll 12 rx pnl	X	<u>-</u>

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0249U Onc brst alys 32 phsprtn alg	Х	-
0250U Onc sld org neo dna 505 gene	-	X
0251U Hepcidin-25 elisa serum/plsm	X	-
0252U Ftl aneuploidy str alys dna	-	Х
0253U Rprdtve med rna gen prfl 238	-	Х
0254U Reprdtve med alys 24 chrmsm	-	Х
0255U Andrology infertility assmt	X	-
0256U Tma/tmao prfl ms/ms ur alg	X	-
0257U Vlcad leuk nzm actv whl bld	X	-
0258U Ai psor mrna 50-100 gen alg	X	-
0259U Neph ckd nuc mrs meas gfr	X	-
0260U Rare ds id opt genome mapg	-	X
0261U Onc circt ca img alys w/ai	X	-
0262U Onc sld tum rtpcr 7 gen	-	Х
0263T Im autol b1 mrw cel ther 1 leg compl incl hrvst	X	-
0263U Neuro asd meas 16 c metblt	X	-
0264T Im autol b1 mrw cel ther 1 leg compl xcl hrvst	X	-
0264U Rare ds id opt genome mapg	-	X
0265T Im autol b1 mrw cel ther uni/bi hrvst only	X	-
0265U Rar do whl gn&mtcdrl dna als	-	X
0266T Impltj/rplcmt crtd sns brorflx actv dev tot sys	X	-
0266U Unxpl cnst hrtbl do gn xprsn	-	X
0267T Implti/rplcmt crtd sns brorflx actv dev lead uni	X	-
0267U Rare do id opt gen mapg&seq	-	X
0268T Impltj/rplcmt crtd sns brorflx actv dev pls gen	X	-
0269T Rev/remvl crtd sns brorflx actv dev tot sys	X	-
0269U Hem aut dm cgen trmbctpna 14	-	X
0270T Rev/remvl crtd sns brorflx actv dev lead uni	X	-
0270U Hem cgen coagj do 20 genes	-	X
0271T Rev/remvl crtd sns brorflx actv dev pls gen	X	1
0271U Hem cgen neutropenia 23 gen	-	X
0272T Interrogation eval crtd sns brorflx actv sys	X	
0272U Hem genetic bld do 51 genes	-	X
0273T Interrogation eval crtd sns brorflx w/progrmg	X	-
0273U Hem gen hyprfibrnlysis 8 gen	-	X
0274T Perq lamot/lam any meth single/mlt lvl crv/thrc	X	-
0274U Hem gen pltlt do 43 genes	-	X
0275T   Perq lamot/lam any meth single/mlt lvl lumbar	X	-

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	ote 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	g immunizations, injectable drugs, or
· ·	s and should be directed to the Pharmacy link option within the website.	1	
	neprn nduc trmbctpna srm	Х	-
	nh thrombocytopenia 23	-	X
	gen pltlt funcj do 31	-	X
0278T Transo	cutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes		
	ment of electrodes).	X	-
	gen thrombosis 12 genes	-	X
	/w factor&clgn iii bndg	X	-
0280U Hem v	vw factor&clgn iv bndg	X	-
0281U Hem v	vwd propeptide ag lvl	X	-
0282U Rbc di	na gntyp 12 bld grp gen	X	-
0283U Vw fac	ctor type 2b eval plsm	X	-
0284U Vw fac	ctor type 2n eval plsm	X	-
0285U Onc rs	sps radj cll fr dna tox	-	X
0287U Onc th	nyr dna&mrna 112 genes	-	X
	ing mrna quan pcr 11&3	-	X
	alzheimer mrna 24 gen	Х	-
	ngmt mrna gen xprsn 36	Х	-
	mood do mrna 144 genes	Х	_
	strs do mrna 72 genes	Х	-
	suicidal idea mrna 54	Х	-
	/&mrtlty rsk mrna 18gen	Х	-
	rst dux carc 7 proteins	Х	-
	rl&/orop ca 20 mlc feat	-	X
	an tum whl gen seg dna	-	X
	an tum whi trns seq rna	-	X
	an tum whl gen opt mapg	-	X
	an tum whl gen seg&opt	-	X
	bartonella ddpcr	Х	-
	brtnla ddpcr flwg liq	X	-
	bc ads whl bld hypoxic	X	-
	be ads whi bid hypoxic bc ads whi bid normoxic	X	_
	be facility&dfrm shr strs	X	-
	nrd nxt-gnrj alys 1st	-	X
	nd nxt-grif alys 1st	_	X
	on of ocular telescope prothesis including removal of crystalline lens	X	-
	ad alys 3 prtn plsm alg	X	
	od alys 3 prth pish alg	X	-
	solts kd alys 3 bmrks	X	<u>-</u>
USTUU Ped V	scits ku aiys 3 diffiks	^	

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, ,	edications and should be directed to the Pharmacy link option within the website.		
	Trnscth renal symp denrv unl	Х	<u>-</u>
	Onc sld tum crcg tum cl slct	Х	<u>-</u>
	Trnscth renal symp denrv bil	Х	<u>-</u>
	Onc prst8 mrna hoxc6 & dlx1	Х	-
	Onc pan ca alys mrd plasma	-	X
	Ftl aneup dna seq cmpr alys	-	X
	Onc pncrtc ca mult ia eclia	Х	-
	Onc prst8 xom aly 442 sncrna	X	-
	Hep nafld semiq evl 28 lipid	X	-
	Psyc genom alys pnl 15 gen	Х	-
0346U	Beta amyl aβ40 & aβ42 lc-ms/ms	Χ	-
0347T	Ins bone device for rsa	X	-
0347U	Rx metab/pcx dna 16 gen alys	X	-
0348T	Rsa spine exam	Х	-
0348U	Rx metab/pcx dna 25 gen alys	Х	-
0349T	Rsa upper extr exam	Χ	-
0349U	Rx metab/pcx dna 27gen rx ia	Χ	-
0350T	Rsa lower extr exam	Χ	-
0350U	Rx metab/pcx dna 27 gen alys	X	-
0351T	Intraop oct brst/node spec	Х	-
	Nfct ds bct/viral trail ip10	Х	-
0352T	Oct brst/node i&r per spec	Х	-
	Intraop oct breast cavity	Х	-
	Oct breast surg cavity i&r	Х	-
	Hpv hi rsk qual mrna e6/e7	Х	-
	Apol1 (apolipoprotein l1) (eg, chronic kidney disease), risk variants (g1, g2)	Х	-
	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	X	-
0357U	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	-
0358T	Bia whole body	Х	-
	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	-
0359LJ	Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and		
	immunoassay, plasma, algorithm reports risk of cancer	X	-
03601	Oncology (lung), enzyme-linked immunosorbent assay (elisa) of 7 autoantibodies (p53, ny-eso-1, cage, gbu4-5, sox2,	- `	
2000	mage a4, and hud), plasma, algorithm reported as a categorical result for risk of malignancy	х	_

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Commercial codes not covered or requiring preauthorization - Nevada As of: 03/22/24 Small Employer and Individual Codes Description Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ 0361U Neurofilament light chain, digital immunoassay, plasma, quantitative 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 Oncology (urothelial), mrna, geneexpression profiling by real-time quantitative pcr of 5 genes (mdk, hoxa13, cdc2 0363U [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma 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 0365U Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) Χ by immunoassays, urine, algorithm reported as a probability of bladder cancer 0366U Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) Χ by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer 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 Χ persistent cancer following transurethral resection 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 Χ cancer Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens, 31 bacterial, viral, and parasitic 0369U organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique Χ 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 Χ 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 Χ reaction (qpcr), urine Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, Χ urine, reported as an antimicrobial stewardship risk score 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

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

Χ

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		Small E	Employer and Individual
Codes	Description	Not Covered	Preauthorization Required
isclaimer: pecialty m	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
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	-
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	<u>-</u>
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	_
	Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat-primed pcr, blood, saliva, or buccal swab	X	-
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	-	X
	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	-
03810	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	-
	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-
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)	X	-
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	X	-
)385U	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		
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	X	<u>-</u>
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	-

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specialty m	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 ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
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	-
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	X	-
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (kdr), endoglin (eng), and retinol-binding protein 4 (rbp4), by immunoassay, serum, algorithm reported as a risk score	Х	_
030111	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (ffpe)	Λ	-
03910	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
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		Χ
020211	each drug Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf), detection of misfolded α-	-	^
03930	synuclein protein by seed amplification assay, qualitative	Х	_
0394T	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when		
00041	performed	X	-
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		
		X	-
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry,		
	when performed	X	-
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	-
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	V	
02077	Endocoppio retrogrado chalangian angresto graphy (aran) with antical and amigras copy (list concretal) in a delitical to	Х	-
039/1	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	_
030711	Oncology (non-small cell lung cancer), cell-free dna from plasma, targeted sequence analysis of at least 109 genes,	^	-
00310	including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations		
	more and code and copy inditions, moontons, acientics, scient rearrangements, and copy inditiber variations	Х	-
0398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial		
	for movement disorder including stereotactic navigation	X	-
	ada raquira progutharization after a cartain number of vicits. Vicits and limits are dependent on plan type and/or provider type		

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	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	V	
020011	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor iggbinding antibody and blocking	Х	-
	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	-
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
	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	-
	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	Х	-
	Oncology (prostate), mrna, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	-	X
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay, serum, results reported as risk of disease progression	Х	-
	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Х	-
	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	-
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	_
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	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	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	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
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
	Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	X	-

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0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
	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	-
	Removal of permanent cardiac contractility modulation system; pulse generator only	Χ	-
	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	V	
0440T	reported as presence or absence of brain amyloid pathology	X	-
	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	^	<u> </u>
04130	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	_	X
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Х	
	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	-	X
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Х	-
)415U	Cardiovascular disease (acute coronary syndrome [acs]), il-16, fas, fasligand, hgf, ctack, eotaxin, and mcp-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for acs	Х	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	X	-
	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	-
	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	-
)417U	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	X	<u>-</u>
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and		
744011	disconnection per patient encounter; implantable cardiac contr	Х	<del>-</del>
	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	Х	<del>-</del>
	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
)420U	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
)421U	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	<u>-</u>
)422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	X	_
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if		
10011	appropriate	X	-
	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	-
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	x	
142ELL	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator	^	-
)425U	genome (eg, parents, siblings)		V
140CLL	Genome (eg, parents, siblings) Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	X X
	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	X	
	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	-	X
)429U	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	-
)431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	Х	-
	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	Х	-
	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Х	_
)434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	х	-
435U	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	X	-
)436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Х	_

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		Small E	l Employer and Individual	
Codes Description	<b>Description</b>	Not Covered	Preauthorization Required	
specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	j immunizations, injectable drugs, or	
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	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	_	
0439T	Myocrd contrast prfuj echo	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	Х	-	
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-	
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	-	
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	X	-	
	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	-	
	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Х	-	
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	-	
0443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	-	
0443U		X	-	
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Х	-	
0444U	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	
0445T	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral	Х	-	

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Small Employer and Individual Codes Description Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 0445U β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology Χ Χ 0446T | Crtj subq insj impltbl glucose sensor sys X 0447T Rmvl impltbl glucose sensor subg pocket via inc 0448T Rmvl insj impltbl gluc sensor dif anatomic site 0448U Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants Χ 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 0449U Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies Χ [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) Visual ep testing for glaucoma w/interpj & reprt Χ X 0470T Oct skn img acquisj i&r 1st X 0471T Oct skn img acquisi i&r addl 0472T Prormo io rta eltro ra Χ X 0473T Reprgrmg io rta eltrd ra 0474T Insj aqueous drg dev io rsvr X 0485T Oct middle ear with i&r unilateral Χ 0486T Oct middle ear with i&r bilateral Х 0488T Diabetes prev online/electronic prgrm pr 30 days X X 0489T Autol regn cell tx scleroderma hands X 0490T Autol regn cell tx scldr mlt inj one or both hands 0494T Prep & cannulj cdvr don Ing orgn prfuj sys 0495T Init & mntr cdvr don Ing orgn prfuj sys 1st 2 hr Χ 0496T Mntr cdvr don Ing orgn prfuj sys ea addl hr X 0500F Initial prenatal care visit X 0501F Prenatal flow sheet documented in medical record by first prenatal visit X 0502F Subsequent prenatal care visit Χ Χ 0503F Postpartum care visit2 0505F Hemodialysis plan of care documented (esrd) X 0507F Peritoneal dialysis plan of care documented (esrd) Χ 0509F Urinary incontinence plan of care documented (ger) Χ 0510T Removal of sinus tarsi implant Χ Χ 0511T Removal and reinsertion of sinus tarsi implant

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0551F Cytopath report non-routine

#### Commercial codes not covered or requiring preauthorization - Nevada

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Χ

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0586T Open islet cell transplant

### Commercial codes not covered or requiring preauthorization - Nevada

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•	edications and should be directed to the Pharmacy link option within the website.			
	Hlth&wb coaching indiv 1st	X	-	
	Hlth&wb coaching indiv f-up	X	-	
	HIth&wb coaching group	X	-	
	Osteot hum xtrnl lngth dev	X	-	
	Temp fml iu vlv-pmp 1st insj	X	-	
	Temp fml iu valve-pmp rplcmt	X	-	
	Nente r-t fluor wnd img 1st	X	-	
	Ncntc r-t fluor wnd img ea	X	-	
	Ire abltj 1+tum organ perq	X	-	
	Ire abltj 1+tumors open	X	-	
	Transdermal gfr measurements	X		
	Transdermal gfr monitoring	X	-	
0604T	Rem oct rta dev setup&educaj	X	-	
0605T	Rem oct rta techl sprt min 8	X	-	
	Rem oct rta phys/qhp ea 30d	X	-	
0607T	Rem mntr pulm flu mntr setup	X	-	
0608T	Rem mntr pulm flu mntr alys	X	-	
0609T	Mrs disc pain acquisj data	X	1	
0610T	Mrs disc pain transmis data	X	ı	
0611T	Mrs disc pain alg alys data	X	-	
0612T	Mrs discogenic pain i&r	X	ı	
0613T	Perq tcat intratrl septl sht	X	ı	
0615T	Eye mvmt alys w/o calbrj i&r	X	-	
0621T	Trabeculostomy interno laser	Х	-	
0622T	Trabeculostomy int lsr w/scp	Х	-	
0623T	Auto quantification c plaque	X	-	
0624T	Auto quan c plaq data prep	Х	-	
0625T	Auto quan c plaq cptr alys	Х	-	
0626T	Auto quan c plaq i&r	Х	-	
0627T	Perq njx algc fluor Imbr 1st	Х	-	
0628T	Perq njx algc fluor Imbr ea	Х	-	
0629T	Perq njx algc ct lmbr 1st	Х	-	
0630T	Perq njx algc ct lmbr ea	Х	-	
	Perq tcat us abltj nrv p-art	Х	-	
	Ct breast w/3d uni c	X	-	
0634T	Ct breast w/3d uni c+	X	-	
	Ct breast w/3d uni c-/c+	Х	-	
	Ct breast w/3d bi c	Х	-	

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0637T	Ct breast w/3d bi c+	X	-
0638T	Ct breast w/3d bi c-/c+	X	-
0639T	Wrls skn snr anisotropy meas	X	-
0640T	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	X	-
0643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left		
	ventriculography when performed, arterial approach	X	-
	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		ı
	guidance, when performed	X	-
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		ı
	interpretation, when performed	X	-
	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image		
	documentation and report	X	-
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of		
	capsule, with interpretation and report	Х	-
	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or		
	washing, when performed (separate procedure)	X	-
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Х	-
	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-
	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused		
	images or other enhanced ultrasound imaging	Х	-
	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-
	Vertebral body tethering, anterior; 8 or more vertebral segments	Х	-
	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Х	-
	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary		
	revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy),		ı
	angiography, and radiologic supervision and interpretation	X	-
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-
	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Х	-
	Scalp cooling, mechanical; initial measurement and calibration of cap	Х	-
	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code		
-	for primary procedure)	X	<b>-</b>
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	-
	Donor hysterectomy (including cold preservation); open, from living donor	Х	-
	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Х	-

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0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Х	-
	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Х	-
0669T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Х	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-
0672T	Ndovag cryg rf remdl tiss	Χ	-
	Abltj b9 thyr ndul perg lasr	X	-
	Laps insj nw/rpcmt prm isdss	X	-
	Laps insj nw/rpcmt isdss 1ld	X	-
	Laps insj nw/rpcmt isdss ea	X	-
	Laps repos lead isdss 1st ld	Х	-
	Laps repos lead isdss ea add	Х	-
	Laps rmvl lead isdss	Х	-
	Insj/rplcmt pg only isdss	Х	-
	RIcj pulse gen only isdss	Х	-
	Removal pulse gen only isdss	Х	-
	Prgrmg dev eval isdss ip	Х	-
	Peri-px dev eval isdss ip	Х	-
	Interrog dev eval isdss ip	Х	-
	Histotripsy mal hepatcel tis	Х	-
	Tx amblyopia dev setup 1st	Х	-
	Tx amblyopia assmt w/report	Х	-
	Quan us tis charac w/o dx us	Х	-
	Quan us tis charac w/dx us	Х	-
	Auto alys xst ct std vrt fx	Х	-
	Therapeutic ultrafiltration	Х	-
	Compre ful bdy 3d mtn alys	Х	-
	3d vol img&rcnstj brst/ax	Х	-
	Bdy srf mpg pm/cvdfb tm impl	X	-
	Bdy surf mapg pm/cvdfb f/up	X	-
	Quan mr tis wo mri mlt orgn	X	-
	Quan mr tiss w/mri mlt orgn	X	-
	Molec fluor img sus nev 1st	X	-
	Molec fluor img sus nev ea	X	_

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bladder irrigation, and magnetic field nanoparticle activation

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		Small Employer and Individual	
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specialty me	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	j immunizations, injectable drugs, or
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; initial set-up and patient education	Х	<del>-</del>
	Remote autonomous algorithm-based recommendation system for insulin dose calculation and titration; provision of software, data collection, transmission, and storage, each 30 days	Х	-
	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	_
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	-
	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	_
	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	X	<u> </u>
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	_
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	X	_
0751T	Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	X	
	Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	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	-
	Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	<del>-</del>
	Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-
	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	<u>-</u>

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pecialty m	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
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	V	
0758T	immunohistochemistry (list separately in addition to code for primary procedure)  Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on	Х	-
07301	frozen tissue block (list separately in addition to code for primary procedure)	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	-
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	-
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	-
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	-
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)	X	-
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)	X	<u>-</u>
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low-ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	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	_
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)	X	-
	Virtual reality technology to assist therapy (list separately in addition to code for primary procedure)	Х	-
U771T	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		
		X	-

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		Small E	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	
Disclaimer: specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or	
	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)			
		X	-	
	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	X		
	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	^	<u> </u>	
	addition to code for primary service	X	-	
	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	-	
	Real-time pressure-sensing epidural guidance system (list separately in addition to code for primary procedure)	Х	-	
	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	-	
	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	X	-	
	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract  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	X	<u> </u>	
	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	X		
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	X	-	
0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Х	-	
	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	X	-	
	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Х	<u>-</u>	
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	X		

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		Small Employer and Individual	
Codes	Description	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 coding lists do not reflect ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding	j immunizations, injectable drugs, or
	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body		
07901	tethering, including thoracoscopy, when performed	Х	_
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to		
77 5 1 1	code for primary procedure)	_	X
1794T	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		
	Carlot painting of the control of	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)	-	Χ
)859T	gg		
	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		I
	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	-
860T	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	_
000F	Tobacco use, smoking, assessed1	Х	-
	Anginal symptoms and level of activity assessed (nma - no measure associated)	Х	-
	Level of activity assessed (nma no measure associated)	Х	-
	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	Х	-
	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient		
	completion of an asthma assessment tool/survey/questionnaire) (nma - no	Χ	-
1006F	Osteoarthritis symptoms and functional status assessed	X	-
	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed	X	-
	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids	X	-
	Severity of angina assessed by level of activity (cad)	X	-
011F	Angina present (cad)	Х	-
012F	Angina absent (cad)	X	-
015F	Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at least one of the		
	following:	X	-
018F	Dyspnea assessed, not present (copd)	X	-
019F	Dyspnea assessed, present (copd)	Х	-
1022F	Pneumococcus immunization status assessed (cap, copd)	X	-
1026F	Co-morbid conditions assessed 9eg, includes assessment for presence or absence of: malignancy, liver disease,		
		X	<u>-</u>
1030F	Influenza immunization status assessed (cap)	Х	-
1031F	Smoking status and exposure to second hand smoke in the home assessed (asthma)	X	-

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	Small Employer and Individual	
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1032F Current tobacco smoker or currently exposed to secondhand smoke (asthma)	X	-
1033F Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)	Х	-
1034F Current tobacco smoker (cad, cap, copd, dm, pv)	Х	-
1035F Current smokeless tobacco user (eg chew, snuff)(pv)	X	-
1036F Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd)	Х	-
1038F Persistent asthma (mild, moderate or severe)	Х	-
1039F Intermittent asthma	X	-
1040F Dsm-iv¿ criteria for major depressive disorder documented (mdd)	X	-
1050F History obtained regarding new or changing moles (ml)	Х	-
1052F Type, anatomic location, and activity all assessed (ibd)	Х	-
1055F Visual functional staus assessed (ec)	Х	-
1060F Documentation of permanent or persistent or paroxysmal atrial fibrillation (str)	Х	-
1061F Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str)	Х	-
1065F Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)	Х	-
1066F Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str)	Х	-
1070F Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (gerd)	Х	_
1071F Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present (gerd)	X	<del>-</del>
1090F Presence or absence of urinary incontinence assessed (ger)	Х	-
1091F Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger)	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	-
1101F Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y	X	-
1110F Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within	X	<del>-</del>
1111F Discharge medications reconciled with the current medication list in outpatient medical record (ger)	X	-
1116F Auricular or periauricular pain assessed (aoe)	X	-
1118F Gerd symptoms assessed after 12 months of therapy (gerd)5	X	
1119F Initial evaluation for condition (hep c)1	X	
1121F Subsequent evaluation for condition (hep c)1	X	_
1123F Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the		_
	x	_
medical record (dem) (ger, pall cr)  1124F 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 (	X	<del></del>
1125F Pain severity quantified; pain present (onc)1	X	-
1126F Pain severity quantified; no pain present (onc)1	Х	<u> </u>

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1502F Pt queried pain fxn w/instr

1503F Pt gueried symp resp insufficient

### Commercial codes not covered or requiring preauthorization - Nevada

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documented (cwc)

#### Commercial codes not covered or requiring preauthorization - Nevada

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Х

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		Small E	Employer and Individual
Codes	Description	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 coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-
3006F	Chext xray results documented and reviewed (cap)	Х	-
3008F	Body mass index (bmi), documented (pv)	Х	-
3011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-
3014F	Screening mammography results documented and reviewed	X	-
	Cervical cancer screening results documented and reviewed (pv)	X	-
	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-
3017F	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-
	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-	V	
00405	up in final colonoscopy report documented (end/polyp)	X	<del>-</del>
	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	Χ	<del>-</del>
	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	Х	<u>-</u>
3021F	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular	X	-
3022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-
3023F	Spirometry results documented and reviewed (copd)	X	-
	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	_
3027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	X	
	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood		
00201	gas	X	_
3035F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	X	-
3037F	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	-
	Functional expiratory volume (fev1) <40% of predicted value (copd)	X	-
	Functional expiratory volume (fev1) >=40% of predicted value (copd)	X	-
	Most recent hemoglobin a1c level <7.0% (dm)	X	-
	Hemoglobin a1c level > 9.0%	X	-
	Most recent Idl-c less than 100 mg/dl (cad) (dm)	X	-
	Most recent Idl-c 100-129 mg/dl (cad) (dm)	X	_
	Most recent ldl-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
20001	Hg a1c>equal 7.0%<8.0%	X	

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As of: 03/22/24 Small Employer and Individual

e 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 in ons and should be directed to the Pharmacy link option within the website.  a1c>equal 8.0%  ventricular ejection fraction (Ivef) less than or equal to 35% (hf)  ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)  itive microalbuminuria test result documented and reviewed (dm)  ative microalbuminuria test result documented and reviewed (dm)  itive macroalbuminuria test result documented and reviewed (dm)	Not Covered  formation regarding  X  X  X  X  X  X  X	Preauthorization Required g immunizations, injectable drugs, or
ons and should be directed to the Pharmacy link option within the website.  a1c>equal 8.0%  ventricular ejection fraction (Ivef) less than or equal to 35% (hf)  ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)  itive microalbuminuria test result documneted and reviewed (dm)  ative microalbuminuria test result documented and reviewed (dm)  itive macroalbuminuria test result documented and reviewed (dm)	X X X X	immunizations, injectable drugs, or
ventricular ejection fraction (lvef) less than or equal to 35% (hf) ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf) itive microalbuminuria test result documneted and reviewed (dm) ative microalbuminuria test result documented and reviewed (dm) itive macroalbuminuria test result documented and reviewed (dm)	X X X	- - - -
ventricular ejection fraction (Ivef) less than or equal to 35% (hf) ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf) itive microalbuminuria test result documneted and reviewed (dm) ative microalbuminuria test result documented and reviewed (dm) itive macroalbuminuria test result documented and reviewed (dm)	X X X	
ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf) itive microalbuminuria test result documneted and reviewed (dm) ative microalbuminuria test result documented and reviewed (dm) itive macroalbuminuria test result documented and reviewed (dm)	X X X	
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ative microalbuminuria test result documented and reviewed (dm) itive macroalbuminuria test result documented and reviewed (dm)	Х	
itive macroalbuminuria test result documented and reviewed (dm)		
	^	
umentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf		
unfortation of treatment for hepriropatity (eg, patient receiving dialyss), patient being treated for esta, on, an	Х	_
risk for retinonathy (no evidence of retinonathy in the prior year) (dm)		<u> </u>
	X	_
bild imaging study report includes direct of indirect reference to measurements of distal internal carotid diameter a	X	<u>-</u>
umentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction		
·	Х	<del>-</del>
·	Х	<u>-</u>
	X	<u>-</u>
	risk for retinopathy (no evidence of retinopathy in the prior year) (dm) surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation men if recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad) if recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad) if recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm) if recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm) if recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm) if recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) if recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressive disorder, mild (mdd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 2 than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 2 than 1.7 (clearance of urea (kt)/volume (v)) (esrd) if recent diastolic blood pressure greater than 2 than 1.7 (clearance of urea (kt)/volume (	risk for retinopathy (no evidence of retinopathy in the prior year) (dm)  Surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation men  X  Trecent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)  X recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)  X recent diastolic blood pressure greater than 0 find hg

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3271F Low risk of recurrence, prostate cancer (prca)1

3272F Intermediate risk of recurrence, prostate cancer (prca)1

X

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3331F Imaging study not ordered (bkp)2

### Commercial codes not covered or requiring preauthorization - Nevada

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<b>a</b>		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required
Disclaimer: specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	Χ	-
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	Χ	-
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Χ	-
3343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	Χ	-
3344F	Mammogram assessment category of "suspicious," documented (rad)	Χ	-
3345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Χ	-
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	X	-
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	Х	-
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	Х	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (	Х	-
3370F	Ajcc breast cancer stage 0, documented (onc)	Χ	-
	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	Χ	-
3374F	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-
	Ajcc breast cancer stage ii, documented (onc)	Χ	-
	Ajcc breast cancer stage iii, documented (onc)	Χ	-
	Ajcc breast cancer stage iv, documented (onc)	Χ	-
	Ajcc colon cancer, stage 0, documented (onc)	Χ	-
	Ajcc colon cancer, stage i, documented (onc)	Χ	-
	Ajcc colon cancer, stage ii, documented (onc)	Χ	-
	Ajcc colon cancer, stage iii, documented (onc)	Χ	-
	Ajcc colon cancer, stage iv, documented (onc)	Χ	-
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	Х	<u>-</u>
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Χ	-
	Dyspnea screened, moderate or severe dyspnea (pall cr)	Χ	-
	Dyspnea not screened (pall cr)	Χ	-
	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	_
3/705	Rheumatoid arthritis (ra) disease activity, low (ra)	X	<u>-</u>
	Rheumatoid arthritis (ra) disease activity, now (ra)  Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	<u>-</u>
J#1 11	Rheumatoid arthritis (ra) disease activity, high (ra)	X	<u>-</u>

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Χ

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4069F Venous thromboembolism (vte) prophylaxis received (ibd)

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Codes	Description	Small Employer and Individual	
		Not Covered	Preauthorization Required
specialty me	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-
4165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-
	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	-
4168F	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	Х	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Χ	-
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-
4176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-
4177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-
4178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-
	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-
	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-
	Conformal radiation therapy received (onc)1	Х	-
	Conformal radiation therapy not received (onc)1	Х	-
4185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Х	-
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	Х	-
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-
	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	Х	-
	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	Х	-
	Patient not receiving glucocorticoid therapy (ra)	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	<del>-</del>

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As of: 03/22/24 Small Employer and Individual Codes **Description 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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 4194F Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in Χ disease activity (ra) X 4195F Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra) 4196F Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra) Χ External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca) 4201F External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient Χ 4210F Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2 Χ Digoxin medication therapy for 6 months or more (mm)2 X 4220F 4221F Diuretic medication therapy for 6 months or more (mm)2 X 4230F | Anticonvulsant medication therapy for 6 months or more (mm)2 Χ 4240F Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las Χ 4242F Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 Χ X 4245F Patient counseled during the initial visit to maintain or resume normal activities (bkp)2 Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2 Χ Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature Χ egual 4255F Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit) Χ 4256F Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit) Χ 4260F Wound surface culture technique used (cwc) X Х 4261F Tech other than surfc cultr X 4265F Use of wet to dry dressings prescribed or recommended (cwc) X 4266F Use of wet to dry dressings neither prescribed nor recommended (cwc) 4267F Compression therapy prescribed (cwc) 4268F Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) Χ 4269F Appropriate method of offloading (pressure relief) prescribed (cwc) X Х 4270F Patient receiving potent antiretroviral therapy for 6 months or longer (hiv) 4271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h

4274F Influenza immunization administered or previously received (hiv)

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4554F Pt recvd inhal anesthetic

4555F Pt recvd no inhal anesthic

4556F Ptw/3+ post-op nausea and vommiting

# Commercial codes not covered or requiring preauthorization - Nevada

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X

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		Small Employer and Individual	
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4557F	Pt w/o 3+ pot-op nausea and vommiting	Х	-
	Pt recvd 2 rx anti-emetagnts	Х	-
	1 bodytemp >=35.5 cw/in 30 mins	Х	-
	Anesth w/o general or neurax anesth	X	-
	Pt w/ cornonary artery stent	X	-
4562F	Patient does not have coronary artery stent	X	-
	Pt recvd aspirin w/in 24 hours	X	-
5005F	Patient counseled on self - examination for new or changing moles (ml)	X	-
5010F	Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	X	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for	Х	
F000F	oste The strength of the profit of the strength of the strengt	^	<u> </u>
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one		
<b>50505</b>	month of co	X	<u> </u>
	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Λ	<del>-</del>
	Findings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business days of e	Х	-
	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the	Х	
	diagnostic imag	^	<u> </u>
5100F	Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	Х	-
5200F	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	Х	_
5250F	Asthma discharge plan present (asthma)	X	
	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	
	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	
	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	X	
	Npo (nothing by mouth) ordered (str)	X	
	All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves	Λ	
00301	a	Х	-
6040F	Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure,	Х	
804EE	documen  Rediction expecture or expecture time in final report for procedure using fluorescent, documented (red)5	X	<u>-</u>
	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5  Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)		
		X	<u>-</u>
	Pt/caregiver queried falls	X	<u>-</u>
	Pt/caregiver counsel safety  Times ut to varify correct nations correct site and correct procedure decumented (nath)0	X	<u>-</u>
	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9		-
	Safety counsel dementia prov	X	<u>-</u>
01UZF	Safety counsel dementia ord	۸	<u> </u>

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Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. 6110F | Counsel risks driving and alternatives Χ 6150F Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd) X 7010F Patient information entered into a recall system that includes; target date for the next exam specified and a process to Χ 7020F Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for Χ 7025F Patient information entered into a reminder system with a target due date for the next mammogram (rad)5 X Χ 9001F Immunohisto antibod add slid 9002F Aortic aneurysm 5-5.4cm diam Χ Χ 9003F Aortic anrysm5.5-5.9cm diam 9004F Aortic anrysm 6/> cm diam X X 9005F Asympt carot/vrtbrbas sten X 9006F Sympt sten-tia/strk<120days 9007F Other carot sten 120 days/> A0080 Noninterest escort in non er X A0090 Interest escort in non er Χ A0100 Nonemergency transport taxi X A0110 Nonemergency transport bus A0120 Noner transport mini-bus X X A0160 Noner transport case worker A0170 Noner transport parking fees Χ A0180 Noner transport lodging recip Х A0190 Noner transport meals recip A0200 Noner transport lodging escrt Х A0210 Noner transport meals escort X A0420 Ambulance waiting 1/2 hr A0424 Extra ambulance attendant Χ A0426 Als 1 Х A0428 Bls Х A0432 Pi volunteer ambulance co X A0888 Noncovered ambulance mileage Х X A2002 Mirragen adv wnd mat per sq A2003 Bio-connekt wound matrix A2004 Xcellistem, 1 mg Χ Χ A2005 Microlyte matrix, per sq cm A2006 Novosorb synpath per sq cm X A2008 Theragenesis, per sq cm Χ A2009 Symphony, per sq cm

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	Small E	Small Employer and Individual	
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specialty medications and should be directed to the Pharmacy link option within the website.			
A2010 Apis, per square centimeter	X	-	
A2011 Supra sdrm, per square cm	X	-	
A2012 Suprathel, per sq cm	X	-	
A2014 Omeza collagen matrix, per 100 mg	X	-	
A2015 Phoenix wound matrix, per square centimeter	X	•	
A2016 Permeaderm b, per square centimeter	X	ı	
A2017 Permeaderm glove, each	X	-	
A2018 Permeaderm c, per square centimeter	X	ı	
A2019 Kerecis marigen shld sq cm	Х	-	
A2020 Ac5 wound system	Х	-	
A2021 Neomatrix per sq cm	Х	-	
A2022 Innovaburn or innovamatrix xl, per square centimeter	Х	-	
A2023 Innovamatrix pd, 1 mg	Х	-	
A2024 Resolve matrix, per square centimeter	X	-	
A2025 Miro3d, per cubic centimeter	X	-	
A4100 Skin sub fda clrd as dev nos	X	-	
A4226 Supplies for maintenance of insulin infusion pump	X	-	
A4238 Adju cgm supply allowance	-	X	
A4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and			
accessories, 1 month supply = 1 unit of service	-	X	
A4244 Alcohol or peroxide per pint	X	-	
A4245 Alcohol wipes per box	X	-	
A4253 Blood glucose/reagent strips	X	-	
A4257 Replacement lens shield cartridge for use with laser skin piercing device, each	X	-	
A4262 Temporary tear duct plug	X	-	
A4263 Permanent tear duct plug	X	-	
A4265 Paraffin	X	-	
A4267 Contraceptive supply, condom, male, each	X	-	
A4268 Contraceptive supply, condom, female, each	X	-	
A4269 Contraceptive supply, spermicide (e.g., foam, gel), each	X	-	
A4270 Disposable endoscope sheath	X	-	
A4281 Tubing for breast pump, replacement	X	-	
A4282 Adapter for breast pump, replacement	X	-	
A4283 Cap for breast pump bottle, replacement	X	-	
A4284 Breast shield and splash protector for use with breast pump, replacement	X	-	
A4285 Polycarbonate bottle for use with breast pump, replacement	X	-	
A4286 Locking ring for breast pump, replacement	X	-	
A4287 Disposable collection and storage bag for breast milk, any size, any type, each	X	-	

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A5200 Percutaneous catheter anchor

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A6586 Gradient pressure wrap with adjustable straps, full leg, each

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A9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one

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C1749 Endoscope, retrograde imaging/illumination colonoscope device implantable)

C1754 Catheter, intradiscal

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C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or without magnetic		
	resonance (mr) guidance	Х	-
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor draining) with	v	
20757	administration of indocyanine green (icg) (list separately in addition to code for primary procedure)	X	<del>-</del>
	Spine/lumbar disk surgery	Λ	
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	V	
	code for primary procedure)	Х	-
	Arthro/shoul surg; w/spacer	-	X
	Blind myocar trpl bon marrow	X	-
	Blind cor sinus reducer impl	Х	-
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal		
	tube insertion, if performed, including all system and tissue anchoring components	X	-
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube insertion, if performed,		
	including all system and tissue anchoring components	-	X
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	-
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and		
	administration of agent	X	-
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 shunt placement (e.g., tee or ice ultrasound,		
	fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)		
	naorosospy), porromisa anaor gonerar anosmosia in air approvoa invostigational acvisco exemption (lab) staay)	Х	_
20703	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic	Λ	
59195	angiography with report	Х	_
C9795	angiography with report	Λ	
09193	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 lesions, entire course not to exceed 5 fractions		~
20000	•	X	X
	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage		<del>-</del>
	Periodic oral examination	X	
	Limited oral evaluation - problem-focused	X	<u>-</u>
	Oral evaluation for a patient under three years of age and counseling with primary caregiver	X	-
	Comprehensive oral evaluation	X	-
	Detailed and extensive oral evaluation - problem-focused, by report	X	-
	Re-evaluation - limited problem focused (established patient; not post-operative visit)	X	-
	Re-evaluation- post operative office visit	X	-
D0180	Comprehensive periodontal evaluation - new or established patient	X	

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D0383 Cone beam ct image capture with field of view of both jaws, with or without cranium

D0384 Cone beam ct image capture for tmj series including two or more exposures

X

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, ,	edications and should be directed to the Pharmacy link option within the website.	V	
	Consult inc prep of slides	Х	<del>-</del>
D0486	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of	V	
Docoo	written report	X	<del>-</del>
	Other oral pathology procedures, by report	Х	<del>-</del>
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel,	V	
<b>D</b> 2004	dentin, and cementum	X	<del>-</del>
	Caries risk assessment and documentation, with a finding of low risk	X	<u>-</u>
	Caries risk assessment and documentation, with a finding of moderate risk	X	<del>-</del>
	Caries risk assessment and documentation, with a finding of high risk	X	·-
	Panoramic radiographic image – image capture only	X	-
	2-d cephalometric radiographic image – image capture only	X	-
	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	-
	3-d photographic image – image capture only	X	-
	Extra-oral posterior dental radiographic image – image capture only	X	-
	Intraoral – occlusal radiographic image – image capture only	X	-
	Intraoral – periapical radiographic image – image capture only	Х	<del>-</del>
	Intraoral – bitewing radiographic image – image capture only	X	<u>-</u>
	Intraoral – complete series of radiographic images – image capture only	Х	-
	3d dental scan direct	X	-
	3d dental scan indirect	X	-
	3d facial scan direct	X	-
	3d facial scan indirect	X	-
	Unspecified diagnostic procedure, by report	X	-
D1110	Prophylaxis-adult	X	-
D1120	Prophylaxis-child	X	-
D1206	Topical application of fluoride varnish	X	-
D1208	Topical application of fluoride- excluding varnish	X	-
D1301	Immunization counseling	X	-
D1310	Nutritional counseling for the control of dental disease	X	-
D1320	Tobacco counseling for the control and prevention of oral disease	Х	-
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-		
	risk substance use	X	-
D1330	Oral hygiene instruction	Х	-
	Sealant-per tooth	Х	-
	Prev resin rest, perm tooth	Х	-
	Sealant repair- per tooth	Х	-
	Interim caries arresting medicament application-per tooth	Х	-
	Caries preventive medicament application – per tooth	Х	-

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D2928 Prefabricated porcelain/ceramic crown – permanent tooth

D2929 Prefabricated porcelain/ceramic crown- primary tooth

X

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D3310 Anterior (excluding final restoration)

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D4286 Removal of non-resorbable barrier

X

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specialty medications and should be directed to the Pharmacy link option within the website.			
D5421 Adjust partial denture-upper	X	-	
D5422 Adjust partial denture-lower	X	-	
D5511 Repair broken complete denture base, mandibular	X	-	
D5512 Repair broken complete denture base, maxillary	X	-	
D5520 Replace missingor broken teeth-complete denture (each tooth)	X	-	
D5611 Repair resin partial denture base, mandibular	X	-	
D5612 Repair resin partial denture base, maxillary	X	-	
D5621 Repair cast partial framework, mandibular	X	-	
D5622 Repair cast partial framework, maxillary	X	-	
D5630 Repair or replace broken retentive/clasping materials per tooth	X	-	
D5640 Replace broken teeth-per tooth	X	-	
D5650 Add tooth to existing partial denture	X	-	
D5660 Add clasp to existing partial denture- per tooth	X	-	
D5670 Replace all teeth and acrylic on cast metal framework (maxillary)	X	-	
D5671 Replace all teeth and acrylic on cast metal framework (mandibular)	X	-	
D5710 Rebase complete upper denture	X	-	
D5711 Rebase complete lower denture	X	-	
D5720 Rebase upper partial denture	X	-	
D5721 Rebase lower partial denture	Х	-	
D5725 Rebase hybrid prosthesis	X	-	
D5730 Reline upper complete denture (chairside)	X	-	
D5731 Reline lower complete denture (chairside)	X	-	
D5740 Reline upper partial denture (chairside)	X	-	
D5741 Reline lower partial denture (chairside)	X	-	
D5750 Reline upper complete denture (laboratory)	X	-	
D5751 Reline lower complete denture (laboratory)	X	-	
D5760 Reline upper partial denture (laboratory)	X		
D5761 Reline lower partial denture (laboratory)	X		
D5765 Soft liner for complete or partial removable denture - indirect	X		
D5810 Interim complete denture (upper)	X		
D5811 Interim complete denture (lower)	X		
D5820 Interim partial denture (upper)	X		
D5820 Interim partial denture (upper)  D5821 Interim partial denture (lower)	X	<u>-</u>	
D5821 Interim partial deriture (lower) D5850 Tissue conditioning, upper-per denture unit	X	<u>-</u>	
D5850 Tissue conditioning, upper-per denture unit D5851 Tissue conditioning, lower-per denture unit	X	<u>-</u>	
	X	<u>-</u>	
D5862 Precision attachment, by report  D5863 Overdenture- complete maxillary	X	<u> </u>	
	X	<u> </u>	
D5864 Overdenture- partial maxillary	Ι Χ	-	

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D5865 Overdenture- complete mandibular	X	-	
D5866 Overdenture- partial mandibular	X	-	
D5867 Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-	
D5875 Modification of removable prosthesis following implant surgery	X	-	
D5876 Add metal substructure to acrylic full denture (per arch)	X	-	
D5899 Unspecified removable prosthodontic procedure, by report	X	-	
D5911 Facial moulage (sectional)	X	-	
D5912 Facial moulage (complete)	X	-	
D5913 Nasal prosthesis	X	-	
D5914 Auricular prosthesis	X	-	
D5915 Orbital prosthesis	X	-	
D5916 Ocular prosthesis	X	-	
D5919 Facial prosthesis	X	-	
D5922 Nasal septal prosthesis	X	-	
D5923 Ocular prosthesis, interim	X	-	
D5924 Cranial prosthesis	X	-	
D5925 Facial augmentation implant prosthesis	X	-	
D5926 Nasal prosthesis, replacement	X	-	
D5927 Auricular prosthesis, replacement	X	-	
D5928 Orbital prosthesis, replacement	X	-	
D5929 Facial prosthesis, replacement	X	-	
D5931 Obturator prosthesis, surgical	X	-	
D5932 Obturator prosthesis, definitive	X	-	
D5933 Obturator prosthesis, modification	X	-	
D5934 Mandibular resection prosthesis with guide flange	X	-	
D5935 Mandibular resection prosthesis without guide flange	X	-	
D5936 Obturator/prosthesis, interim	X	-	
D5937 Trismus appliance (not for tm treatment)	X	-	
D5951 Feeding aid	X	-	
D5952 Speech aid prosthesis, pediatric	Х	-	
D5953 Speech aid prosthesis, adult	X	-	
D5954 Palatal augmentation prosthesis	X	-	
D5955 Palatal lift prosthesis, definitive	X	-	
D5958 Palatal lift prosthesis, interim	Х	-	
D5959 Palatal lift prosthesis, modification	Х	-	
D5960 Speech aid prosthesis, modification	X	-	
D5982 Surgical stent	X	-	
D5983 Radiation carrier	X	-	

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D6073 Abutment supported retainer for cast metal fpd (predominately base metal)

D6074 Abutment supported retainer for cast metal fpd (noble metal)

X

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D6106 Guided tissue regeneration - resorbable barrier, per implant

D6107 Guided tissue regeneration - non-resorbable barrier, per implant

D6110 Implant/abutment supported removable denture for edentulous arch-maxillary

X X

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D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis

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D6794 Retainer crown titanium

# Commercial codes not covered or requiring preauthorization - Nevada

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D6920 Connector bar	X	-	
D6930 Re-cement or re-bond fixed partial denture	X	-	
D6940 Stress breaker	X	-	
D6950 Precision attachment	X	-	
D6980 Fixed partial denture repair, necessitated by restorative material failure	X	-	
D6985 Pediatric partial denture, fixed	X	•	
D6999 Unspecified fixed prosthodontic procedure, by report	X	1	
D7111 Extraction, coronal remnants - primary tooth	X	1	
D7140 Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	X	-	
D7210 Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of			
mucoperiopsteal flap if indicated.	X	-	
D7220 Removal of impacted tooth-soft tissue	X	-	
D7230 Removal of impacted tooth-partially bony	X	-	
D7240 Removal of impacted tooth-completely bony	X	-	
D7241 Removal of impacted tooth-completely bony, with unusual surgical compl	X	-	
D7250 Removal of residual tooth roots (cutting procedure)	X	-	
D7251 Coronectomy	X	-	
D7260 Oral antral fistula closure	X	-	
D7261 Primary closure of a sinus perforation	X	-	
D7270 Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-	
D7272 Tooth transplantation	X	-	
D7280 Exposure of an unerupted tooth	X	-	
D7282 Mobilization of erupted or malpositioned tooth to aid eruption	X	-	
D7283 Place device impacted tooth	X	-	
D7284 Excisional biopsy of minor salivary glands	X	-	
D7285 Incisional biopsy of oral tissue-hard (bone, tooth)	X	-	
D7286 Incisional biopsy of oral tissue-soft	X	-	
D7287 Cytology sample collection	X	-	
D7288 Brush biopsy	X	-	
D7290 Surgical repositioning of teeth	X	-	
D7291 Transseptal fiberotomy	X	-	
D7292 Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	X	-	
D7293 Placement of temporary anchorage device requiring flap; includes device removal	Х	-	
D7294 Placement of temporary anchorage device without flap; includes device removal	Х	-	
D7295 Bone harvest,auto graft proc	X	-	
D7296 Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	X	-	
D7297 Corticotomy ; four or more teeth or tooth spaces, per quadrant	X	-	
D7298 Removal of temporary anchorage device (screw retained plate), requiring flap	X	-	

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D7630 Mandible-open reduction (teeth immobilized if present)

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D9933 Cleaning and inspection of removable complete denture, mandibular

D9934 Cleaning and inspection of removable partial denture, maxillary

X

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E0246 Transfer tub rail attachment

### Commercial codes not covered or requiring preauthorization - Nevada

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E0247 Transfer bench for tub or toilet with or without commode opening	X	-
E0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening	Х	-
E0249 Pad for water circulating heat unit, for replacement only	Х	-
E0250 Hosp bed fixed ht w/ mattres	-	X
E0251 Hosp bed fixd ht w/o mattres	-	X
E0255 Hospital bed var ht w/ mattr	-	X
E0256 Hospital bed var ht w/o matt	-	X
E0260 Hosp bed semi-electr w/ matt	-	X
E0261 Hosp bed semi-electr w/o mat	-	X
E0265 Hosp bed total electr w/ mat	-	X
E0266 Hosp bed total elec w/o matt	-	X
E0271 Mattress innerspring	Х	-
E0273 Bed board	Х	-
E0274 Over-bed table	Х	-
E0275 Bed pan standard	Х	-
E0276 Bed pan fracture	Х	-
E0277 Powered pres-redu air mattrs	-	Х
E0280 Bed cradle	Х	-
E0290 Hosp bed fx ht w/o rails w/m	-	Х
E0291 Hosp bed fx ht w/o rail w/o	-	X
E0292 Hosp bed var ht w/o rail w/o	-	X
E0293 Hosp bed var ht w/o rail w/	-	X
E0294 Hosp bed semi-elect w/ mattr	-	X
E0295 Hosp bed semi-elect w/o matt	_	X
E0296 Hosp bed total elect w/ matt	_	X
E0297 Hosp bed total elect w/o mat	_	X
E0300 Pediatric crib, hospital grade, fully enclosed	_	X
E0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	_	X
10302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	X
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	_	X
E0305 Rails bed side half length	_	X
E0310 Rails bed side fall length	_	X
E0315 Bed accessory brd/tbl/supprt	X	-
E0316 Safety enclosure frame/canopy for use with hospital bed, any type	X	
E0325 Urinal male jug-type	X	-
E0326 Urinal finale jug-type	X	-
E0328   Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	^	<u>-</u>
inospital bed, pediatric, maridal, 500 degree side ericlosures, top of headboard, footboard and side fails up to 24 inches	-	Х

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specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	_	X
E0350	Control unit bowel system	Χ	-
E0352	Disposable pack w/bowel syst	Х	-
E0370	Air elevator for heel	Χ	-
E0371	Nonpower mattress overlay	-	X
E0372	Powered air mattress overlay	-	X
E0373	Nonpowered pressure mattress	-	X
E0425	Gas system stationary compre	Χ	-
	Oxygen system liquid portabl	Χ	-
	Oxygen system liquid station	Χ	-
	Topical ox deliver sys, nos	Χ	-
	Rocking bed w/ or w/o side r	-	X
	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	-	X
	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	-	X
	Home vent multi-function	-	X
	Respiratory assist device, bi-level pressure capability, without backup rate	-	X
	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X
	Respiratory assist device, bi-level pressure capability, with backup rate	-	X
	Intrapulmonary percussive ventilation system and related accessories	Х	-
	Cough stimulating device, alternating positive and negative airway pressure	_	X
	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	_	X
	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes		
L0400	Crar device, appliance asea to reduce apper an way conapsismity, adjustable or non adjustable, prefabilitation, includes	-	Χ
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	_	X
	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Х	-
	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-day supply	Х	-
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical 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, 90-day supply	Х	_
	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any	,,	
	type	Χ	-
	Humidifier, non-heated, used with positive airway pressure device	-	X
	Humidifier, heated, used with positive airway pressure device	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Ultrasonic generator w svneb	Х	-
	Cont airway pressure device	-	X
	Breast pump	Х	-
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles, vacuum regulator, sup	Х	_
E0605	Vaporizer room type	X	
	Patient lift sling or seat	X	
	Patient lift bathroom or toi	X	
	Seat lift incorp lift-chair	X	
	Seat lift for pt furn-non-el	X	
	Patient lift hydraulic	X	
	Patient lift electric	X	
	Multipositional patient support system, with integrated lift, patientaccessible controls	X	<u>_</u>
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels		
		X	-
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	X	_
E0630	Moveable patient lift system	X	
	Fixed patient lift system	X	
	Pneum compressor segmental	-	X
	Pneum compres w/cal pressure	_	X
	Pneumatic appliance half arm	_	X
	Seg pneumatic appliance hall arm	_	X
	Seg pneumatic appl full arm	_	X
	Seg pneumatic appli half leg	_	X
	Segmental pneumatic appliance for use with pneumatic compressor, half	_	X
	Pressure pneum appl full leg	_	X
	Pressure pneum appl full arm	_	X
	Pressure pneum appl half leg	-	X
	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	_	X
	Non pneum seq comp trunk	_	X
	Nonpneumatic sequential compression garment, full leg	Х	-
	Nonpneumatic sequential compression garment, half leg	X	-
	Nonpneumatic compression controller without calibrated gradient pressure	X	-
	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel	-	X
	Safety equipment, device or accessory, any type	Х	-
	Transfer board or device, any type, each	X	-
	Restraints any type	X	

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E0856 Cervical traction device, cervical collar with inflatable air bladder

Χ

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' '	edications and should be directed to the Pharmacy link option within the website.		
	Tract equip cervical tract	X	-
	Trac stand free stand extrem	X	-
	Trac stand free stand pelvic	X	-
	Fracture frame attached to b	-	X
	Gravity assisted traction de	X	-
	Wheelchair commode seat	X	-
	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
E0985	Wheelchair accessory, seat lift mechanism	-	X
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	X
E1003	Wheelchair accessory, power seating system, recline only, without shear	-	X
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	X
E1005	Wheelchair accessory, power seating system, recline only, with power shear	-	X
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	X
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	-	X
	Modification to pediatric wheelchair, width adjustment package (not to bedispensed with initial chair)	-	X
E1017	Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,each	-	X
	Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	-	X
E1031	Rollabout chair with casters	X	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an		
		X	-
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	X	_
E1039	Transport chair pt wt>300lb	Х	-
	Whichr special size/constrc	-	X
	Power operated vehicle	Х	-
	Whirlpool portable	X	-
	Whirlpool non-portable	Х	-
	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	Х	-
	Heparin infusion pump for di	-	X
	Adjustable chair for esrd pt	Х	-
	Water softening system	X	-
	Scale, for dialysis, each	X	-
	Jaw motion rehab system	X	-
	Repl cushions for jaw motion	X	-
	Repl measr scales jaw motion	X	
	Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	X
	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	_	X

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E3000 Speech volume modulation system, any type, including all components and accessories

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	Description	Small Employer and Individual			
Codes		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, these coding lists do not reflect information regarding immunizations, injectable drugs, or proceed to the Pharmacy link option within the website.				
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	-		
G0024					
	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	X	-		
	Semen analysis	X	-		
	Doc med rsn no scr tob	Х	-		
	No tob scr/cess int	Х	<u>-</u>		
	Pt scr tob & cess int	Х	-		
	Pall serv during meas	Х	-		
	2+ antipsy schiz	X	-		
G0033	2+ benzo seiz	X	-		
	Pall serv during meas	X	-		
G0035	Pt ed pos 23	Χ	-		
G0036	Pt/ptn decln assess	X	-		
G0037	Pt not able to participate	Х	-		
G0038	Clin pt no ref	Х	-		
G0039	Pt no ref, rn spec	Χ	-		
G0040	Pt phys/occ therapy	X	-		
G0041	Pt/ptn decln referral	Х	-		
G0042	Ref to therapy	Х	-		
	Pt mech pros ht valv	Х	-		
	Pt mitral stenosis	Х	-		
G0045	Mrs 90 days post stk	Х	-		
	No mrs 90 days post stk	Х	-		
	Ped blunt hd traum	Х	-		
	Pall serv during meas	Х	-		
	Main hemo in-cntr	Х	-		
	Pt w/ Imted life expec	Х	-		
	Pt hospice mnth	Х	-		
	Pt peri dialysis dur mo	Х	-		
	Adv rheum pt care mvp	X	-		
	Strk cr prev pos outcme mvp	X	-		
	Adv care heart dx mvp	X	-		
	Best pct pt safety em mvp	X	-		
	Imprv care le jnt repr mvp	X	-		
	Pt sfty pos exp w aneth mvp	X	-		
	Allergy/immunology ss	X			
00000	Allergyminianology 33	Λ			

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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:

Χ

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G0293 Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare

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	Description	Small E	Employer and Individual
Codes		Not Covered	Preauthorization Required
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G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	Х	-
G0295	Electromagnetic stimulation, to one or more areas	X	-
G0299	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	Х
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	Х
30302	Pre-operative pulmonary surgery services for preparation for lvrs, complete	Х	-
30303	Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15	Х	-
30304	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days	Х	-
	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	Х	-
	180 d implant glucose sensor	Х	-
	Rem/inser glu sensor dif sit	X	-
G0310	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	-
	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	-
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)	X	-
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	-
	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	-
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	-
	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	х	-
	Colon ca scrn;bld-bsd biomrk	Х	-
	Therapy plan of care	Х	-
	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	_	Х
30337	Hospice evaluation and counseling services, pre-election	-	X
	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	_	X

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G0917 Patient satisfaction survey was not completed by patient

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G2015 Post-d/c care plan overs 60m

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G2136 Bk pain vas 6-20wk = 3

G2137 Bk pain vas 6-20wk > 3

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X

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G2190 Ind img hd rad neck

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X

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G4015 Neurology ss

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G8416 Clinician documented that patient was not an eligible candidate for footwear evaluation measure

G8417 Bmi >= 30 was calculated and a follow-up plan was documented in the medical record

Lower extremity neurological exam performed and documented

G8405 Lower extremity neurological exam not performed G8410 Footwear evaluation performed and documented

G8415 Footwear evaluation was not performed

X

Χ

X

Χ Χ

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G8535

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No documentation of an elder maltreatment screen, patient not eligible

G8536 No documentation of an elder maltreatment screen, reason not specified

X

Х

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G8601 Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician

G8600 Iv t-pa initiated within three hours (<= 180 minutes) of time last known well

Х

Χ

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G8735 Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified

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G8841

G8797 | Specimen site other than anatomic location of esophagus

G8806 Performance of transabdominal or transvaginal ultrasound

G8817 Statin therapy not prescribed at discharge, reason not specified

G8826 Patient discharge to home no later than postoperative day #2 following evar

G8834 Patient discharged to home no later than postoperative day #2 following cea

Sleep apnea symptoms not assessed, reason not otherwise specified

G8849 Documentation of reason(s) for not prescribing positive airway pressure therapy

G8850 Positive airway pressure therapy not prescribed, reason not otherwise specified

G8851 Objective measurement of adherence to positive airway pressure therapy, documented

G8833 Patient not discharge to home by postoperative day #2 following evar

daytime sleepiness, patient visits between initial testing and

G8807 Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician G8808 Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified

G8839 Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness

G8842 Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis

G8840 Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial

G8843 Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi)

G8844 Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason

G8846 Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or

G8798 | Specimen site other than anatomic location of prostate

G8815 Statin therapy not prescribed for documented reasons

G8838 Patient not discharged to home by postoperative day #2

G8816 Statin medication prescribed at discharge

at the time of initial diagnosis

G8845 Positive airway pressure therapy prescribed

not specified

greater)

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G8854 Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy \* These codes require preauthorization after a certain number of visits. Visits and limits are dependent on plan type and/or provider type. © 2023 Select Health. All rights reserved. 2197751 9/23



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G8916 Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time

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economic, social, and/or religious impediments, nonco

G8969 Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g.,

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G9072 Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type

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		Small E	Small Employer and Individual	
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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 coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or	
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-	
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	
G9079	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-	
G9080	Oncology; disease status; prostate cancer, limited to adenocarcinoma	X	-	
G9083	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	X	-	
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9085	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9086	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9087	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9088	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	
G9089	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	
G9090	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9091	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9092	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-	
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9095	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	
G9096	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant			
	cell ty	X	-	
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	

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	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	X	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	X	-
39107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	X	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	X	-
G9109	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
39111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	_
9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	X	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	X	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	X	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	X	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	X	_
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	X	-
	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	X	_
9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	X	-
	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	X	_
	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	X	_
9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	X	_
9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	X	_
9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	X	_
9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	X	_

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specialty me	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	<u>-</u>
	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	<u>-</u>
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	X
	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	-
	National committee for quality assurance - level 1 medical home	X	-
	National committee for quality assurance - level 2 medical home	X	-
	National committee for quality assurance - level 3 medical home	X	-
	Mapcp demonstration - state provided services	X	-
	Mapcp demonstration - community health teams	X	-
G9153	Mapcp demonstration - physician incentive pool	X	-
G9156	Evaluation for wheelchair requiring face to face visit with physician	X	-
G9187	Bpci home visit	X	-
G9188	Beta not given no reason	X	-
G9189	Beta pres or already taking	Х	-
G9190	Medical reason for no beta	X	-
G9191	Pt reason for no beta	X	-
G9192	System reason for no beta	X	-
G9196	Med reason for no ceph	X	-
G9197	Order for ceph	X	-
G9198	No order for ceph no reason	X	-
G9212	Doc of dsm-iv init eval	X	-
G9213	No doc of dsm-iv	Х	-
G9223	Pjp proph ordered cd4 low	X	-
G9225	Norsn no foot exam	Х	-
G9226	3 comp foot exam completed	Х	-
G9227	Docrsn no care plan	Х	-
G9228	Gc chl syp documented	Х	-
	Norsn for gc chl syp test	Х	-
G9231	Doc esrd dia trans preg	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.			
G9242 Doc viral load >=200	X	-	
G9243 Doc viral load <200	Х	-	
G9246 No med visit in 24mo	X	-	
G9247 1 med visit in 24mo	X	-	
G9250 Doc of pain comfort 48hr	Х	-	
G9251 Doc no pain comfort 48hr	X	-	
G9254 Doc pt dischg >2d	X	-	
G9255 Doc pt dischg <=2d	X	-	
G9273 Sys<140 and dia<90	X	-	
G9274 Bp out of nrml limits	Х	-	
G9275 Doc of non tobacco user	X	-	
G9276 Doc of tobacco user	X	•	
G9277 Doc daily aspirin or contra	Х	-	
G9278 Doc no daily aspirin	Х	-	
G9279 Pne scrn done doc vac done	Х	-	
G9280 Pne not given norsn	Х	-	
G9281 Pne scrn done doc not ind	Х	-	
G9282 Doc medrsn no histo type	Х	-	
G9283 Hist type doc on report	Х	-	
G9284 No hist type doc on report	X	-	
G9285 Site not small cell lung ca	X	-	
G9286 Doc antibio order w in 7d	X	-	
G9287 No doc antibio order w in 7d	X	-	
G9288 Doc medrsn no hist type rpt	Х	-	
G9289 Doc type nsm lung ca	Х	-	
G9290 No doc type nsm lung ca	X	-	
G9291 Not nsm lung ca	Х	-	
G9292 Medrsn no pt category	Х	-	
G9293 No pt category on report	Х	-	
G9294 Pt cat and thck on report	Х	-	
G9295 Non cutaneous loc	Х	-	
G9296 Doc share dec prior proc	Х	-	
G9297 No doc share dec prior proc	Х	-	
G9298 Eval risk vte card 30d prior	Х	-	
G9299 No eval riskk vte card prior	Х	-	
G9305 No interv reg for leak	X	-	
G9306 Interv reg for leak	X	-	
G9307 No ret for surg w in 30d	X	-	

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G9385 Doc pt reas not rec hcv srn

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G9452 Doc med reas no scrn hcv

## Commercial codes not covered or requiring preauthorization - Nevada

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As of: 03/22/24

Small Employer and Individual

Not Covered Preauthorization Required

	Description	Small Employer and Individual		
Codes		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 coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	g immunizations, injectable drugs, or	
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Х	-	
	Doc med reas no follow imag	Х	-	
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	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	-	
G9580	Door to puncture time of less than 2 hours	Х	-	
G9582	Door to puncture time of greater than 2 hours, no reason given	Х	-	
G9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	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	-	
G9595	Doc shnt/tum/coag	Х	-	
	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	Х	-	
	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	
	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	
	Patient survey score improved from baseline following treatment	X	-	
G9604	Patient survey results not available	X	-	
G9605	Patient survey score did not improve from baseline following treatment	X	-	
	Intraoperative cystoscopy performed to evaluate for lower tract injury	Х	-	
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-	
G9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	X	-	
G9609	Documentation of an order for anti-platelet agents or p2y12 antagonists	X	-	
G9610	Doc md rsn no antipla/p2y12	X	-	
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Х	-	
	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	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	-	
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	X	-	
G9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	X	-	
G9623	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-	

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G9712 Doc med rsn presc anbx

G9713 Pt use hosp during msmt per G9714 Pt is w/hosp during msmt per

G9716 Bmi not norm, no follow, doc

G9717 Doc dx depr/dx bipol, no scr

G9718 Hospice anytime msmt per G9719 Pt not ambul/immob/wc

G9720 Hospice anytime msmt per

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X

Χ

Χ X

Χ

X

X

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G9768 Pt w/hosp anytime msmt per

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G9818 Doc sex activity

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G9879 2 em core ms mo 10-12 wl

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Χ

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G9921 No or part scrn nd rng or os

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G9978 Remote e/m new pt 10 mins

G9979 Remote e/m new pt 20 mins

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X

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H0038 Self-help/peer services, per 15 minutes

H0039 Assertive community treatment, face-to-face, per 15 minutes

X

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As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ H0040 Assertive community treatment program, per diem X H0041 Foster care, child, non-therapeutic, per diem X H0042 Foster care, child, non-therapeutic, per month H0043 Supported housing, per diem Χ X H0044 Supported housing, per month H0045 Respite care services, not in the home, per diem H0046 Mental health services, not otherwise specified X H0047 Alcohol and/or other drug abuse services, not otherwise specified Х H0048 Alcohol and/or other drug testing: collection and handling only, specimensother than blood X Х H0049 Alcohol/drug screening H0050 Alcohol/drug service 15 min Χ H0051 Traditional healing service Χ H1000 Prenatal care, at-risk assessment X H1001 Prenatal care, at-risk enhanced service; antepartum management Χ H1002 Prenatal care, at-risk enhanced service; care coordination X H1003 Prenatal care, at-risk enhanced service: education H1004 Prenatal care, at-risk enhanced service: follow-up home visit. Χ H1005 Prenatal care, at-risk enhanced service package (includes h1001-h1004) Х Χ H1010 Non-medical family planning education, per session H1011 Family assessment by licensed behavioral health professional for state defined purposes Χ X H2000 Comprehensive multidisciplinary evaluation H2001 Rehabilitation program, per 1/2 day X H2010 Comprehensive medication services, per 15 minutes X Χ H2011 Crisis intervention service, per 15 minutes H2012 Behavioral health day treatment, per hour X X H2013 Psychiatric health facility service, per diem H2014 Skills training and development, per 15 minutes Χ X H2015 Comprehensive community support services, per 15 minutes H2016 Comprehensive community support services, per diem X H2017 Psychosocial rehabilitation services, per 15 minutes X H2018 Psychosocial rehabilitation services, per diem X H2019 Therapeutic behavioral services, per 15 minutes H2020 Therapeutic behavioral services, per diem Χ X H2021 Community-based wrap-around services, per 15 minutes Χ H2022 Community-based wrap-around services, per diem X H2023 Supported employment, per 15 minutes H2024 Supported employment, per diem X

H2025 Ongoing support to maintain employment, per 15 minutes

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· · ·	rected to the Pharmacy link option within the website.				
K0827 Pwc gp 2 vhd cap c		-	X		
K0828 Pwc gp 2 xtra hd se		-	X		
K0829 Pwc gp 2 xtra hd ca		-	X		
K0830 Pwc gp2 std seat e		-	X		
K0831 Pwc gp2 std seat e		-	X		
K0835 Pwc gp2 std sing po		-	X		
K0836 Pwc gp2 std sing po		-	X		
K0837 Pwc gp 2 hd sing p		-	X		
K0838 Pwc gp 2 hd sing pe		-	X		
K0839 Pwc gp2 vhd sing p		-	X		
K0840 Pwc gp2 xhd sing p		-	X		
K0841 Pwc gp2 std mult p	ow opt s/b	-	X		
K0842 Pwc gp2 std mult p	ow opt cap	-	X		
K0843 Pwc gp2 hd mult po	ow opt s/b	-	X		
K0848 Pwc gp 3 std seat/b	pack	-	X		
K0849 Pwc gp 3 std cap cl	hair	-	X		
K0850 Pwc gp 3 hd seat/b	ack	-	X		
K0851 Pwc gp 3 hd cap ch	nair	-	X		
K0852 Pwc gp 3 vhd seat/	/back	-	X		
K0853 Pwc gp 3 vhd cap c	chair	-	X		
K0854 Pwc gp 3 xhd seat/	/back	-	X		
K0855 Pwc gp 3 xhd cap c	chair	-	X		
K0856 Pwc gp3 std sing po	ow opt s/b	-	X		
K0857 Pwc gp3 std sing po	ow opt cap	-	X		
K0858 Pwc gp3 hd sing pc	ow opt s/b	-	X		
K0859 Pwc gp3 hd sing pc	ow opt cap	-	X		
K0860 Pwc gp3 vhd sing p	pow opt s/b	-	X		
K0861 Pwc gp3 std mult p	ow opt s/b	-	X		
K0862 Pwc gp3 hd mult po	ow opt s/b	-	X		
K0863 Pwc gp3 vhd mult p	pow opt s/b	-	X		
K0864 Pwc gp3 xhd mult p		-	Х		
K0868 Pwc gp 4 std seat/b		-	Х		
K0869 Pwc gp 4 std cap cl		-	Х		
K0870 Pwc gp 4 hd seat/b		-	Х		
K0871 Pwc gp 4 vhd seat/		-	Х		
K0877 Pwc gp4 std sing po		-	Х		
K0878 Pwc gp4 std sing po		-	Х		
K0879 Pwc gp4 hd sing pc		_	X		

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L1200 Furnsh initial orthosis only L1300 Body jacket mold to patient

L1310 Post-operative body jacket

L1844 Ko w/adj it rot cntrl molded

Kaf sng/dbl swg/stn mcpr cus

L1690 Combination bilateral ho

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L2005 Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase

L1005 Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment

release, any type activation, includes ankle joint, any type,

Х X

Х

Х X

X

Χ

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specialty me	sclaimer: 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 drugs, or proceeding procedures are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or procedure to the Pharmacy link option within the website.					
L2034	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro	_	Χ			
L2036	Kafo plas doub free knee mol	-	X			
L2037	Kafo plas sing free knee mol	-	X			
	Kafo w/o joint multi-axis an	-	X			
	Kafo fem fx cast molded to p	-	X			
L2627	Plastic mold recipro hip & c	-	X			
L2628	Metal frame recipro hip & ca	-	X			
L3000	Ft insert ucb berkeley shell	Х	-			
L3001	Foot insert remov molded spe	Х	-			
L3002	Foot insert plastazote or eq	Х	-			
L3003	Foot insert silicone gel eac	X	-			
L3010	Foot longitudinal arch suppo	X	-			
L3020	Foot longitud/metatarsal sup	Х	-			
	Foot arch support remov prem	X	-			
L3031	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength	Х	-			
L3040	Ft arch suprt premold longit	Х	-			
L3050	Foot arch supp premold metat	Х	-			
L3060	Foot arch supp longitud/meta	Х	-			
L3070	Arch suprt att to sho longit	Х	-			
L3080	Arch supp att to shoe metata	Х	-			
L3090	Arch supp att to shoe long/m	Х	-			
L3100	Hallus-valgus nght dynamic s	Х	-			
L3201	Oxford w supinat/pronat inf	Х	-			
L3202	Oxford w/ supinat/pronator c	Х	-			
L3203	Oxford w/ supinator/pronator	Х	-			
L3204	Hightop w/ supp/pronator inf	Х	-			
L3206	Hightop w/ supp/pronator chi	Х	-			
L3207	Hightop w/ supp/pronator jun	X	1			
L3215	Orthopedic ftwear ladies oxf	Х	-			
L3216	Orthoped ladies shoes dpth i	Х	<u>-</u>			
L3217	Ladies shoes hightop depth i	Х	-			
L3219	Orthopedic mens shoes oxford	Х	-			
	Orthopedic mens shoes dpth i	Х	-			
	Mens shoes hightop depth inl	Х	-			
	Woman's shoe oxford brace	Х	-			
L3225	Man's shoe oxford brace	Х	-			
L3230	Custom shoes depth inlay	Х	<del>-</del>			

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' '	edications and should be directed to the Pharmacy link option within the website.		
	Custom mold shoe remov prost	X	-
	Shoe molded to pt silicone s	X	-
	Shoe molded plastazote cust	X	-
	Shoe molded plastazote cust	X	-
	Orth foot non-stndard size/w	X	-
	Orth foot non-standard size/	X	-
	Orth foot add charge split s	X	-
L3265	Plastazote sandal each	X	•
L3300	Sho lift taper to metatarsal	X	ı
	Shoe lift elev heel/sole neo	X	-
L3320	Shoe lift elev heel/sole cor	Х	-
L3330	Lifts elevation metal extens	Х	-
L3332	Shoe lifts tapered to one-ha	X	-
L3334	Shoe lifts elevation heel /i	X	-
L3340	Shoe wedge sach	X	-
	Shoe heel wedge	Х	-
L3360	Shoe sole wedge outside sole	Х	-
	Shoe sole wedge between sole	X	-
	Shoe clubfoot wedge	Х	-
	Shoe outflare wedge	Х	-
	Shoe metatarsal bar wedge ro	Х	-
	Shoe metatarsal bar between	Х	-
	Full sole/heel wedge btween	Х	-
	Sho heel count plast reinfor	Х	-
	Heel leather reinforced	Х	-
	Shoe heel sach cushion type	Х	-
	Shoe heel new leather standa	Х	-
	Shoe heel new rubber standar	X	-
	Shoe heel thomas with wedge	X	-
	Shoe heel thomas extend to b	X	-
	Shoe heel pad & depress for	X	-
	Shoe heel pad removable for	X	-
	Ortho shoe add leather insol	X	-
	Orthopedic shoe add rub insl	X	-
	O shoe add felt w leath insl	X	
	Ortho shoe add half sole	X	<u> </u>
	Ortho shoe add full sole	X	-
	O shoe add standard toe tap	X	<u>-</u>   _
L333U	U STIVE AUU STATIVATU TUE TAP	^	<u>-</u>

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	O shoe add horseshoe toe tap	X	-	
	O shoe add instep extension	X	-	
	O shoe add instep velcro clo	X	-	
	O shoe convert to sof counte	X	-	
	Ortho shoe add march bar	X	<u>-</u>	
	Trans shoe calip plate exist	X		
	Trans shoe caliper plate new	X	-	
	Trans shoe solid stirrup exi	X	-	
	Trans shoe solid stirrup new	X	-	
	Shoe dennis browne splint bo	X	-	
	Hinge ext/flex wrist finger	-	X	
L3904	Whfo electric custom fitted	-	X	
L3960	Sewho airplan desig abdu pos	-	X	
L3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	X	
L3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	Х	
L3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	X	
L3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	Х	
L3975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	Х	
L3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	X	
L3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t	-	Х	
L3978	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	X	
L5000	Sho insert w arch toe filler	-	X	
L5010	Mold socket ank hgt w/ toe f	-	Х	
L5020	Tibial tubercle hgt w/ toe f	-	Х	
_5050	Ank symes mold sckt sach ft	-	Х	
L5060	Symes met fr leath socket ar	-	Х	
	Molded socket shin sach foot	-	X	
	Plast socket jts/thgh lacer	-	Х	
	Mold sckt ext knee shin sach	-	Х	
	Mold socket bent knee shin s	-	Х	

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L5560 Prep ak ischial plast molded L5570 Prep ak ischial direct form

L5580 Prep ak ischial thermo mold

L5585 Prep ak ischial open end

L5590 Prep ak ischial laminated L5595 Hip disartic sach thermopls L5600 Hip disart sach laminat mold

L5610 Above knee hydracadence L5611 Ak 4 bar link w/fric swing

L5613 Ak 4 bar ling w/hvdraul swig

L5614 4-bar link above knee w/swng

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L5668	Socket insert w/o lock lower	-	Χ	
L5670	Bk molded supracondylar susp	-	X	
L5671	Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), includes socke	-	Х	
L5672	Bk removable medial brim sus	-	X	
	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	
	Bk knee joints single axis p	-	X	
	Bk knee joints polycentric p	-	X	
	Bk joint covers pair	-	Х	
	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	
	Bk thigh lacer non-molded	-	X	
	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	
	Bk thigh lacer glut/ischia m	-	X	
	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	
	Bk fork strap	-	X	
	Below knee sus/seal sleeve	-	X	
	Bk back check	-	X	
L5688	Bk waist belt webbing	-	X	
	Bk waist belt padded and lin	-	X	
	Ak pelvic control belt light	-	X	
	Ak pelvic control belt pad/l	-	X	
	Ak sleeve susp neoprene/equa	-	X	
	Ak/knee disartic pelvic join	-	X	
	Ak/knee disartic pelvic band	-	X	
L5698	Ak/knee disartic silesian ba	-	X	
L5699	Shoulder harness	-	X	
L5700	Replace socket below knee	-	X	
	Replace socket above knee	-	X	
L5702	Replace socket hip	-	X	
L5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	Х	
L5704	Custom shape covr below knee	-	X	
	Custm shape cover above knee	-	X	
	Custm shape cvr knee disart	-	X	
	Custm shape cover hip disart	-	X	
	Kne-shin exo sng axi mnl loc	-	X	
	Knee-shin exo mnl lock ultra	-	X	
	Knee-shin exo frict swg & st	-	X	

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L5857 Elec knee-shin swing only

only

#### Commercial codes not covered or requiring preauthorization - Nevada

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L5858 Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase

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L6000 Partial hand, thumb remaining

L6010 Partial hand, little and/or ring finger remaining

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L6611 Addition to upper extremity prosthesis, external powered, additional switch, any type

L6615 Disconnect locking wrist uni

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•	Disconnect insert locking wr	- 1	X	
	Flexion-friction wrist unit	_	X	
	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered ter			
20021	oppor oxironity produced addition, nextonion what with or without motion, for doe with external periored to	-	X	
L6623	Spring-ass rot wrst w/ latch	-	Χ	
	Upper extremity addition, flexion/extension and rotation wrist unit	-	X	
L6625	Rotation wrst w/ cable lock	-	X	
L6628	Quick disconn hook adapter o	-	X	
L6629	Lamination collar w/ couplin	-	X	
L6630	Stainless steel any wrist	-	X	
L6632	Latex suspension sleeve each	-	X	
L6635	Lift assist for elbow	-	X	
L6637	Nudge control elbow lock	-	X	
L6638	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X	
	Shoulder abduction joint pai	-	X	
L6641	Excursion amplifier pulley t	-	X	
	Excursion amplifier lever ty	-	X	
L6645	Shoulder flexion-abduction j	-	X	
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	_	Х	
I 6647	Upper extremity addition, shoulder lock mechanism, body powered actuator	-	X	
	Upper extremity addition, shoulder lock mechanism, external powered actuator	_	X	
	Shoulder universal joint	_	X	
	Standard control cable extra	_	X	
	Heavy duty control cable	_	X	
	Teflon or equal cable lining	_	X	
	Hook to hand cable adapter	_	X	
	Harness chest/shider saddle	_	X	
	Harness figure of 8 sing con	-	X	
	Harness figure of 8 dual con	-	Х	
	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	-	X	
	Test sock wrist disart/bel e	-	X	
	Test sock elbw disart/above	-	X	
	Test socket shidr disart/tho	-	X	
	Suction socket	-	X	
	Frame typ socket bel elbow/w	-	X	
	Frame typ sock above elb/dis	-	X	
	Frame typ socket shoulder di	-	X	

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Codes	Description	Not Covered	Preauthorization Required	
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L6690 F	rame typ sock interscap-tho	-	Х	
	Removable insert each	-	X	
	ilicone gel insert or equal	-	X	
	ockingelbow forearm cntrbal	-	X	
	ilbow socket ins use w/lock	-	X	
	ilbow socket ins use w/o lck	-	X	
	Cus elbo skt in for con/atyp	-	X	
	Cus elbo skt in not con/atyp	-	X	
	selow/above elbow lock mech	-	X	
	erminal device, passive hand/mitt, any material, any size	-	X	
	erminal device, sport/recreational/work attachment, any material, any size	_	X	
	ferminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	_	X	
	ferminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	_	X	
	reminal device, hand, mechanical, voluntary opening, any material, any size	_	X	
	erminal device, hand, mechanical, voluntary closing, any material, any size	_	X	
	ferminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined, pediatric	_	X	
	reminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	_	X	
	erminal device, hook, mechanical, voluntary opening, any material, any size, pediatric	_	X	
	erminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	_	X	
	erminal device, nand, mechanical, voluntary closing, any material, any size, pediatric	_	X	
	erminal device model #3xa erminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined		Α	
L0721   1	erminal device, flook of fland, fleavy duty, mechanical, voluntary opening, any finaterial, any size, illied of drillined	-	Χ	
L6722 T	erminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined			
		-	X	
L6805 N	Modifier wrist flexion unit	-	X	
L6810 P	rincher tool otto bock or eq	-	X	
L6880 E	lectric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of			
g	rasp patterns, includes motor(s)	-	X	
L6881 A	utomatic grasp feature, additional to upper limb prosthetic terminal device.	-	X	
L6882 N	licroprocessor control feature, addition to upper limb prosthesis terminal device	-	X	
L6883 R	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X	
L6884 R	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	. <del>.</del>		
		-	X	
L6885 R	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	_	V	
1.0000		-	X	
	Production glove	-	X	
L0895 C	Custom glove	-		

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L7400 Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (titanium, carbon fiber o

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L8485 Pros sock single ply upper I L8499 Unlisted misc prosthetic ser

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L8659 Interphalangeal finger joint replacement, 2 or more pieces, metal

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M0300 Iv chelationtherapy

M1004 Doc med rsn no srn tb

M0301 Fabric wrapping of aneurysm

modifying anti-rheumatic drug therapy for ra

M1005 Tb screening not performed or results not interpreted, reason not given

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M1003 Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease

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M1141 Fs no oks M1142 Emerge cases

M1143 Ni rehab med chiro

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As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ M1146 Ongoing care not ind X M1147 Care not poss med rsn X M1148 Pt self dschq M1149 No neck fs prom incap Χ M1150 Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed Χ left ventricular systolic function M1151 Patients with a history of heart transplant or with a left ventricular assist device (Ivad) X Х M1152 Patients with a history of heart transplant or with a left ventricular assist device (Ivad) X M1153 Patient with diagnosis of osteoporosis on date of encounter M1154 Hospice services provided to patient any time during the measurement period Χ M1155 Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period Χ X M1159 Hospice services provided to patient any time during the measurement period M1160 Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday M1161 Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday Χ M1162 Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th Χ birthday X M1163 Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday M1164 Patients with dementia any time during the patient's history through the end of the measurement period Χ X M1165 Patients who use hospice services any time during the measurement period M1166 Pathology report for tissue specimens produced from wide local excisions or re-excisions X M1167 In hospice or using hospice services during the measurement period X M1168 Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of Χ the measurement period M1169 Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the Х influenza vaccine) 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 Χ M1171 Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of Х the measurement period 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) Χ M1173 Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the Х end of the measurement period 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 before or during the measurement period

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M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	х	-	
	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 birthday before or during the measurement period	Х	_	
	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	Х	-	
	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)	Х	-	
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period	Х	-	
M1180	Patients on immune checkpoint inhibitor therapy	X		
И1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	Х	-	
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	-	
	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	Х	-	
	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 medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	Х	_	
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	Х	-	
	Patients who have an order for or are receiving hospice or palliative care	Х	-	
	Patients with a diagnosis of end stage renal disease (esrd)	Х	-	
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-	
И1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin- creatinine ratio (uacr) performed	Х	-	
	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	Х	-	
<b>/</b> 11191	Hospice services provided to patient any time during the measurement period	Х	-	
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	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	-	

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	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)		
	sample [lissue exhausted of status post neoadjuvant treatment], insumcient tumor for testing)	Х	-
	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	-
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-
	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	-
	Patients receiving rrt	Х	-
	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Х	-
M1201	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)		
		X	-
	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	X	-
	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	X	-
M1204	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-
	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	-
	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-
	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-
M1209	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	
M1211	Most recent hemoglobin A1c level > 9.0%	Х	-
	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	Х	-
M1213	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is >= 70%	Х	-

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interpersonal safety (e.g., patient declined or other patient reasons)

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specialty m	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding	j immunizations, injectable drugs, or
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	_
M1239	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	X	-
	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"	X	-
	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	-
	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-
	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-
	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	-
	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	-
	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	-
	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	-
	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	-
	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-
	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-
	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	Х	-
	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	-
	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	-
	Patients who were deceased when the HU survey reached them  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	Х	-
MAGEC	prenatal services elsewhere)	X	-
W17256	Prior history of known CVD	۸	<u> </u>

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Commercial codes not covered or requiring preauthorization - Nevada As of: 03/22/24 Small Employer and Individual Codes **Description 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 immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. M1257 CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not Χ otherwise specified Χ M1258 CVD risk assessment performed, have a documented calculated risk score M1259 Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year Χ following initiation of dialysis M1260 Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor Χ transplant within the first year following initiation of dialysis M1261 Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis X Χ M1262 Patients who had a transplant prior to initiation of dialysis Χ M1263 Patients in hospice on their initiation of dialysis date or during the month of evaluation M1264 Patients age 75 or older on their initiation of dialysis date Χ Χ M1265 CMS Medical Evidence Form 2728 for dialysis patients: initial form completed M1266 Patients admitted to a skilled nursing facility (SNF) Χ M1267 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	X	-
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during		
	the measurement period	X	-
M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	Х	-
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the		
	measurement period	Χ	-
M1271	Patients with dementia at any time prior to or during the month	Х	-
M1272	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement		
	period	X	-
M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-		
	2728 Form	X	-
M1274	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation were excluded from that		
	month	X	-
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period		
		X	-
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Х	-
M1277	Colorectal cancer screening results documented and reviewed	Х	-
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Χ	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given		
		X	-
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	X	-
M1281	Blood pressure reading not documented, reason not given	Х	-
M1282	Patient screened for tobacco use and identified as a tobacco non-user	Χ	-
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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	-
M1330	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	X	-
M1331	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Х	-
M1333	Acute vitreous hemorrhage	Х	-
M1334	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	-
M1335	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	X	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-
M1337	Acute PVD	X	-
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	-
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	-
M1340	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	X	-
	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	-
	Patients who died during the performance period	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	-
M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Х	-
M1345	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	Х	-
	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Х	-
	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Х	-
	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	Х	-
	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	X	-
	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)	X	-
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)		
۱ ۱			
		X	-

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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	_
M1354	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	_
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	_
	Patients who died during the measurement period	X	_
	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	X	_
M1358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days		
	of index assessment	Χ	-
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	-
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	X	-
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-
M1362	Patients who died during the measurement period	X	-
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	X	-
	Calculated 10-year ASCVD risk score of >=20 percent during the performance period	X	-
M1365	Patient encounter during the performance period with hospice and palliative care specialty code 17	X	-
M1366	Focusing on women's health MIPS value pathway	X	-
M1367	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	X	-
M1368	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	X	-
	Quality care in mental health and substance use disorders MIPS value pathway	X	-
	Rehabilitative support for musculoskeletal care MIPS value pathway	Х	-
	Hair analysis	Х	-
	Plaelet rich plasma unit	X	-
P9603	One-way allow prorated miles	Х	-
	One-way allow prorated trip	Х	-
	Cardiokymography	Х	-
	Set up port xray equipment	Х	-
	Pinworm examinations	Х	-
	Fern test	Х	-
	Post-coital mucous exam	X	-
	Power module combo vad, rep	-	X
	Driver for use with pneumatic ventricular assist device, replacement only	-	X
	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	X
	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	X

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Q4147 Architect ecm. 1cm

Q4148 Neox 1k, 1cm

## Commercial codes not covered or requiring preauthorization - Nevada

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Χ Χ

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Q4190 Artacent ac, per square centimeter

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Q4270 Complete sl, per square centimeter Q4271 | Complete ft, per square centimeter

Q4272 Esano a, per square centimeter

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X

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Q4307 American amnion, per square centimeter

Q4308 Sanopellis, per square centimeter

Q4309 Via matrix, per square centimeter

S0209 Wheelchair van, mileage, per mile

S0215 Non-emergency transportation; mileage

Q4310 Procenta, per 100 mg

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S0506 Bifocal vision prescription lens (safety, athletic, or sunglass), per lens S0508 Trifocal vision prescription lens (safety, athletic, or sunglass), per lens

S0580 Polycarbonate lens (list this code in addition to the basic code for the lens) S0581 Nonstandard lens (list this code in addition to the basic code for the lens)

S0510 Non-prescription lens (safety, athletic, or sunglass), per lens

S0514 Color contract lens, per lens S0516 Safety eyeglass frames

S0518 Sunglasses frames

X

X

X

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X X

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		Small Employ	Employer and Individual
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	edications and should be directed to the Pharmacy link option within the website.		
	Integral lens service, miscellaneous services reported separately	Х	-
	Dispensing new spectacle lenses for patient supplied frame	X	-
	Phakic intraocular lens for correction of refractive error	X	-
	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	X	-
S0622	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and		
	managem	X	-
S0800	Laser in situ keratomileusis	X	-
S0810	Photorefractive keratectomy	X	-
S0812	Phototheraputic keratectomy (ptk)	X	•
S1001	Deluxe item, patient aware (list in addition to code for basic item)	X	ı
S1002	Customized item (list in addition to code for basic item)	X	-
S1030	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	_	X
C1021	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to	_	Λ
51031	monitor	_	Х
\$2053	Transplantation of small int	_	X
	Transplantation of small int	_	X
	Harvesting of donor multivis	_	X
	Lobar lung transplantation	_	X
	Donor lobectomy (lung)	_	X
	Simultaneous pancreas kidney transplantation		X
	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	-	X
	Islet cell tissue transplant	_	X
	Adrenal tissue transplant	-	X
		-	^
52107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	V	
00440	Court blood how softing	Х	- ~
	Cord blood harvesting	-	X X
	Cord blood-derived stem-cell	-	^
52150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	-	X
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s),		
	procurement,	-	Χ
S2202	Echosclerotherapy	Х	-
	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	-	X
	Induced abortion, 17 to 24 weeks, any surgical method	Х	-
	Abortion for fetal indication, 25-28 weeks	X	-
	Abortion for fetal indication, 29-31 weeks	X	-
	Abortion for fetal induction, 32 weeks or greater	X	-

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S4013 Complete cycle, gamete intrafallopian transfer (gift), case rate

S4014 Complete cycle, zygote intrafallopian transfer (zift), case rate

S4015 Complete in vitro fertilization cycle, case rate

X X

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S5121 Home care training, family, per diem

S5125 Attendant care services, per 15 minutes

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S9097 Home visit for wound care

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		Small Employer and Individual	
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S9098	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	-	X
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per	Х	-
S9117	Back school, per visit	-	X*
S9122	Home health aide or certifie	-	X
S9123	Nursing care, in the home; b	-	X
S9124	Nursing care, in the home; b	-	X
S9125	Respite care, in the home, p	-	X
S9126	Hospice care, in the home, p	-	X
	Social work visit, in the ho	-	X
S9128	Speech therapy, in the home,	-	X*
S9129	Occupational therapy, in the	-	X*
S9131	Physical therapy, in the home, per diem	-	X*
	Diabetic management program,	X	-
S9141	Diabetic management program,	X	-
S9145	Insulin pump initiation, instruction in initial use of pump (pump not included)	Х	-
S9150	Evaluation by ocularist	X	-
S9152	Speech therapy, re-evaluation	-	X
S9381	Delivery or service to high risk areas requiring escort or extra protection, per visit	X	-
S9430	Pharmacy compounding and dispensing services	X	-
S9432	Med food non inborn err meta	X	-
S9436	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-
S9437	Childbirth refresher classes, non-physician provider, per session	X	-
S9438	Cesarean birth classes, non-physician provider, per session	X	-
S9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-
S9441	Asthma education, non-physician provider, per session	X	-
S9442	Birthing classes, non-physician provider, per session	X	-
S9444	Parenting classes, non-physician provider, per session	X	-
S9447	Infant safety (including cpr) classes, non-physician provider, per session	X	-
S9449	Weight management classes, non-physician provider, per session	X	-
S9451	Exercise classes, non-physician provider, per session	X	-
S9453	Smoking cessation classes, non-physician provider, per session	X	-
	Stress management classes, non-physician provider, per session	X	-
	Cardiac rehabilitation progr	X	-
	Pulmonary rehabilitation pro	X	-
S9474	Enterostomal therapy by a re	Х	-
S9475	Ambulatory setting substance	-	X

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T1015 Clinic visit/encounter, all-inclusive

## Commercial codes not covered or requiring preauthorization - Nevada

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		Small E	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	
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T1016	Case management, each 15 minutes	X	-	
T1017	Targeted case management, each 15 minutes	X	-	
T1018	School-based individualized education program (iep) services, bundled	X	-	
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,		V	
T1000		-	X	
11020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	-	Χ	
T1021	Home health aide or certified nurse assistant, per visit	-	Х	
	Contracted home health agency services, all services provided under contract, per day	Х	-	
	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, pr	Х	_	
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely	X	-	
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-	
T1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	X	-	
T1027	Family training and counseling for child development, per 15 minutes	Х	-	
	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	_	
T1020	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	X		
	Nursing care, in the home, by registered nurse, per diem	-	X	
	Nursing care, in the home, by licensed practical nurse, per diem		X	
	Services performed by a doula birth worker, per 15 minutes	X		
	Services performed by a doula birth worker, per 13 minutes  Services performed by a doula birth worker, per diem	X		
	Comm bh clinic svc per diem	X		
	Comm bh clinic sve per month	X		
	Elec med comp dev, noc	X	<u>_</u>	
	Non-emergency transportation; patient attendant/escort	X		
	Non-emergency transportation; patient attendancescort  Non-emergency transportation; per diem	X	<u>-</u>	
	Non-emergency transportation; per diem  Non-emergency transportation; encounter/trip	X	<u>-</u>	
	Non-emergency transportation, encounter/trip  Non-emergency transport; commercial carrier, multi-pass	X	<u> </u>	
	Non-emergency transport, commercial carrier, multi-pass  Non-emergency transportation; non-ambulatory stretcher van	X		
	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	X		
	Preadmission screening and resident review (pasrr) level i id screening, per screen	X		
	Preadmission screening and resident review (pastr) level tid screening, per screen  Preadmission screening and resident review (pastr) level ii eval, per eval	X		
	Habilitation, educational; waiver, per diem	X		
12012	Habilitation, educational, waiver; per diem	X	_	

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T2039 Vehicle modifications, waiver; per service

T2042 Hospice routine home care; per diem

T2047 Hab prevo waiver per 15

T2050 Financial mgt waiver/diem

T2051 Support broker waiver/diem

T2043 Hospice continuous home care; per hour

T2044 Hospice inpatient respite care; per diem T2045 Hospice general inpatient care; per diem

T2040 Financial management, self-directed, waiver; per 15 minutes

T2041 Supports brokerage, self-directed, waiver; per 15 minutes

T2046 Hospice long term care, room and board only; per diem

T2049 Non-emergency transportation; stretcher van, mileage; per mile

Commercial codes not covered or requiring preauthorization - Nevada As of: 03/22/24 Small Employer and Individual Codes **Description** Preauthorization Required **Not Covered** 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 drugs, or specialty medications and should be directed to the Pharmacy link option within the website. Χ T2014 Habilitation, prevocational, waiver; per diem X T2015 Habilitation, prevocational, waiver; per hour X T2016 Habilitation, residential, waiver; per diem T2017 Habilitation, residential, waiver; 15 minutes Χ X T2018 Habilitation, supported employment, waiver; per diem T2019 Habilitation, supported employment, waiver; per 15 minutes T2020 Day habilitation, waiver; per diem X T2021 Day habilitation, waiver; per 15 minutes Х T2022 Case management, per month X Х T2023 Targeted case management; per month T2024 | Service assessment/plan of care development, waiver Χ T2025 Waiver services; not otherwise specified (nos) X T2026 Specialized childcare, waiver; per diem X T2027 Specialized childcare, waiver; per 15 minutes T2028 Specialized supply, not otherwise specified, waiver X T2029 Specialized medical equipment, not otherwise specified, waiver X T2030 Assisted living, waiver; per month Χ T2031 Assisted living; waiver, per diem X T2032 Residential care, not otherwise specified (nos), waiver; per month X T2033 Residential care, not otherwise specified (nos), waiver; per diem Χ X T2034 Crisis intervention, waiver; per diem T2035 Utility services to support medical equipment and assistive technology/devices, waiver X T2036 Therapeutic camping, overnight, waiver; each session X T2037 Therapeutic camping, day, waiver; each session Χ T2038 Community transition, waiver; per service X

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T2048 Behavioral health; long-term care residential (non-acute care in a residential program, per diem

X

Х X

X

Χ

X

Χ X

Χ X



V2626 Reduction of eye prosthesis

V2627 Scleral cover shell

### Commercial codes not covered or requiring preauthorization - Nevada

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Х

Х

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V5240 Dispensing fee bicros

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V5284 Assistive listening device, personal fm/dm, ear level receiver

V5286 Assistive listening device, personal blue tooth fm/dm receiver

V5285 Assistive listening device, personal fm/dm, direct audio input receiver

X

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		Small Employe	Employer and Individual		
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V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Х	-		
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	X	-		
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	X	-		
V5290	Assistive listening device, transmitter microphone, any type	X	-		
V5336	Repair communication device	X	-		
V5362	Speech screening	X	-		
V5363	Language screening	Х	-		
V5364	Dysphagia screening	X	-		
	END OF DATA				

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