

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 requested ymedications and should be directed to the Pharmacy link option within the website.  1990 Unlisted anesth procedure - Insert tissue expander(s) - Insert tissue expander - Insert tissue expander(s) - Insert tissue expand	garding immunizations, injectable drugs,  X  X  X  X  X  X  X  X  X  X  X  X  X
1999   Unlisted anesth procedure   -	X X X X X X X X X X X X X
1960 Insert tissue expander(s)         -           1970 Replace tissue expander         -           1971 Remove tissue expander(s)         -           1975 Hair transplant punch grafts         -           5776 Hair transplant punch grafts         -           5770 Hair transplant punch grafts         -           5780 Abrasion treatment of skin         -           5781 Abrasion treatment of skin         -           5782 Abrasion treatment of skin         -           5783 Chemical peel, face, epiderm         -           5789 Chemical peel, face, dermal         -           5790 Chemical peel, nonfacial         -           5791 Chemical peel, nonfacial         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of brow wrinkles         -           5826 Removal of face wrinkles         -           5827 Removal of skin wrinkles         -	X X X X X X X X X X X X X
1970 Replace tissue expander         -           1971 Remove tissue expander(s)         -           5775 Hair transplant punch grafts         -           5776 Hair transplant punch grafts         -           5780 Abrasion treatment of skin         -           5781 Abrasion treatment of skin         -           5782 Abrasion treatment of skin         -           5783 Abrasion treatment of skin         -           5780 Chemical peel, face, epiderm         -           5780 Chemical peel, face, dermal         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5827 Removal of skin wrinkles         -           5828 Removal of skin wrinkles         -           5829 Removal of skin wrinkles         -	X X X X X X X X X X X X
1971         Remove tissue expander(s)         -           5775         Hair transplant punch grafts         -           5776         Hair transplant punch grafts         -           5780         Abrasion treatment of skin         -           5781         Abrasion treatment of skin         -           5782         Abrasion treatment of skin         -           5783         Abrasion treatment of skin         -           5786         Chemical peel, face, epiderm         -           5789         Chemical peel, face, dermal         -           5792         Chemical peel, nonfacial         -           5793         Chemical peel, nonfacial         -           5820         Revision of lower eyelid         -           5821         Revision of lower eyelid         -           5822         Revision of upper eyelid         -           5823         Revision of upper eyelid         -           5824         Removal of forehead wrinkles         -           5825         Removal of forehead wrinkles         -           5826         Removal of brow wrinkles         -           5828         Removal of face wrinkles         -           5829         Removal of skin wrinkles	X X X X X X X X X X X
For the first transplant punch grafts For the first transplant punch g	X X X X X X X X X X
For Hair transplant punch grafts  Abrasion treatment of skin  Brasion treat	X X X X X X X X X
Abrasion treatment of skin  The streatment of skin  Abrasion treatment of skin  Abrasion treatment of skin  The streatment of skin  Abrasion treatment of skin  The streatment of skin  Chemical peel, face, epiderm  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial  The streatment of skin  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemical peel, nonfacial pe	X X X X X X X X
5781 Abrasion treatment of skin-5782 Abrasion treatment of skin-5783 Abrasion treatment of skin-5788 Chemical peel, face, epiderm-5789 Chemical peel, face, dermal-5792 Chemical peel, nonfacial-5793 Chemical peel, nonfacial-5820 Revision of lower eyelid-5821 Revision of lower eyelid-5822 Revision of upper eyelid-5823 Revision of upper eyelid-5824 Removal of forehead wrinkles-5825 Removal of forekead wrinkles-5826 Removal of brow wrinkles-5827 Removal of face wrinkles-5828 Removal of face wrinkles-5829 Removal of skin wrinkles-	X X X X X X X
Abrasion treatment of skin  Abrasion treatment of skin  Chemical peel, face, epiderm  Chemical peel, face, dermal  Chemical peel, nonfacial  Chemica	X X X X X X
5783         Abrasion treatment of skin         -           5788         Chemical peel, face, epiderm         -           5789         Chemical peel, face, dermal         -           5792         Chemical peel, nonfacial         -           5793         Chemical peel, nonfacial         -           5820         Revision of lower eyelid         -           5821         Revision of lower eyelid         -           5822         Revision of upper eyelid         -           5823         Revision of upper eyelid         -           5824         Removal of forehead wrinkles         -           5825         Removal of neck wrinkles         -           5826         Removal of brow wrinkles         -           5828         Removal of face wrinkles         -           5829         Removal of skin wrinkles         -	X X X X X
Chemical peel, face, epiderm Chemical peel, face, dermal Chemical peel, nonfacial Chemical peel,	X X X X
5789 Chemical peel, face, dermal         -           5792 Chemical peel, nonfacial         -           5793 Chemical peel, nonfacial         -           5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5828 Removal of face wrinkles         -           5829 Removal of skin wrinkles         -	X X X X
5792 Chemical peel, nonfacial       -         5793 Chemical peel, nonfacial       -         5820 Revision of lower eyelid       -         5821 Revision of lower eyelid       -         5822 Revision of upper eyelid       -         5823 Revision of upper eyelid       -         5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5827 Removal of face wrinkles       -         5828 Removal of skin wrinkles       -	X X X
Chemical peel, nonfacial  Revision of lower eyelid  Revision of lower eyelid  Revision of upper eyelid  Revision of upper eyelid  Removal of forehead wrinkles  Removal of brow wrinkles  Removal of face wrinkles  Removal of face wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles	X
5820 Revision of lower eyelid         -           5821 Revision of lower eyelid         -           5822 Revision of upper eyelid         -           5823 Revision of upper eyelid         -           5824 Removal of forehead wrinkles         -           5825 Removal of neck wrinkles         -           5826 Removal of brow wrinkles         -           5827 Removal of face wrinkles         -           5828 Removal of skin wrinkles         -	Х
5821 Revision of lower eyelid-5822 Revision of upper eyelid-5823 Revision of upper eyelid-5824 Removal of forehead wrinkles-5825 Removal of neck wrinkles-5826 Removal of brow wrinkles-5827 Removal of face wrinkles-5828 Removal of skin wrinkles-5829 Removal of skin wrinkles-	
5822 Revision of upper eyelid -   5823 Revision of upper eyelid -   5824 Removal of forehead wrinkles -   5825 Removal of neck wrinkles -   5826 Removal of brow wrinkles -   5828 Removal of face wrinkles -   5829 Removal of skin wrinkles -	X
Revision of upper eyelid  Removal of forehead wrinkles  Removal of neck wrinkles  Removal of brow wrinkles  Removal of face wrinkles  Removal of face wrinkles  Removal of skin wrinkles  Removal of skin wrinkles  Removal of skin wrinkles	, ,
5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5828 Removal of face wrinkles       -         5829 Removal of skin wrinkles       -	X
5824 Removal of forehead wrinkles       -         5825 Removal of neck wrinkles       -         5826 Removal of brow wrinkles       -         5828 Removal of face wrinkles       -         5829 Removal of skin wrinkles       -	X
5826Removal of brow wrinkles-5828Removal of face wrinkles-5829Removal of skin wrinkles-	X
5828 Removal of face wrinkles - 5829 Removal of skin wrinkles -	X
5828 Removal of face wrinkles - 5829 Removal of skin wrinkles -	X
5829 Removal of skin wrinkles -	X
	X
	X
5832 Excise excessive skin tissue	Х
5833 Excise excessive skin tissue	X
5834 Excise excessive skin tissue	X
5835 Excise excessive skin tissue	X
5836 Excise excessive skin tissue	X
5837 Excise excessive skin tissue	X
5838 Excise excessive skin tissue	X
5839 Excise excessive skin tissue	X
	^
5847 Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	X
5876 Suction assisted lipectomy - 5877 Suction assisted lipectomy -	· · · · · · · · · · · · · · · · · · ·
	X
5878 Suction assisted lipectomy - 5879 Suction assisted lipectomy -	X X X

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	edications and should be directed to the Pharmacy link option within the website.		, , , , , , , , , , , , , , , , , , , ,
15999	Removal of pressure sore	-	X
17106	Destruction of skin lesions	-	X
17107	Destruction of skin lesions	-	X
17108	Destruction of skin lesions	-	X
17360	Skin peel therapy	-	X
17380	Hair removal by electrolysis	-	X
17999	Skin tissue procedure	-	X
19300	Mastectomy for gynecomastia	-	X
19316	Suspension of breast	-	X
19318	Reduction of large breast	-	X
19325	Enlarge breast with implant	-	X
19328	Removal of breast implant	-	X
19330	Removal of implant material	-	X
19340	Immediate breast prosthesis	-	X
19342	Delayed breast prosthesis	-	X
19350	Nipple/areola reconstruction	-	X
19357	Breast reconstruction	-	X
19361	Breast reconstruction	-	X
19364	Breast reconstruction	-	X
19367	Breast reconstruction	-	X
19368	Breast reconstruction	-	X
19369	Breast reconstruction	-	X
	Surgery of breast capsule	-	X
19371	Removal of breast capsule	-	X
	Revise breast reconstruction	-	X
	Breast surgery procedure	-	X
	Ndl insj w/o njx 1 or 2 musc	X	-
	Ndl insj w/o njx 3+ musc	X	-
	Electrical bone stimulation	-	X
	Electrical bone stimulation	-	X
	Musculoskeletal surgery	-	X
	Remove exostosis, mandible	-	X
	Remove exostosis, maxilla	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
21084	Prepare face/oral prosthesis	-	X

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	edications and should be directed to the Pharmacy link option within the website.	1	
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Prepare face/oral prosthesis	-	X
	Reduction of forehead	-	X
	Reduction of forehead	-	X
	Reduction of forehead	-	X
	Reconstruct midface, lefort	-	Χ
1142	Reconstruct midface, lefort	-	Χ
1143	Reconstruct midface, lefort	-	Χ
1145	Reconstruct midface, lefort	-	Χ
1146	Reconstruct midface, lefort	-	X
1147	Reconstruct midface, lefort	-	X
1150	Reconstruct midface, lefort	-	Х
.1151	Reconstruct midface, lefort	-	X
	Reconstruct midface, lefort	-	X
	Reconstruct midface, lefort	-	Х
	Reconstruct midface, lefort	-	Х
	Reconstruct midface, lefort	-	Х
	Reconstruct orbit/forehead	-	Х
	Reconstruct orbit/forehead	-	Х
	Reconstruct entire forehead	_	X
	Reconstruct entire forehead	_	X
	Contour cranial bone lesion	_	X
	Reconstruct cranial bone	_	X
	Reconstruct cranial bone	<u> </u>	X
	Reconstruct cranial bone		X
	Reconstruction of midface		X
	Reconst lwr jaw w/o graft	_	X
	Reconst lwr jaw w/graft	_	X
	Reconst lwr jaw w/grant Reconst lwr jaw w/o fixation		X
	Reconst lwr jaw w/fixation	<del>                                     </del>	X
	Reconstr lwr jaw whitation Reconstr lwr jaw segment	-	^ X
	Reconstr lwr jaw segment Reconstr lwr jaw w/advance		
		-	X X
	Reconstruct upper jaw bone	-	
	Augmentation of facial bones	-	X
	Reduction of facial bones	-	X

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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, o
pecialty medications and should be directed to the Pharmacy link option within the website.	<del> </del>	
21215 Lower jaw bone graft	-	X
Reconstruction of lower jaw	-	X
Reconstruction of jaw	-	X
Reconstruction of jaw	-	X
Reconstruction of jaw	-	X
21270 Augmentation, cheek bone	-	X
1299 Cranio/maxillofacial surgery	-	Χ
1499 Head surgery procedure	-	Χ
1740 Reconstructive repair of pectus excavatum or carinatum; open	-	Χ
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracosco	-	X
Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy	-	Х
1899 Neck/chest surgery procedure	_	Х
2103 Remove extra spine segment	_	X
2116 Remove extra spine segment	_	X
2220 Revision of neck spine	-	X
2222 Revision of thorax spine	<del> </del>	X
2224 Revision of lumbar spine	_	X
2226 Revise, extra spine segment	<del> </del>	X
2510 Perg cervicothoracic inject	<del> </del>	X
2511 Perg lumbosacral injection	<del> </del>	X
2512 Vertebroplasty addl inject	<del> </del>	X
2513 Perq vertebral augmentation	_	X
2514 Perg vertebral augmentation		X
2514 Perq vertebral augmentation	-	X
2526 Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	<del>                                     </del>	^
	Х	-
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	X	-
2533 Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	X
2548 Neck spine fusion	-	Х
2551 Neck spine fuse&remove	-	Х
2552 Neck spine fuse&remove addl	-	Х
2554 Neck spine fusion	- 1	Х
2556 Thorax spine fusion	-	Х
2558 Lumbar spine fusion	- 1	X
2585 Additional spinal fusion	-	X
2586 PrescrI fuse /w instr I5/1	-	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding im	munizations, injectable drugs,
	· · · · · · · · · · · · · · · · · · ·		X
	Spine & skull spinal fusion	-	X
	Neck spinal fusion  Neck spine fusion	-	X
		-	Λ
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	X
2614	Spine fusion, extra segment	-	X
2630	Lumbar spine fusion	-	Χ
2632	Spine fusion, extra segment	-	X
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х
2634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy	-	Х
2000	and/or discectomy sufficient to prepare interspace(other t		V
	Fusion of spine	-	X X
	Fusion of spine	-	
	Fusion of spine	-	X X
	Fusion of spine	-	X
	Fusion of spine	-	
	Fusion of spine	-	X
2836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	-	X
2837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	-	Х
2838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	-	Х
2853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
2854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
2856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	Х
2857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х
2858	Second level cer diskectomy	-	Х
2859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	-	Х
2860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	Х

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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 is and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drug
	, .	1	
22861 Revis	on including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	-	X
22862 Revis	on including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	Х	-
	val of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	-	Χ
22865 Remo	val of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	-	Χ
22867 Insert	on of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance		Х
when	performed, with open decompression, lumbar; sing	-	^
22868 Insert	on of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance		Х
when	performed, with open decompression, lumbar; seco	- 1	^
22869 Insert	on of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		V
	ing image guidance when performed, lumbar; single	-	X
	on of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion,		V
	ing image guidance when performed, lumbar; second	-	X
	surgery procedure	-	Х
	nen surgery procedure	-	Х
	struct shoulder joint	-	Х
	struct shoulder joint	-	Х
	der surgery procedure	-	Х
	arm/elbow surgery	-	Х
	rm or wrist surgery	-	Х
	finger surgery	-	Х
	nip replacement	-	Х
	treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture p	Х	-
27216 Percu	taneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt	Х	-
27217 Open	treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, u	Х	-
27218 Open	treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring,	Х	-
27278 Arthro	desis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg,		V
	allograft[s], synthetic device[s]), without placement of transfixation device	-	X
	desis sacroiliac joint	-	Х
	/hip joint surgery	-	Х
	on of thigh tendon	-	Х
	on of thigh tendons	-	X
	gous chondrocyte implantation, knee	-	Х
	knee replacement		X

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27599 Leg surgery procedure	-	X
27700 Revision of ankle joint	-	X
27702 Reconstruct ankle joint	-	X
27899 Leg/ankle surgery procedure	-	X
28446 Open osteochondral autograft, talus (includes obtaining graft[s])	X	-
28899 Foot/toes surgery procedure	-	X
29799 Casting/strapping procedure	-	X
29868 Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	-	X
29999 Unlisted procedure, arthroscopy	-	X
Reconstruction of nose	-	Х
Reconstruction of nose	-	X
Reconstruction of nose	-	Χ
Revision of nose	-	Х
Revision of nose	-	Х
80450 Revision of nose	-	X
Revision of nose	-	Х
80462 Revision of nose	-	X
80465 Repair nasal stenosis	-	Х
80520 Repair of nasal septum	-	Х
80999 Nasal surgery procedure	-	X
31299 Sinus surgery procedure	_	X
1599 Larynx surgery procedure	_	X
B1647 Bronchial valve init insert	_	X
B1660 Bronch thermoplsty 1 lobe	_	X
B1661 Bronch termoplety 2/> lobes	_	X
81899 Airways surgical procedure	_	X
22701 Thorax stereo rad target w/tx	_	X
32850 Donor pneumonectomy	_	X
22851 Lung transplant, single	_	X
32852 Lung transplant with bypass	_	X
22532 Lung transplant, double	_	X
32854 Lung transplant with bypass		X
Backbench standard preparation of cadaver donor lung allograft; unilateral		X
Backbench standard preparation of cadaver donor lung allograft; bilateral		X
22999 Chest surgery procedure		X
33274 Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guida		^
	-	Χ
(eg, fluoroscopy, venous ultrasound, ventriculography, fe Transcatheter removal of permanent leadless pacemaker, right ventricular		X

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	ease 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, o
	cations and should be directed to the Pharmacy link option within the website.		
	sertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization,		
al	I imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed	-	Χ
3277 In	sertion of phrenic nerve stimulator transvenous sensing lead (list separately in addition to code for primary		X
	ocedure)		Λ
	emoval and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	_	X
	terrogation and programming, when performed; pulse generator		Λ
	emoval and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	_	Χ
	terrogation and programming, when performed; transvenous stimulation or sensing lead(s)	_	Λ
	ercutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy,	_	Χ
tra	ansseptal puncture, catheter placement(s), left atrial angio	_	Λ
	eplace aortic valve preq	-	X
	eplace aortic valve open	-	Χ
3363 R	eplace aortic valve open	-	Χ
	eplace aortic valve open; open iliac artery approach	-	Χ
3365 R	eplace aortic valve open;transaortic approach	-	Χ
3366 T	rcath replace aortic valve	-	Χ
3367 R	eplace aortic valce w/byp	-	Χ
3368 R	eplace aortic valve w/byp	-	X
3369 R	eplace aortic valve w/byp	-	Χ
3418 R	epair tcat mitral valve	-	Χ
3419 R	epair tcat mitral valve	-	Х
33440 R	eplacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus		Х
er	nlargement of the left ventricular outflow tract with valved con	-	^
	ranscatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site,	-	Х
	hen performed		V
	nplantation of a total replacement heart system (artificial heart) w/recipient cardiectomy	-	X X
	emoval and replacement of total replacement heart system (artificial heart)	-	X X
	emoval and replacement heart system (artifical heart) for transp	-	
	emoval of donor heart/lung	-	X
	ackbench standard preparation of cadaver donor heart/lung allograft	-	X
	ransplantation, heart/lung	-	X
	emoval of donor heart	-	X
	ackbench standard preparation of cadaver donor heart allograft	-	X
	ransplantation of heart	-	X
	sertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, enous access only	-	X
	ardiac surgery procedure	_	X
	essel injection procedure	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	X
	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	X
	Injection(s), spider veins	Χ	-
	Injection therapy of vein	-	X
	Injection therapy of veins	-	Χ
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,	_	Χ
	percutaneous, mechanochemical; first vein treated		
	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring,	_	Х
	percutaneous, mechanochemical; subsequent vein(s) treated in a si		
	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	X
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep	_	Х
	sites	_	Χ
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	X
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep		
	sites	-	X
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	Х
	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	Х
	Cessi therapy cath removal	-	Х
37215	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	-	Х
37216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection	Х	-
37217	Stent placemt retro carotid	-	Х
	Stent placemt ante carotid	-	Х
	Unlisted vascular endoscopy procedure	-	X
	Revise leg vein	-	X
	Ligation, division, and stripping, short saphenous vein	-	X
	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	X
37735	Removal of leg veins/lesion	-	Х
	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg	_	X
	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg	_	X
	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	_	X
	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	_	X
	Revision of leg vein	_	X
	Revise secondary varicosity	_ +	X
	Vascular surgery procedure		X
	Laparoscope proc, spleen		X
<b>38120</b> -			

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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, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
38206 Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X
38207 Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	X	<u>-</u>
Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Х	-
Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Х	-
38210 Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	Х	-
8211 Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	Х	-
88212 Transplant preparation of hematopoietic progenitor cells; red blood cell removal	X	-
38213 Transplant preparation of hematopoietic progenitor cells; platelet depletion	X	_
38214 Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	X	
Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer		-
B8230 Bone marrow harvesting for transplantation; allogenic	-	Χ
B8232 Bone marrow harvesting for transplantation; autologous	-	Χ
8240 Bone marrow/stem transplant	-	X
Bone marrow/stem transplant	-	X
8242 Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	Х
38243 Transplj hematopoietic boost	-	Х
88589 Laparoscope proc, lymphatic	-	X
88999 Blood/lymph system procedure	-	Х
9499 Chest procedure	-	X
9599 Diaphragm surgery procedure	-	X
0702 Repair cleft lip/nasal	-	X
0799 Lip surgery procedure	-	Х
0820 Treatment of mouth lesion	-	Х
0899 Mouth surgery procedure	-	Х
1599 Tongue and mouth surgery	-	Х
1899 Dental surgery procedure	-	Х
2299 Palate/uvula surgery	-	Х
2699 Salivary surgery procedure	-	Х
2999 Throat surgery procedure	-	Х
3229 Esophagoscopy lesion ablate	- 1	X
3250 Upper gi endoscopy/tumor	-	X
Ugi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia	Х	-
Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	Х	-
Removal of esophageal sphincter augmentation device	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in the control of the code	nformation regarding	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		
	Laparoscope proc, esoph	-	X
	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	X	-
	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	X
	Removal of stomach, partial	-	X
13644	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	X
3645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Χ
	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	-	Χ
	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	- 1	Х
	Laparoscope proc, stom	- 1	Х
	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and		
	subcutaneou	-	X
3771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	_	X
	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	_	X
	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component		
10110	only	-	X
1377/	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port		
13/14	component	-	X
12775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	- 1	X
	Caparoscopy, surgical, gastric restrictive procedure, longitudinal gastrectomy (le, sleeve gastrectomy)  Gastroplasty for obesity	X	^
		^	X
	Gastroplasty for obesity	-	X
	Gastric revision for obesity	-	
	Gastric bypass for obesity	-	X
	Gastric bypass for obesity	-	X
	Revision gastroplasty	-	X
	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	-	X
	Revision or removal of gastric neurostimulator electrodes, antrum, open	-	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
3999	Stomach surgery procedure	-	X
4132	Enterectomy, cadaver donor	-	Χ
4133	Enterectomy, live donor	-	Χ
4135	Intestine transplnt, cadaver	-	Х
4136	Intestine transplant, live	-	Х
4137	Removal of transplanted intestinal allograft, complete	-	Χ
	Unlisted laparoscopy procedure, intestine (except rectum)	-	Х
	Prepare fecal microbiota	Х	-
	Backbench standard preparation of cadaver or living donor intestine allograft	-	Х

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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	ct information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X
14721 Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	X
14799 Intestine surgery procedure	-	X
14899 Bowel surgery procedure	-	X
14979 Laparoscope proc, app	-	Χ
I5399 Unlisted procedure colon	-	Χ
15499 Unlisted laparoscopy procedure, rectum	-	X
I5999 Rectum surgery procedure	-	X
16707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	X	-
16999 Anus surgery procedure	-	Χ
7133 Removal of donor liver	-	Χ
7135 Transplantation of liver	-	Χ
7140 Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	Χ
7141 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	Χ
P7142 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	Χ
7143 Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	Χ
Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	Х
Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х
17379 Laparoscope procedure, liver	-	Χ
7383 Perq abltj Ivr cryoablation	-	Χ
7399 Liver surgery procedure	-	Χ
17579 Laparoscope proc, biliary	-	Χ
7999 Bile tract surgery procedure	-	Χ
8160 Pancreas removal/transplant	X	-
8550 Donor pancreatectomy	-	X
8551 Backbench standard preparation of cadaver donor pancreas allograft	-	Χ
8554 Transpl allograft pancreas	-	Χ
8556 Removal, allograft pancreas	-	Χ
8999 Pancreas surgery procedure	-	Χ
9329 Laparo proc, abdm/per/oment	-	Χ
9659 Laparo proc, hernia repair	-	Χ
9999 Abdomen surgery procedure	-	X
50300 Removal of donor kidney	-	Х
50320 Removal of donor kidney		X
io323 Backbench standard preparation of cadaver donor renal allograft	-	X
i0325 Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X
Notes   Section of States   Section of States   Section of States   Section of Section of States   Section of States   Section of States   Section of Section of States   Section of Sectio	<del> </del> -	X

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	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	immunizations, injectable drugs, c
	ons and should be directed to the Pharmacy link option within the website.	1	
	splantation of kidney	-	X
	splantation of kidney	-	X
	ove transplanted kidney	-	X
	nplantation of kidney	-	X
	aro removal donor kidney	-	Χ
0549 Lapa	aroscope proc, renal	-	Χ
50949 Lapa	aroscope proc, ureter	-	Χ
51925 Hyst	erectomy/bladder repair	-	Χ
1999 Unlis	sted laparoscopy procedure, bladder	-	Χ
2441 Cyst	ourethro w/implant	-	Χ
2442 Cyst	ourethro w/addl implant	-	Χ
53451 Periu	urethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and	V	
	ging guidance	X	-
53452 Periu	urethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and		
	ging guidance	X	-
	urethral transperineal adjustable balloon continence device; removal, each balloon	Х	-
	urethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume		
	, p = = = = = = = = = = = = = = = = = =	X	-
3899 Urolo	ogy surgery procedure	-	Х
	al removal of penis	-	Χ
	noval of penis	-	X
	ove penis & nodes	-	X
	ove penis & nodes	-	Х
	rt semi-rigid prosthesis	-	X
	rt self-contd prosthesis	_	X
	rt multi-comp prosthesis	_	X
	loval of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis		
1100	ioval of all components of a main component, illiatable period procured mineral replacement of procured of	-	X
54408 Rena	air of component(s) of a multi-component, inflatable penile prosthesis	_	X
54410 Rem	noval and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative		
sess		-	X
	loval and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig &		
	idemnt	-	X
		_	X
54410   KUIII	loval of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis loval and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	<del>                                     </del>	^
D44 IO   Kem	ioval and replacement of non-initiatable of initiatable (self-contained) penile prostriesis, same operative session	-	X
54417 Rem	oval and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	_	Х
			^
4660 Revi	sion of testis	-	X

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sclaimer: Please note that coverage may vary ecialty medications and should be directed to	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	immunizations, injectable drugs,
<u> </u>	the Pharmacy link option within the website.		
4699 Laparoscope proc, testis		-	X
5559 Laparo proc, spermatic c		-	X
5899 Genital surgery procedur		-	X
5970 Sex transformation, m to		-	X
5980 Sex transformation, f to r		-	X
	val) of prosthetic vaginal graft, vaginal approach	-	X
	val) of prosthetic vaginal graft; open abdominal approach	-	X
8150 Total hysterectomy		-	X
8152 Total hysterectomy		-	X
8180 Partial hysterectomy		-	X
8200 Extensive hysterectomy		-	X
8260 Vaginal hysterectomy, fo		-	X
	uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Χ
8263 Vaginal hysterectomy, fo	uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	X
8267 Vaginal hysterectomy, fo pereyra	uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type,	-	Х
	uterus 250 grams or less; with repair of enterocele	-	Х
8275 Hysterectomy/revise vag		_	X
8280 Hysterectomy/revise vag		_	X
	tuterus greater than 250 grams;	_	X
	uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	_	X
8292 Vaginal hysterectomy, fo	uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	X
8294 Vaginal hysterectomy fo	uterus greater than 250 grams; with repair of enterocele	_	X
8300 Insert intrauterine device	Grade grader than 200 grame, warrepair or orderedele	Х	-
	pracervical hysterectomy, for uterus 250 g or less;	-	Х
	pracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
8543 Laparoscopy surgical si	pracervical hysterectomy, for uterus greater than 250 g;	_	Х
	pracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or	-	X
	h vaginal hysterectomy, for uterus 250 grams or less;	_	X
8552 Lanaroscopy surgical wi	h vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	^
		-	X
	th vaginal hysterectomy, for uterus greater than 250 grams;	-	Χ
8554 Laparoscopy, surgical, w ovar	th vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or	-	Х
	th total hysterectomy, for uterus 250 g or less;	_	Х

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des Description	Not Covered	Preauthorization Requir
claimer: 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 cialty medications and should be directed to the Pharmacy link option within the website.	information regarding in	mmunizations, injectable drugs,
·		
Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	Х
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	_	Х
DETE Language and automorphism of the second of malian analy unithilateral		X
Laparoscopy, surgical, total hysterectomy for resect of malignancy, uni/bilateral	-	
Laparo proc, uterus	-	X
Hysteroscope procedure	-	Х
B679 Laparo proc, oviduct-ovary	-	X
Retrieval of oocyte	-	Χ
3974 Transfer of embryo	-	X
3976 Transfer of embryo	-	Χ
3999 Genital surgery procedure	-	Х
P812 Treatment of miscarriage	-	Х
9820 Care of miscarriage	-	Х
7821 Treatment of miscarriage	-	Х
9840 Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	X
Procedure associated with miscarriage or terminated pregnancy	_	X
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	_	X
P855 Procedure associated with miscarriage or terminated pregnancy	_	X
Procedure associated with miscarriage or terminated pregnancy	<del>                                     </del>	X
Procedure associated with miscarriage or terminated pregnancy	_	X
9866 Abortion (mpr)	_	X
9897 Unlisted fetal invasive procedure, including ultrasound guidance, when performed	<del>                                     </del>	X
9898 Laparo proc, ob care/deliver	-	X X
Maternity care procedure	-	
D659 Laparo proc, endocrine		X
2699 Endocrine surgery procedure	-	X
Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	X	-
Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separate	X	-
Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-
Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	Х
1720 Incise skull/brain surgery	<del> </del>	X
1725 Incise skull/brain surgery	+ - +	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect indications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs,
	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	X	-
	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)	X	-
	Implant brain electrodes		X
	Incise skull for treatment	-	X
	Treat trigeminal nerve	-	X
	Treat trigeminal tract	-	X
	<u> </u>	-	X
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	Λ
1797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	X
1798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	X
1799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х
1800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	X
1867	Burr hole craniotomy with implantation of subcortical electrode array, w intraop microelectrode recording; first array	-	Х
1868	Burr hole craniotomy w implantation of subcortical electrode array, w intraop microelectrode recording; ea addl array	-	X
1000			
	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy,		
	when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s)	-	X
1891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth	_	X
	and/or cortical strip electrode array(s)		Λ
2263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means	X	
	(e	^	-
52264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means	Х	
	(e	^	-
2287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle	~	
	based technique to remove disc material under fluoroscopic imagi	X	-
	Injection into disk lesion	-	X
	Implant spinal canal cath	-	Χ
	Implant spinal canal cath	-	Χ
	Insert spine infusion device	-	Х
	Implant spine infusion pump	-	Х
	Implant spine infusion pump	-	Х
2380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy,	_	X
	discectomy and/or excision of herniated intervertebral disc, 1	- I	٨

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	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 ns and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs, o
	oval of spinal lamina	- 1	X
	notomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	+ - +	^
		-	X
	or excision of herniated intervertebral disc; 1 interspace, notomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	+	
	or excision of herniated intervertebral disc; 1 interspace,	-	X
	notomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	+	
	or excision of herniated intervertebral disc; each additiona	-	X
	notomy, single cervical		X
	notomy, single lumbar	-	X
	notomy, addl cervical	-	^ X
		-	
	notomy, addl lumbar		X X
	noplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;	-	Λ
	noplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony	-	X
elem		+	
	nectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina		V
	or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single	-	X
	bral segment (list separately in addition to code for primary procedure)		
	nectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina		V
	or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each	-	X
	ional segment (list separately in addition to code for primary procedure)		
	ompress spinal cord	-	X
	ompress spinal cord	-	X
	ompress spine cord add-on	-	X
	ompress spinal cord	-	X
	ompress spine cord add-on	-	X
	spine disk surgery	-	X
	spine disk surgery	-	X
	e disk surgery, thorax	-	X
	e disk surgery, thorax	-	X
	oval of vertebral body	-	X
	ove vertebral body add-on	-	X
	ove vertebral body add-on	-	X
	e spinal cord tract(s)	-	X
	nage of spinal cyst	-	X
	se spinal cord vessels	-	X
	se spinal cord vessels	-	X
	se spinal cord vessels	-	Χ
	se intraspinal lesion	-	X
3266 Excis	se intraspinal lesion	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Excise intraspinal lesion	-	X
	Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list sep)	-	X
	Removal of vertebral body	-	Χ
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
	Removal of vertebral body	-	X
63308	Remove vertebral body add-on	-	X
63600	Remove spinal cord lesion	-	X
	Stimulation of spinal cord	-	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
63650	Implant neuroelectrodes	-	Х
	Implant neuroreceiver	-	X
	Njx aa&/strd nrv nrvtg si jt	-	Χ
	Paravertebral block (pvb)(paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	-	Х
64462	Paravertebral block (pvb)(paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to	-	Х
64463	Paravertebral block (pvb)(paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)	-	Х
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
34505	Injection for nerve block	_	X
	Percutaneous implantation of neurostimulator electrode array; cranial nerve	_	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in dications and should be directed to the Pharmacy link option within the website.	formation regarding	g immunizations, injectable drugs,
34555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
4561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
4566	Neuroeltrd stim post tibial	-	Χ
4568	Inc for vagus n elect impl	-	Х
	Revise/repl vagus n eltrd	-	Х
	Remove vagus n eltrd	-	Х
	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	Χ
	Incision for implantation of neurostimulator electrode array; neuromuscular	-	Х
	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	Х
4582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	Х
4583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	-	Х
	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	Х
4585	Revision or removal of peripheral neurostimulator electrode array	_	Х
	Implant neuroreceiver	_	X
	Revise/remove neuroreceiver	_	X
4596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	-	X
	Dstrj nulyt agt gnclr nrv	_	X
	Rf abltj nrv nrvtg si jt	Х	-
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	Х
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	Х
	Injection treatment of nerve	_	Х
	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	-	Х
4635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	Х
1636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	Х
	Injection treatment of nerve	_	X
	Nervous system surgery	_	X
	Revision of cornea	Χ	-
	Revision of cornea	X	_

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•		Х	
	Corneal tissue transplant Radial keratotomy	X	-
	,	^	- V
	Insert lens prosthesis	-	X
	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	-	X
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more	-	X
36999	Eye surgery procedure	-	Χ
57027	Implant eye drug system	-	Χ
7299	Eye surgery procedure	-	X
57399	Eye muscle surgery procedure	-	Χ
67599	Orbit surgery procedure	-	Χ
57900	Repair brow defect	-	X
37901	Repair eyelid defect	-	Χ
37902	Repair eyelid defect	-	X
7903	Repair eyelid defect	-	X
7904	Repair eyelid defect	-	Χ
7906	Repair eyelid defect	-	X
37908	Repair eyelid defect	-	Χ
7909	Revise eyelid defect	-	Χ
7911	Revise eyelid defect	-	Χ
7912	Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)	-	Χ
7930	Repair eyelid wound	-	Χ
7973	Reconstruction of eyelid	-	Χ
7974	Reconstruction of eyelid	-	Χ
7975	Reconstruction of eyelid	-	Χ
7999	Revision of eyelid	-	X
8399	Eyelid lining surgery	-	X
	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Х	-
	Tear duct system surgery	-	Χ
	Pierce earlobes	X	-
	Outer ear surgery procedure	-	Х
	Implant/replace hearing aid	X	-

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	Remove/repair hearing aid	-	X
	Implant temple bone w/stimul	_	X
	Temple bne implnt w/stimulat	_	X
	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X
69717	Revj/rplcmt oi implt prq esp	-	Х
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	X
	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
69728	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	-	Х
69729	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	-	Х
69730	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	-	Х
59949	Inner ear surgery procedure	-	Х
9979		-	Χ
74261	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material	-	Х
74262	Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including	-	Х
74263	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-
75580	Noninvasive estimate of coronary fractional flow reserve (ffr) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional	-	Х
76014	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes	Х	-

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	edications and should be directed to the Pharmacy link option within the website.	I I	
6015	MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of		
	implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device	V	
	vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and	X	-
	consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to		
70010	code for primary procedure)		
76016	MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR		
	procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit	Х	_
	of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to		
	perform examination, with written report		
76017	MR safety medical physics examination customization, planning and performance monitoring by medical physicist or		
	MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and		
	select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated	X	-
	with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report		
6018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional,		
0010	including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device		
	internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or	X	-
	heating while in the MR room, with written report		
6019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care		
0019	professional, including application of physical protections to secure implanted medical device from MR-induced		
		X	-
	translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns		
264.40	from inadvertent tissue contact while in the MR room, with written report	V	
	X-ray consultation	X	-
	Mr spectroscopy		X
	Magnetic resonance (eg, vibration) elastography	-	X
	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)		
	Unlisted computed tomography procedure (eg, diagnostic, interventional)	-	X
	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	-	X
6499	Unlisted diagnostic radiographic procedure	-	X
	Echo guide, ova aspiration	-	X
	Unlisted ultrasound procedure (eg, diagnostic, interventional)	-	Χ
	Breast tomosynthesis uni	X	-
	Breast tomosynthesis bi	Х	-
	Radiation therapy planning	-	X
77371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	X
7372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	_	Х

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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,
ecialty medications and should be directed to the Pharmacy link option within the website.	1	
Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	-	Х
7387 Guidance for radiaj tx dlvr	Х	_
77399 External radiation dosimetry	-	Χ
7402 Radiation treatment delivery	X	-
7407 Radiation treatment delivery	X	-
7432 Stereotactic radiation trmt	-	Χ
7435 Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image	-	Х
7499 Radiation therapy management	-	Х
7520 Proton trmt, simple w/o comp	-	X
7522 Proton trmt, simple w/comp	-	X
7523 Proton trmt, intermediate	-	X
7525 Proton treatment, complex	-	X
7799 Radium/radioisotope therapy	-	Х
8099 Endocrine nuclear procedure	-	Х
8199 Blood/lymph nuclear exam	-	Х
8299 Gi nuclear procedure	-	Х
8350 Bone mineral, single photon	Х	-
8351 Bone mineral, dual photon	Х	-
8399 Musculoskeletal nuclear exam	-	X
8499 Cardiovascular nuclear exam	-	Х
8599 Respiratory nuclear exam	-	X
8608 Brain imaging (pet)	-	X
8609 Brain imaging (pet)	X	-
8699 Nervous system nuclear exam	-	X
8799 Genitourinary nuclear exam	-	X
8811 Tumor imaging, positron emission tomography (pet); limited area (eg, chest, head/neck)	-	X
8999 Nuclear diagnostic exam	-	Х
9999 Nuclear medicine therapy	-	X
0050 General health panel	X	-
0299 Quantitative assay, drug	-	Χ
0320 Alcohols	Х	
0321 Alcohol biomarkers; 1 or 2	Х	-
0322 Alcohol biomarkers; 3 or more	X	-
0323 Alkaloids, not otherwise specified	Х	
0324 Amphetamines; 1 or 2	X	
0325 Amphetamines; 3 or 4	Х	
0326 Amphetamines; 5 or more	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Anabolic steroids; 1 or 2	X	-
	Anabolic steroids; 3 or more	X	
80329	Analgesics, non-opioid; 1 or 2	X	-
80330	Analgesics, non-opioid; 3-5	Χ	-
80331	Analgesics, non-opioid; 6 or more	Χ	-
80332	Antidepressants, serotonergic class; 1 or 2	X	-
80333	Antidepressants, serotonergic class; 3-5	X	-
80334	Antidepressants, serotonergic class; 6 or more	X	-
80335	Antidepressants, tricyclic and other cyclicals; 1 or 2	Х	1
80336	Antidepressants, tricyclic and other cyclicals; 3-5	Х	-
80337	Antidepressants, tricyclic and other cyclicals; 6 or more	X	-
80338	Antidepressants, not otherwise specified	X	-
80339	Antiepileptics, not otherwise specified; 1-3	X	-
80340	Antiepileptics, not otherwise specified; 4-6	Х	-
80341	Antiepileptics, not otherwise specified; 7 or more	Х	-
80342	Antipsychotics, not otherwise specified; 1-3	Х	-
	Antipsychotics, not otherwise specified; 4-6	Х	-
	Antipsychotics, not otherwise specified; 7 or more	Х	-
	Barbiturates	Х	-
80346	Benzodiazepines; 1-12	Х	-
	Benzodiazepines; 13 or more	Х	-
	Buprenorphine	Х	-
	Cannabinoids, natural	Х	-
	Cannabinoids, synthetic; 1-3	Х	-
	Cannabinoids, synthetic; 4-6	Х	-
	Cannabinoids, synthetic; 7 or more	Х	-
	Cocaine	Х	-
	Fentanyl	Х	-
	Gabapentin, non-blood	Х	-
	Heroin metabolite	X	-
	Ketamine and norketamine	X	-
	Methadone Methadone	X	-
	Methylenedioxyamphetamines (mda, mdea, mdma)	X	-
	Methylphenidate	X	-
	Opiates, 1 or more	X	-
	Opioids and opiate analogs; 1 or 2	X	-
	Opioids and opiate analogs; 3 or 4	X	-
	Opioids and opiate analogs; 5 or more	X	-
	Oxycodone	X	_

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	dications and should be directed to the Pharmacy link option within the website.		
	Pregabalin	X	-
	Propoxyphene	X	-
	Sedative hypnotics (non-benzodiazepines)	Х	-
	Skeletal muscle relaxants; 1 or 2	Χ	-
	Skeletal muscle relaxants; 3 or more	X	<u>-</u>
	Stimulants, synthetic	X	<u>-</u>
	Tapentadol	X	-
	Tramadol	X	<del>-</del>
	Stereoisomer anal single drug class	X	<del>-</del>
	Drug(s) definitive, qual or quant nos 1-3	X	-
	Drug(s) definitive, qual or quant unlisted 4-6	X	<del>-</del>
	Drug(s) definitive, qual or quant nos 7 or more	X	<u>-</u>
81099	Urinalysis test procedure	-	X
	Hpa-1, itgb3, antigen cd61, gene analysis, common variant	X	-
81106	Hpa-2, gp1ba, gplba, gene analysis, common variant	X	-
81107	Hpa-3, itga2b, gplba, gene analysis, common variant	X	-
81108	Hpa-4, itgb3, cd61, gene analysis, common variant	X	-
81109	Hpa-5, itga2, gene analysis, common variant	X	-
81110	Hpa-6, itgb3, cd61, gene analysis, common variant	X	-
81111	Hpa-9, itga2b, gene analysis, common variant	X	-
81112	Hpa-15, cd109, gene analysis, common variant	Х	-
81120	dh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants	-	X
81121	dh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants	-	X
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		V
	and full duplication/deletion analysis	-	X
	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer)		
	gene analysis; full sequence analysis	-	X
	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
	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		V
		-	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)	-	X
	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion		
	analysis (ie, detection of large gene rearrangements)	-	X
	Cond1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if		.,
	performed	-	X
	Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance),		
	gene analysis, variants in the kinase domain	-	X
	gono analysis, ranamo in the minos demain		

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	Elease 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 dedications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
-	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
31172	Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status)	-	Х
	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	X
31174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	X
1175	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; full gene seq	-	Χ
	Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; targeted seq analy	-	Χ
	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
31178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
1179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
31180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
31181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
31182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
31183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
31184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
31185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	X
1186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	X
	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	X
1188	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	-	Х
1190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	Χ
	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	Χ
1192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	Χ
31193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	X

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Codes Description			Preauthorization Requir
sclaimer: Please note that coverage may vary by plan type and may not follo ecialty medications and should be directed to the Pharmacy link option withi	w the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in the website.	nformation regarding im	munizations, injectable drugs
1194 Ntrk (neurotrophic-tropomyosin receptor tyrosin	ne kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х
1195 Cytogenomic (genome-wide) analysis, hemato genome mapping (OGM)	ogic malignancy, structural variants and copy number variants, optical	-	X
1200 Aspa (aspartoacylase) (eg, canavan disease) (	gene analysis, common variants (eg. e285a, v231x)	Х	-
201 Apc gene analysis; full sequence	, , , , , , , , , , , , ,	-	Х
202 Apc gene analysis; known fam variants		-	Х
203 Apc gene anaysis; duplication/deletion variants		-	Х
	nuscular atrophy, kennedy disease, x chromosome inactivation) gene	-	Х
	ase e1, beta polypeptide) (eg, maple syrup urine disease) gene	Х	-
	bloom syndrome) gene analysis, 2281del6ins7 variant	Х	-
	ditary breast and ovarian cancer) gene analysis; 185delag, 5385insc,	-	Х
	and ovarian cancer) gene analysis; known familial variant	-	Х
	and ovarian cancer) gene analysis; full sequence analysis	-	X
	and ovarian cancer) gene analysis; known familial variant	-	X
	alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X
219 Calr (calreticulin) (eg, myeloproliferative disord	ers), gene analysis, common variants in exon 9	-	Х
	ce regulator) (eg, cystic fibrosis) gene analysis; common variants (eg,	-	Х
	y c, polypeptide 19) (eg, drug metabolism), gene analysis, common	-	Х
	d, polypeptide 6) (eg, drug metabolism), gene analysis, common *29, *35, *41,	-	Х
227 Cyp2c9 (cytochrome p450, family 2, subfamily variants (eg, *2, *3, *5, *6)	c, polypeptide 9) (eg, drug metabolism), gene analysis, common	-	Х
228 Cytogenomic constitutional (genome-wide) mic variants (eg, bacterial artificial chromosome [bacterial artificial chromosome [	roarray analysis; interrogation of genomic regions for copy number ac] or oligo-bas	-	Х
229 Cytogenomic constitutional (genome-wide) mic single nucleotide polymorphism (snp) variants	roarray analysis; interrogation of genomic regions for copy number and for chromosoma	-	Х
230 Cyp3a4, gene analysis, common variant(s)		-	Х
231 Cyp3a5, gene analaysis, common variants		-	X
232 Dpyd, gene analysis, common variant(s)			Х
	hocytic leukemia) gene analysis, common variants (eg, c481s, c481r,	-	Х
	ophy type 1) gene analysis; evaluation to detect abnormal (expanded)	-	Х

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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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding i	immunizations, injectable drugs
1235 Egfr gene analysis; common variants	<u> </u>	X
1236 Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative		
neoplasms) gene analysis, full gene sequence	-	X
1237 Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis,		
common variant(s) (eg, codon 646)	-	X
1238 F9 (coagulation factor ix) (eg, hemophilia b), full gene seq	-	Х
Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded		
size)	-	X
1240 F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant	Х	-
1241 F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Х	-
1242 Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg,	Х	
ivs4+4a>t)		-
11243 Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg,	х	
expanded) alleles	_ ^	-
B1244 Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg,	х	
expanded size and methylation status)	^	-
1247 G6pd, gene analysis; common variant(s)	-	Χ
1248 G6pd, gene analysis; known familial variant(s)	-	Χ
1249 G6pd, gene analysis; full gene seq	-	Χ
1250 G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene	_	X
analysis, common variants (eg, r83c, q347x)		Λ
Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p,	x	_
ivs2+1g>a)	Λ	
1252 Gjb2 gene full sequence	-	Х
1253 Gjb2 gene known fam variants	-	X
1254 Gjb6 gene com variants	-	X
1255 Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg,	X	_
1278instatc, 1421+1g>c, g269s)	^	
1256 Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	-	X
1257   Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease),	_	Χ
gene analysis, for common deletions or variant (eg, south		
1258 Hba1/hba2, gene analysis, known familial variant	-	X
1259 Hba1/hba2, gene analysis, full gene seq	-	X
1260 Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial	X	_
dysautonomia) gene analysis, common variants (eg,2507+6		
1261 Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to	-	Χ
detect abnormal clonal population(s); amplified methodology (eg,		
1262 Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to	-	X
detect abnormal clonal population(s); direct probe methodology (e		

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	ise 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 ations and should be directed to the Pharmacy link option within the website.	information regarding	mmunizations, injectable drugs,
	@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation	1	
	alysis	-	X
	@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis,	1	
	aluation to detect abnormal clonal population(s)	-	X
	mparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant		V
	sipient and donor germline testing, post-transplant non-he	- 1	X
	mparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood		V
	nor, additional fetal samples from different cultures, or a	- 1	X
	a1/hba2, gene analysis, duplication/deletion variants	-	Χ
	⟨2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	-	Χ
	(huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	- 1	Χ
	(v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute		V
	reloid leukemia, melanoma), gene analysis, targeted sequ	- 1	Х
	(v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816		V
var	riant(s)	1 - 1	X
1274 Htt	(huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	-	Х
	togenomic neo microra alys	-	X
31278 Igh	@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster		Х
reg	gion (mcr) breakpoints, qualitative or quantitative	- 1	۸
	⟨2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	X
1283 Ifnl	3, gene analysis, rs12979860 variant	-	Х
1284 Fxi	n (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
1285 Fxi	n (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	X
1286 Fx	n (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Χ
1287 Mg	mt gene methylation anal	-	Χ
1288 MII	n1 gene methylation anal	-	Χ
1289 Fx	n (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	-	Χ
1290 Mc	coln1 (mucolipin 1) (eg, mucolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	-	Χ
31291 Mtl	hfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants	Х	
(eg	g, 677t, 1298c)	^	_
31292 MII	n1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch		Х
syr	ndrome) gene analysis; full sequence analysis	_	^
1293 MII	n1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	Х
	ndrome) gene analysis; known familial variants	<u> </u>	^
	n1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	Х
	ndrome) gene analysis; duplication/deletion variants	<u> </u>	^
1295 Ms	h2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch	<u> </u>	Х
syr	ndrome) gene analysis; full sequence analysis	-	^

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	escription	Not Covered	Preauthorization Require
	ease 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 i cations and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	sh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch		.,
	/ndrome) gene analysis; known familial variants	-	X
	sh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch		V
	/ndrome) gene analysis; duplication/deletion variants	-	X
1298 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full		V
	equence analysis	- 1	X
1299 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis;		Х
kr	nown familial variants	-	^
1300 M	sh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis;		Х
dι	uplication/deletion variants	-	^
1301 M	icrosatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for	_	Х
	ismatch repair deficiency (eg, bat25, bat26), includes com	_	
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	-	X
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	-	Χ
	ecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	-	Χ
	yd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic	_	X
	ukemia) gene analysis, p.leu265pro (l265p) variant		
1307 P	alb2 gene full gene seq	-	X
	alb2 gene known famil vrnt	-	X
	ik3ca gene trgt seq alys	-	X
	pm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	-	Χ
	ras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2	_	X
	eg, codons 12 & 13) and exon 3 (eg, codon61)		
	abpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to	_	X
	etect abnormal (eg, expanded) alleles		
	ca3 klk3	-	X
	dgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene	_	Χ
ar	nalysis, targeted sequence analysis (eg, exons 12, 18)		
	ml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia)	_	X
tra	anslocation analysis; single breakpoint (eg, intron 3, intron 6		
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	X
Sy	/ndrome) gene analysis; full sequence analysis		
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	Χ
	/ndrome) gene analysis; known familial variants	<b> </b>	
	ms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch	_	Χ
	/ndrome) gene analysis; duplication/deletion variants	<b> </b>	
	lcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w,	-	X
	707f, I845f)	ļ	
1321 P	ten gene analysis;full seq analysis	-	X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, 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,
1322	Pten gene analysis; fam variant	-	Х
1323	Pten gene analysis; duplication/deletion variant	-	X
1324	Pmp22 gene analysis; dup/deletion analysis	-	X
1325	Pmp22 gene analysis; full seq analysis	-	X
1326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	Х
1328	Slc01b1, gene analysis, common variant(s)	-	Х
1330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	Х
1331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	-	Х
1332	Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and	-	Х
1333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555g)	-	Х
1334	Runx1, gene analysis, targeted seq analysis	-	Х
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	-	Х
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	-	Х
1338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Х
1339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	Х
1340	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
1341	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
1342	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х
1343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	-	Х
	Tyms, gene analysis, common variant(s)	-	X
1347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х
1348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding im	munizations, injectable drugs,
31349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	Х
31350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)	-	Х
1351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Х
	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	Х
1353	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant	-	Х
	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	Х	-
1357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	Х
1360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	Х
1361	Hbb (hemoglobin, subunit beta), common variant(s)	-	Х
1362	Hbb (hemoglobin, subunit beta), known familial variant(s)	-	X
1363	Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)	-	Χ
1364	Hbb (hemoglobin, subunit beta), full gene seq	-	Х
1370	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	-	Х
1371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)	-	Х
1372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	-	Х
	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	-	Х
	Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each	-	Х
1375	Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1	-	Х
1376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each	-	Х
1377	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	-	Х
	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	-	Х
	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	-	Х
	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	-	Х
1381	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	-	Х
	Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3, -drb4, -drb5, -dqb1, -dqa1, -dpb1, or -dpa1), each	-	Х
1383	Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each	-	Х
1400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	Х

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laimer: 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 ialty medications and should be directed to the Pharmacy link option within the website.	information regarding in	mmunizations, injectable drugs
401 Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using		Х
nonsequencing target variant analysis], or detection of a dy	-	^
402 Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically		V
using non-sequencing target variant analysis], immunoglobul	-	X
403 Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10		V
amplicons using multiplex pcr in 2 or more independent reactions,	-	X
404 Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 6-10 exons, or characterizati	-	X
405 Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	X
406 Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or		V
duplication/deletion variants of 26-50 exons, cytogenomic ar	-	X
407 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
408 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 (	-	X
410 Gsps for aortic dysfnc or dilat	-	Х
411 Gsps for aortic dysfnc or dilat dupe delete anal	-	Х
412 Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia		
faconi anemia group c. gaucher disease, tay-sachs disease),	-	X
413 Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		
polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X
414 Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		.,
polymorphic ventricular tachycardia); duplication deletion gene analy	-	X
415 Exome sequence anal	-	Х
416 Exome sequence anal ea add	-	X
417 Exome sequence anal re-eval	-	X
418 Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes,		
including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	-	X
419 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	_	Χ
and zeb2		
425 Gsps for unex costitut heritable ds	_	Х
426 Gsps for unex costitut heritable ds ea add	_	X
427 Gsps for unex costitut heritable ds re-eval		X
430 Gsps for hearing loss	_	X
431 Gsps for hearing loss dupe delete anal		X
432 Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic	1	
sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	Χ

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	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, c
	ations and should be directed to the Pharmacy link option within the website.	1	
	reditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion	_	Χ
	alysis panel, must include analyses for brca1 brca2 mlh1		
	reditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc	_	X
gei	nomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	_	Λ
1435 Gs	ps for colon ca	-	Χ
1436 Gs	ps for colon ca dupe delete anal	-	Χ
31437 He	reditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma		V
or	paragangliom); must incl genomic sequencing 6 genes: max s	-	X
	reditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc		
	nd vhl	-	X
	erited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular		.,
	rdiomyopathy) genomic sequence analysis panel, must inclu	-	X
	ps nuclear encod mitochondrial genes	_	Х
	perited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan		
	emia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia)		
	quence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb,	_	Χ
	acc, fancd2, fance, fancf, fancg, fanci, fanci, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5,	_	Λ
	s10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2		
	onan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard	-	Χ
	ndrome, noonan-like syndrome); must incl genomic sequencing 12 ge		
	netic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom	-	Χ
	ndrome, canavan disease, fanconi anemia type c, mucoli		
	ps for solid organ neoplasm	-	X
	reditary peripheral neuropathies, gene seq analysis panel	-	Χ
	rgeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit,		
	is, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or	-	X
	arrangements, if performed; rna analysis		
1450 Gs	ps hematolymphoid neo 5-50 genes	-	Χ
1451 Ta	rgeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa,		
dn	mt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy		V
nui	mber variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	X
1455 Gs	ps hematolymphoid neo =/>51 genes	-	Х
	rgeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes		
	g, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras,		
	gfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or	_	X
	arrangements, or isoform expression or mrna expression levels, if performed; rna analysis		^
1100	andingomonio, or isoloim expression or mina expression ievels, ii penoimea, ma analysis		

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



odes Descri			Preauthorization Require
	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 reflects and should be directed to the Pharmacy link option within the website.	t information regarding im	munizations, injectable drugs,
	organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis,		.,
	satellite instability	-	X
	organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis, copy		V
numb	per variants and microsatellite instability	- 1	X
1459 Solid	organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis or		
comb	ined dna and rna analysis, copy number variants, microsatellite instability, tumor mutation burden, and	- 1	X
	angements		
	for whole mitochondrial genome	-	X
	organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		
seque	ence variants; dna analysis or combined dna and rna analysis, copy number variants and rearrangements	-	X
1463 Solid	organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		V
seque	ence variants; dna analysis, copy number variants, and microsatellite instability	- 1	X
1464 Solid	organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		
seque	ence variants; dna analysis or combined dna and rna analysis, copy number variants, microsatellite instability,	-	X
tumoi	r mutation burden, and rearrangements		
1465 Gsps	for whole mitochondrial genome lg delete anal	-	Χ
	for xlid at least 60 genes	-	Χ
1471 Gsps	for xlid at least 60 genes	-	Χ
	ted molecular pathology	-	X
	mmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic	1 _ 1	Χ
	thm reported as a disease activity score		
	nary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral	X	_
	, algorithm reported as a risk score	^	
	2 serum proteins	-	X
	2 serum proteins	-	X
	logy tissue of origin	-	X
	7 serum/plasma analytes		X
	aneuploidy trisom risk	-	X
	2 maternal serum proteins		X
	3 maternal serum proteins	-	X
	3 maternal serum analytess		X
	4 maternal serum analytess	- +	X
	5 maternal serum analytess	-	X
	logy (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping),	-	X
	ng formalin-fixed paraffin-embedded tissue, algorithm onco (brst) 21 genes	<del>                                     </del>	X
	logy (breast), mrna gene exp profil by hybrid cap of 58 genes	-	X
	logy (breast), mma gene exp profit by hybrid cap of 56 genes logy (breast), mma microarray gene exp profit of 70 cont genes & 465 housekeep genes	<del>                                     </del>	X

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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 i ecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
1522 Onc breast mrna 12 genes		X
1523 Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31	-	Λ
housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to		X
distant metastasis	_	^
1525 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
1529 Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3		
		V
housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including	-	X
likelihood of sentinel lymph node metastasis  1535 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
	-	X
predictive algorithm reported as a drug response score; first singl		
1536 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,	-	X
predictive algorithm reported as a drug response score; each additi		
1538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive	-	X
algorithm reported as good versus poor overall surviva		
1539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human	X	-
kallikrein-2 [hk2]) utilizing plasma or serum, prognostic		
Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5	-	Χ
housekeeping) to classify tumor into main cancer type and		
1541 Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	X
1542 Onc prostate mrna 22 cnt gen	-	X
Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported	-	Χ
as a categorical result (eg, benign or suspicious)		
1551 Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	X
1552 Onc breast mrna 12 genes	-	X
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	-	X
of usual interstitial pneumonia [uip])		
Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase		
chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant	_	X
excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection		
1560 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	×	_
minduced out 10-711 bytotoxic memory coils, utilizing whole peripheral blood, algorithm reported as a rejection risk score	^	-
1595 Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and		V
9 housekeeping), utilizing subfraction of peripheral b	-	X
1599 Unlisted maaa	- 1	Х
Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)	Х	-

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odes Description	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	t reflect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.		
Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by	X	-
radioimmunoas		
33987 Ph; exhaled breath condensate	X	-
33992 Assay for phencyclidine	X	-
34378 Sugars single quant	X	-
34431 Thromboxane metabolite(s), including thromboxane if performed, urine	X	-
34999 Clinical chemistry test	-	X
B5999 Hematology procedure	-	X
36152 Cell enumeration	X	-
36153 Cell enumeration phys interp	X	-
36305 Human epididymis protein 4 (he4)	Х	-
36318 Immunoassay,infectious agent	X	-
36677 Helicobacter pylori	X	-
Antibody to hla class i/ii antigen	-	Χ
Antibody id by hla phnotyp class i	-	Χ
36831 Antibody id by hla phnotyp class ii	-	X
36834 Semi-quant panel hla class i	-	X
36835 Semi-quant panel hla class ii	-	X
36849 Immunology procedure	-	X
Blood typing, paternity test	Х	-
Blood typing, antigen system	Х	-
36999 Transfusion procedure	-	Χ
37999 Microbiology procedure	-	Χ
38000 Autopsy (necropsy), gross	Х	-
38005 Autopsy (necropsy), gross	Х	-
38007 Autopsy (necropsy), gross	Х	-
38012 Autopsy (necropsy), gross	Х	-
38014 Autopsy (necropsy), gross	Х	-
38016 Autopsy (necropsy), gross	Х	-
38020 Autopsy (necropsy), complete	Х	-
38025 Autopsy (necropsy), complete	Х	-
38027 Autopsy (necropsy), complete	Х	-
88028 Autopsy (necropsy), complete	Х	-
88029 Autopsy (necropsy), complete	Х	-
38036 Limited autopsy	Х	-
38037 Limited autopsy	X	-
88040 Forensic autopsy (necropsy)	X	-
88045 Coroner's autopsy (necropsy)	X	<u>-</u>
88099 Necropsy (autopsy) procedure	X	-

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Codes Description		Not Covered	Preauthorization Required
	t coverage may vary by plan type and may not follow the listed services. These codes are updated guarterly. Additionally, these coding lists do not reflect	U	•
	hould be directed to the Pharmacy link option within the website.		,
88199 Cytopathol	ogy procedure	-	X
88245 Chromosoi	me analysis, 20-25	-	X
88248 Chromoso	me analysis, 50-100	-	X
88249 Chromoso	me analysis, 100	-	X
88261 Chromosoi	me analysis, 5	-	X
88262 Chromoso	me analysis, 15-20	-	X
88263 Chromosoi	me analysis, 45	-	X
88264 Chromoso	me analysis, 20-25	-	X
88267 Chromosoi	me analys, placenta	-	X
88269 Chromoso	me analys, amniotic	-	X
88271 Cytogeneti	cs, dna probe	-	X
88272 Cytogeneti	cs, 3-5	-	X
88273 Cytogeneti	cs, 10-30	-	X
88274 Cytogeneti	cs, 25-99	-	X
88275 Cytogeneti	cs, 100-300	-	X
88280 Chromosoi	me karyotype study	-	X
88283 Chromoso	me banding study	-	X
88285 Chromoso	me count, additional	-	X
88289 Chromoso	ne study, additional	-	X
88291 Cyto/moled	cular report	-	X
88299 Cytogeneti	c study	-	X
88399 Surgical pa	athology procedure	-	Χ
88749 In vivo lab	service	-	Χ
89240 Unlisted m	iscellaneous pathology test	-	X
89250 Fertilization	n of oocyte	-	X
89254 Oocyte ide		-	X
89255 Prepare er	nbryo for transfer	-	X
89259 Cryoprese	vation, sperm	-	X
89280 Assisted or	ocyte fertilization, microtechnique; less than or equal to 10 oocytes	-	X
	ocyte fertilization, microtechnique; greater than 10 oocytes	-	X
	cyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	-	Χ
	vation, mature oocyte(s)	-	X
	productive medicine laboratory procedure	-	X
90281 Human ig,		X	-
90283 Human ig,		X	-
90287 Botulinum		X	-
90288 Botulism ig	, iv	X	-
90291 Cmv ig, iv		X	<u>-</u>
90384 Rh ig, full-o	dose, im	X	-

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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 in the code of	nformation regarding	immunizations, injectable drugs, or
specialty medications and should be directed to the Pharmacy link option within the website.	I v I	
90386 Rh ig, iv	X	-
90389 Tetanus ig, im	Х	-
90399 Immune globulin	-	X
90658 Flu vaccine, 3 yrs, im	X	
90723 Dtap-hep b-ipv vaccine, im	X	-
90738 Japanese encephalitis virus vaccine, inactivated, for intramuscular use		-
90748 Hep b/hib vaccine, im	Х	- V
90749 Vaccine toxoid	- V	X
90863 Pharmacologic mgmt w/psytx	X	-
90875 Psychophysiological therapy	X	<u>-</u>
90876 Psychophysiological therapy	X	-
90882 Environmental manipulation	Х	<del></del>
90901 Biofeedback train, any meth	-	X
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)	-	X*
91113 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	-	Х
91132 Electrogastrography	X	-
91133 Electrogastrography w/test	X	-
91299 Gastroenterology procedure	-	X
92145 Corneal hysteresis deter	X	-
92310 Contact lens fitting	X	-
92314 Prescription of contact lens	X	-
92340 Fitting of spectacles	X	-
92341 Fitting of spectacles	X	-
92342 Fitting of spectacles	Х	-
92352 Special spectacles fitting	-	X
92353 Special spectacles fitting	-	X
92358 Eye prosthesis service	-	Χ
92370 Repair & adjust spectacles	X	-
92371 Repair & adjust spectacles	-	Х
92499 Eye service or procedure	-	Χ
92507 Speech/hearing therapy	-	Χ*
92508 Speech/hearing therapy	-	X*
92526 Oral function therapy	-	X*
92551 Pure tone hearing test, air	Х	-

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	Description	Not Covered	Preauthorization Require
	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.	information regarding	immunizations, injectable drugs,
	Hearing aid exam, one ear	X	-
	Hearing aid exam, both ears	X	-
	Hearing aid check, one ear	X	-
	Hearing aid check, both ears	Х	-
	Electro hearng aid test, one	X	-
	Electro hearing aid tst, both	Х	-
	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
2608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*
2609	Therapeutic services for the use of speech-generating device, including programming and modification	-	Χ*
	Evaluation of auditory rehabilitation status; first hour	-	X
2627	Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primar	-	Х
2630	Auditory rehabilitation; pre-lingual hearing loss	Х	-
	Auditory rehabilitation; post-lingual hearing loss	Х	-
	Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis	Х	-
	Unlisted otorhinolaryngological service or procedure	-	X
3580	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defec	-	Х
3702	Bis xtracell fluid analysis	-	X
3799	Cardiovascular procedure	-	X
3895	Carotid intima atheroma eval	Х	-
3998	Unlisted noninvasive vascular diagnostic study	-	X
1799	Pulmonary service/procedure	-	Χ
5120	Immunotherapy, one injection	Х	-
5125	Immunotherapy, many antigens	Х	-
5130	Immunotherapy, insect venom	Х	-
5131	Immunotherapy, insect venoms	X	-
5132	Immunotherapy, insect venoms	X	-
5133	Immunotherapy, insect venoms	X	-
5134	Immunotherapy, insect venoms	Х	-
	Allergy immunology services	-	Χ
	Cont intraop neurophys mntr	X	-
5999	Neurological procedure	-	Χ
	Developmental screening, with interpretation and report, per standardized instrument form	X	-
6170	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Х	-
	Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service)	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion	-	X
	Chemotherapy, unspecified	-	X
	Dermatological procedure	-	X
	Hot or cold packs therapy	-	Χ*
	Mechanical traction therapy	-	X*
	Electric stimulation therapy	X	-
	Vasopneumatic device therapy	-	Χ*
	Paraffin bath therapy	-	Χ*
	Whirlpool therapy	-	Χ*
	Diathermy treatment	-	Χ*
7026	Infrared therapy	X	-
7028	Ultraviolet therapy	-	Χ*
7032	Electrical stimulation	-	Χ*
7033	Electric current therapy	X	-
7034	Contrast bath therapy	-	Χ*
7035	Ultrasound therapy	-	Х*
7036	Hydrotherapy	-	Х*
7037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-	V	
	operative pain reduction	Х	-
7039	Physical therapy treatment	-	Χ*
	Therapeutic exercises	-	Χ*
	Neuromuscular reeducation	-	Χ*
	Aquatic therapy/exercises	-	X*
	Gait training therapy	-	Χ*
	Massage therapy	-	Χ*
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	-	X*
7130	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	-	X*
	Manual therapy	-	X*
	Group therapeutic procedures	-	Χ*
7151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15	X	_

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	escription	Not Covered	Preauthorization Require
	lease 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 lications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or		
	ther qualified health care professional, face-to-face with	X	-
	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		
	jualified health care professional, face-to-face with one patie	Х	-
	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		
	pualified health care professional, face-to-face with two	Х	-
	adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	.,	
	professional, which may include simultaneous direction of tech	Х	-
	amily adaptive behavior treatment guidance, administered by physician or other qualified health care professional	V	
	with or without the patient present), face-to-face with gua	Х	-
	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care	Х	
	rofessional (without the patient present), face-to-face w	^	-
7158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Х	
þ	rofessional, face-to-face with multiple patients, each	^	-
7161 F	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or		X*
	omorbidities that impact the plan of care; an examination o	-	٨
7162 F	Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors		X*
а	nd/or comorbidities that impact the plan of care; an examinat	-	^
97163 F	Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/or		X*
c	omorbidities that impact the plan of care; an examination	-	٨
7164 F	Re-evaluation of physical therapy, extablished plan of care, requiring these components: an examination, including a		X*
	eview of history and use of standardized tests and measur	-	^
7165	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and		X*
	nerapy history, which includes a brief history includin	-	^
7166	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and	_	X*
	nedical and therapy history, which includes a brief history incl		Λ
7167	Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and	_	X*
	nerapy history, which includes a brief history includin		Λ
	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes	_	X*
	n patient functional or medical status with revised plan		Λ
	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no	X	_
	omorbidities that affect phsical activity; an ex	^	
	athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with	X	_
	o comorbidities that affect phsical activity; a	^	_
	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no	X	_
	omorbidities that affect phsical activity; an e	^	_
	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's	X	_
	urrent functional status when there is a documented chang	^	
7530 T	herapeutic activities	-	Χ*

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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	nformation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		\/#
	Sensory integration	-	X*
	Community/work reintegration	-	X*
	Wheelchair mngment training	-	Χ*
	Work hardening	X	-
	Work hardening add-on	Х	-
	Physical medicine procedure	-	Χ
97810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	Х	-
97811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	Х	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	X	-
98000	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and straightforward medical decision making. When using total time on the date	X	-
	of the encounter for code selection, 15 minutes must be met or exceeded.		
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and low medical decision making. When using total time on the date of the	Χ	-
	encounter for code selection, 30 minutes must be met or exceeded.		
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and moderate medical decision making. When using total time on the date of	X	-
	the encounter for code selection, 45 minutes must be met or exceeded.		
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination and high medical decision making. When using total time on the date of the	X	-
	encounter for code selection, 60 minutes must be met or exceeded.		
98004	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a		
	medically appropriate history and/or examination and straightforward medical decision making. When using total time	X	-
	on the date of the encounter for code selection, 10 minutes must be met or exceeded.		
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a		
	medically appropriate history and/or examination and low medical decision making. When using total time on the date	X	-
	of the encounter for code selection, 20 minutes must be met or exceeded.		
98006	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a		
	medically appropriate history and/or examination and moderate medical decision making. When using total time on the	X	-
	date of the encounter for code selection, 30 minutes must be met or exceeded.		
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a		
	medically appropriate history and/or examination and high medical decision making. When using total time on the date	X	_
	of the encounter for code selection, 40 minutes must be met or exceeded.		
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically		
	appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical		
	discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or	Х	-
	exceeded.		

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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 i edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
98010	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	Х	-
98011	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	Х	-
98012	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded.	Х	-
98013	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	Х	-
8014	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	Х	-
8015	Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	Х	-
8940	Chiropractic manipulation	-	Χ*
8941	Chiropractic manipulation	-	X*
8942	Chiropractic manipulation	-	Х*
8943	Chiropractic manipulation	Х	
8966	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
98967	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
	Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis	Х	-
99026	Hospital mandated on call service; in-hospital, each hour	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, o
	dications and should be directed to the Pharmacy link option within the website.		
	Hospital mandated on call service; out-of-hospital, each hour	Х	-
	Medical testimony	Х	-
	Ocular function screen	X	-
	/isual acuity screen	X	-
	Ocular photoscreening with interpretation and report, bilateral	X	-
	nstrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	X	-
	Hyperbaric oxygen therapy	-	Χ
	App topical fluoride varnish	X	-
9199	Special service/proc/report	-	Χ
9241	Office consultation	X	-
9242	Office consultation	Х	-
9243	Office consultation	Х	-
9244	Office consultation	X	-
9245	Office consultation	Х	-
9251	nitial inpatient consult	Х	-
9252	nitial inpatient consult	Х	-
	nitial inpatient consult	Х	-
	nitial inpatient consult	Х	-
	nitial inpatient consult	Х	-
	Prolonged evaluation and management service before and/or after direct patient care; first hour	Х	-
	Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list		
	separately in addition to code for prolonged service)	Х	-
	Home health care supervision	Х	-
	Hospice care supervision	X	-
	Preventive counseling, indiv	X	-
	Preventive counseling, indiv	X	-
	Preventive counseling, indiv	X	-
	Preventive counseling, indiv	X	-
	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
, ,	tion of and of substance (earlier than tobacce) abacc structured corestning (eg, addit, addit, and bits intervention (est)	X	-
9409	Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
, , , ,	tion of and of substance (earlier than tobacce) abacc structured corestning (eg, addit, addit, and bits intervention (est)	X	-
9411	Preventive counseling, group	Х	_
	Preventive counseling, group	X	_
	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the	^	
	primary procedure which has been selected using total time, requiring total time with or without direct patient contact		
	beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to	Х	_
	codes 99205, 99215 for office or other outpatient evaluation and management services)	^	-
1	bodes 33200, 33210 for office of other outpatient evaluation and management services)		

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	scription	Not Covered	Preauthorization Require
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ations and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
	blonged inpatient or observation evaluation and management service(s) time with or without direct patient contact		
	yond the required time of the primary service when the primary service level has been selected using total time,		
	ch 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and	X	-
	inagement service)		
	listed preventive service	Х	_
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	lephone evaluation and management service provided by a physician to an established patient, parent, or guardian		
not		X	-
	e/disability evaluation	X	_
	listed e&m service	-	X
	me visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	<u>-</u>	Λ
9300   110	the visit for prenatal assessment incretal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	Χ	-
9501 Ho	me visit for postnatal assessment and follow-up care	Х	-
9502 Ho	me visit for newborn care and assessment	X	-
9503 Ho	me visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	Х	-
9504 Ho	me visit for mechanical ventilation care	Х	-
9505 Ho	me visit for stoma care and maintenance including colostomy and cystostomy	Х	-
9506 Ho	me visit for intramuscular injections	Х	-
9507 Ho	me visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	-
9509 Ho	me visit for assistance with activities of daily living and personal care	Х	-
9510 Ho	me visit for individual, family, or marriage counseling	X	-
9511 Ho	me visit for fecal impaction management and enema administration	Х	-
9512 Ho	me visit for hemodialysis, per diem	X	-
9600 Un	listed home visit service or procedure	Χ	-
9605 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Х	-
9606 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Х	-
9607 Me	edication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with	V	
ass	sessmen	Χ	-
001A Ad	m sarscov2 30mcg/0.3ml 1st	X	-
	art failure assessed (includes assessment of all the following components) (cad)	Х	-
	c dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х
	m sarscov2 30mcg/0.3ml 2nd	Х	-
	er disease, 10 biochem assays	_	Х

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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,
ecialty medications and should be directed to the Pharmacy link option within the website.		
003A Adm sarscov2 30mcg/0.3ml 3rd	X	X
003M Liver disease, 10 biochem assays	+	
003U Onc ovarian assay 5 proteins serum alg scor	-	X
004A Adm sarscov2 30mcg/0.3ml bst	X	-
005F Osteoarthritis assessed (oa)	X	-
005U Onco prst8 3 gene ur alg	- +	X
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	X	-
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
010U Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	-	Х
011A Adm sarscov2 100mcg/0.5ml1st	X	
011A Adm saiscovz roomeg/o.smirst 011M Onc prst8 ca mrna 12 genes bld plsm &/ur alg	^	X
012A Adm sarscov2 100mcg/0.5ml2nd		
	X	-
012F Community acquired bacterial pneumonia assessed (cap)	X	<u>-</u> V
012M Onc mrna 5 genes ur alg risk urothelial cancer	<del>                                     </del>	X
O12U Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	Χ
013A Adm sarscov2 100mcg/0.5ml3rd	X	_
013A   Admisarscove roomeg/0.3misru 013M   Onc mrna 5 genes ur alg risk recr urothelial ca		X
013U Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna,	<del>                                     </del>	^
fresh or frozen tissue or cells, report of specific gene rearra	-	X
	+	
014F Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes	, X	-
ass 014U Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation	+ +	
	-	X
sequencing, dna, whole blood or bone marrow, report of specific gene rearra  O15F Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained	+	
regarding	X	-
016M Onc bladder mrna 219 gen alg	+ - +	X
016U Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr	+	Λ
	-	X
amplification, blood or bone marrow, report of fusion not  Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of		
20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	-	X
017U Oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis,	+ +	
blood or bone marrow, report of jak2 mutation not detected or	-	X
018M Trnsplj rnl meas cd154+cll	X	
	<del>  ^  </del>	-
019M Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported	X	-
as 4-year likelihood of coronary event in high-risk populations		

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codes Description 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 in		Preauthorization Require
pecialty medications and should be directed to the Pharmacy link option within the website.	3	
0020M Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA		
extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass	-	Χ
Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm		V
reported as a positive or negative result for moderate to	-	X
0019U Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh		V
frozen tissue, predictive algorithm reported as potential	-	X
O021U Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin,		V
aurkaip-1, csnk2a2), multiplexed immunoassay and flow	-	X
0023U Oncology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using		V
mononuclear cells, reported as detection or non-detection of flt3	-	X
026U Onc thyr dna&mrna 112 genes fna ndul alg alys	-	Χ
027U Jak2 gene analysis trgt seq alys exons 12-15	-	Χ
029U Rx metab advrs rx rxn & rspse trgt seq alys	-	Χ
030U Rx metab warfarin rx response trgt seq alys	-	Χ
031U Cyp1a2 gene analysis common variants	-	Χ
032U Comt gene analysis c.472g>a variant	-	Χ
033U Htr2a htr2c gene analysis common variants	-	Χ
034U Tpmt nudt15 gene analysis common variants	-	Χ
036U Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen,		V
sequence analyses	-	X
037U Trgt gen seq alys sld orgn neo dna 324 genes	-	Χ
040U Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		V
	-	X
045U Onc brst dux carc is mrna 12 genes alg rsk scor	-	Χ
046U Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative		
	-	X
047U Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х
048U Onc sld org neo dna 468 cancer associated genes	-	Х
049U Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	-	X
050U Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for		
sequence variants, copy number variants or rearrangements	-	X
051A Adm sarscv2 30mcg trs-sucr 1	Х	-
052A Adm sarscv2 30mcg trs-sucr 2	Х	-
053A Adm sarscv2 30mcg trs-sucr 3	Х	-
Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen,		V
algorithm reported as probability of higher tumor grade	-	X
0054A Adm sarscv2 30mcg trs-sucr b	Х	-

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Codes Description		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 and about the directed to the Please within the updated.	ormation regarding in	nmunizations, injectable drugs, c
pecialty medications and should be directed to the Pharmacy link option within the website.		
Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic	X	-
0055T Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri		
images	X	-
0055U Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism		
targets and two control targets), plasma	-	X
0056U Hem aml dna gene rearrangement blood/bone marrow	_	X
1060U Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal		
blood	X	-
0064A Adm sarscov2 50mcg/0.25mlbst	Х	
070U Cyp2d6 gen com&slct rar vrnt	-	X
071A Adm sarscv2 10mcg trs-sucr 1	Х	-
0071T   Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc		
of	X	-
0071U Cyp2d6 full gene sequence	-	Х
072A Adm sarscv2 10mcg trs-sucr 2	Х	-
0072T Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc		
of	X	-
0072U Cyp2d6 gen cyp2d6-2d7 hybrid	-	Χ
1073A Adm sarscv2 10mcg trs-sucr 3	Х	-
073U Cyp2d6 gen cyp2d7-2d6 hybrid	-	Χ
074A Adm sarscv2 10mcg trs-sucr b	Х	-
074U Cyp2d6 nonduplicated gene	-	Х
075U Cyp2d6 5' gene dup/mlt	-	Х
076U Cyp2d6 3' gene dup/mlt	-	Χ
0079U Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for		Х
specimen identity verification	-	^
081A Adm sarscv2 3mcg trs-sucr 1	X	-
082A Adm sarscv2 3mcg trs-sucr 2	X	-
083A Adm sarscv2 3mcg trs-sucr 3	X	-
084U Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell	_	Х
antigens		
O87U Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue,	_	X
allograft rejection and injury algorithm reported as a pro		
DOSSU Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing	_	X
transplant biopsy tissue, algorithm reported as a probabil		
Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive	_	X
patch(es)		/\

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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 the list of	nformation regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.	1	
0900	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9	-	Χ
	housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit		
	Adm sarscov2 50 mcg/.5 ml1st	Х	-
	Adm sarscov2 50 mcg/.5 ml2nd	Х	-
	Adm sarscov2 50 mcg/.5 ml3rd	X	-
	Adm sarscov2 50 mcg/.5 mlbst	X	-
	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	X
095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa	-	X
098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Х	-
100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-
101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-
101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial		V
	adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	Χ
102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving	V	
	later	X	-
102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary		
	endometrial cancer), genomic sequence analysis panel utilizing	-	X
103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis		
	panel utilizing a combination of ngs, sanger, mlpa, and arr	-	X
105U	Neph ckd mult eclia tum nec	-	Х
	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-
107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-
108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	Х	-
109T	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	Х	-
110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	-
111A	Adm sarscov2 25mcg/0.25ml1st	Х	-
	Onc colon ca kras&nras alys	-	Х
	Adm sarscov2 25mcg/0.25ml2nd	Х	-
	ladi 16s&18s rrna genes	-	Х
	Adm sarscov2 25mcg/0.25ml3rd	Х	-
	Onc prst8 pca3&tmprss2- erg	_	Х

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claimer: 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 i	mmunizations, injectable drugs,
cialty medications and should be directed to the Pharmacy link option within the website.	T v T	
14U Gi barretts esoph vim&ccna1	X	-
Respir iadna 18 viral&2 bact	-	X
18U Trnsplj don-drv cll-fr dna	-	X
20U Onc b cll lymphm mrna 58 gen	-	X
Pered brst ca rltd do panel	-	X
30U Hered colon ca do mrna pnl	-	X
31U Hered brst ca rltd do pnl 13	-	X
Hered ova ca rltd do pnl 17	-	Χ
Hered prst8 ca rltd do 11	-	Х
Hered pan ca mrna pnl 18 gen	-	X
Hered gyn ca mrna pnl 12 gen	-	X
36U Atm mrna seq alys	-	X
Palb2 mrna seq alys	-	X
38U Brca1 brca2 mrna seq alys	-	Χ
53U Onc breast mrna 101 genes	-	X
54U Fgfr3 gene analysis	-	Χ
55U   Pik3ca gene analysis	-	Χ
Apc mrna seq alys	-	X
58U Mlh1 mrna seq alys	-	Χ
159U Msh2 mrna seq alys	-	Χ
Msh6 mrna seq alys	-	Χ
61U Pms2 mrna seq alys	-	X
162U Hered colon ca trgt mrna pnl	-	Х
Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	Х	-
Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separ	-	Х
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Х	-
71U Trgt gen seq alys pnl dna 23	-	Х
172U Onc sld tum alys brca1 brca2	-	Х
174U Onc solid tumor 30 prtn trgt	-	Х
177U Onc brst ca dna pik3ca 11	-	X
178U Peanut allg asmt epi clin rx	-	X
179U Onc nonsm cll Ing ca alys 23	Х	-
180U Abo gnotyp abo 7 exons	X	-
181U Co gnotyp agp1 exon 1	X	_
82U Crom gnotyp cd55 exons 1-10	X	_
183U Di gnotyp slc4a1 exon 19	X	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, 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,
	Do gnotyp art4 exon 2	Х	_
	Fut1 gnotyp fut1 exon 4	X	_
	Fut2 gnotyp fut2 exon 2	X	_
	Fy gnotyp ackr1 exons 1-2	X	-
	Ge gnotyp gypc exons 1-4	X	-
	Gypa gnotyp ntrns 1 5 exon 2	Х	-
	Gypb gnotyp ntrns 1 5 seux 3	Х	-
	In gnotyp cd44 exons 2 3 6	Х	-
	Jk gnotyp slc14a1 exon 9	Х	-
	Jr gnotyp abcg2 exons 2-26	Х	-
	Kel gnotyp kel exon 8	Х	-
	Klf1 targeted sequencing	Х	-
	Lu gnotyp bcam exon 3	X	-
	Lw gnotyp icam4 exon 1	X	-
	Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report	X	-
	Rhd&rhce gntyp rhd1-10&rhce5	X	-
199U	Sc gnotyp ermap exons 4 12	X	-
200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-
200U	Xk gnotyp xk exons 1-3	X	-
	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-
201U	Yt gnotyp ache exon 2	Х	-
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	Х	-
204U	Onc thyr mrna xprsn alys 593	-	Х
	Oph amd alys 3 gene variants	-	Х
	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-
	Cytog const alys interrog	-	Х
	Onc pan-tum dna&rna gnrj seq	-	Х
	Rare ds gen dna alys proband	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
213U	Rare ds gen dna alys ea comp	•	X
214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
214U	Rare ds xom dna alys proband	-	X
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



Codes Description	Not Covered	Preauthorization Required
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 im	munizations, injectable drugs, c
ecialty medications and should be directed to the Pharmacy link option within the website.		
215U Rare ds xom dna alys ea comp	-	X
216T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
216U Neuro inh ataxia dna 12 com	-	Χ
217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that innervating that innervating that innervating that innervating the properties (or nerves innervating that innervating that innervating the properties (or nerves innervating the properties (or nerves innervating that innervating the properties (or nerves innervating the properties (or	Х	-
217U Neuro inh ataxia dna 51 gene	-	Х
218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
218U Neuro musc dys dmd seq alys	-	Х
Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
221U Abo gnotyp next gnrj seq abo	-	Χ
Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
222U Rhd&rhce gntyp next gnrj seq	-	Х
227U Rx asy prsmv 30+rx/metablt	Х	-
228U Onc prst8 ma molec prfl alg	-	Х
229U Bcat1 promoter mthyltn alys	-	Χ
230U Ar full sequence analysis	-	Χ
231U Cacna1a full gene analysis	-	Х
232T Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	-
232U Cstb full gene analysis	-	Χ
233U Fxn gene analysis	-	Х
234T Trluml perip athrc renal art	X	-
234U Mecp2 full gene analysis	-	Χ
235T Trluml perip athrc visceral	X	-
235U Pten full gene analysis	-	Χ
236T Trluml perip athrc abd aorta	X	-
236U Smn1&smn2 full gene analysis	-	X
237T Trluml perip athrc brchiocph	X	-
237U Car ion chnlpthy gen seq pnl	-	Χ
238T Trluml perip athrc iliac art	Х	-
238U Onc Inch syn gen dna seq aly	_	Х

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Codes Description	Not Covered	Preauthorization Require
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 in the control of the code of	nformation regarding	immunizations, injectable drugs,
pecialty medications and should be directed to the Pharmacy link option within the website.	— т	V
2239U Trgt gen seq alys pnl 311+	- +	X
Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes,	-	Χ
interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	<del>                                     </del>	
Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants,		
insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite	-	Χ
instability, utilizing formalin-fixed paraffinembedded tumor tissue	<del>                                     </del>	
Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-		V
generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	X
246U Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red	<del>                                     </del>	
blood cell antigens	- 1	X
250U Onc sld org neo dna 505 gene	- 1	Х
252U Ftl aneuploidy str alys dna	-	Χ
253T Insert aqueous drain device	Х	-
253U Rprdtve med rna gen prfl 238	-	Х
254U Reprdtve med alys 24 chrmsm	-	Х
256U Tma/tmao prfl ms/ms ur alg	Х	-
257U VIcad leuk nzm actv whl bld	Х	-
259U Neph ckd nuc mrs meas gfr	Х	-
260U Rare ds id opt genome mapg	-	Χ
261U Onc clrct ca img alys w/ai	Х	-
262U Onc sld tum rtpcr 7 gen	-	Χ
263T Im autol b1 mrw cel ther 1 leg compl incl hrvst	X	-
263U Neuro asd meas 16 c metblt	X	-
264T Im autol b1 mrw cel ther 1 leg compl xcl hrvst	X	-
264U Rare ds id opt genome mapg	-	X
265T Im autol b1 mrw cel ther uni/bi hrvst only	X	-
265U Rar do whl gn&mtcdrl dna als	-	X
266T Impltj/rplcmt crtd sns brorflx actv dev tot sys	X	-
266U Unxpl cnst hrtbl do gn xprsn	-	X
267T Impltj/rplcmt crtd sns brorflx actv dev lead uni	X	-
267U Rare do id opt gen mapg&seq		X
268T Impltj/rplcmt crtd sns brorflx actv dev pls gen	X	-
268U Hem ahus gen seq alys 15 gen	-	X
269U Hem aut dm cgen trmbctpna 14	-	X
270U Hem cgen coagj do 20 genes	-	X
271U Hem cgen neutropenia 23 gen		X
272T Interrogation eval crtd sns brorflx actv sys	Х	-
272U Hem genetic bld do 51 genes	-	X

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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	ct information regarding	immunizations, injectable drugs, c
pecialty medications and should be directed to the Pharmacy link option within the website.		
2273T Interrogation eval crtd sns brorflx w/progrmg	X	<u>-</u>
2273U Hem gen hyprfibrnlysis 8 gen	-	X
2274T Perq lamot/lam any meth single/mlt lvl crv/thrc	X	<u>-</u>
2274U Hem gen pltlt do 43 genes	-	X
275T Perq lamot/lam any meth single/mlt lvl lumbar	-	Χ
275U Hem heprn nduc trmbctpna srm	X	-
276U Hem inh thrombocytopenia 23	-	X
1277U Hem gen pltlt funcj do 31	-	Χ
Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes).	Х	-
278U Hem gen thrombosis 12 genes	_	Х
279U Hem vw factor&clgn iii bndg	X	
280U Hem vw factor&clgn iv bndg	X	
281U Hem vwd propeptide ag Ivl	X	
282U Rbc dna gntyp 12 bld grp gen	X	
283U Vw factor type 2b eval plsm	X	
284U Vw factor type 2n eval pism	X	
285U Onc rsps radj cll fr dna tox	- ^	X
286U Cep72 nudt15&tpmt gene alys	+ -	X
287U Onc thyr dna&mrna 112 genes	+ -	X
288U Onc lung mrna quan per 11&3	-	X
295U Onc brst dux carc 7 proteins	X	^
296U Onc orl&/orop ca 20 mlc feat		
	-	X
297U Onc pan tum whl gen seq dna	-	X
298U Onc pan tum whi trns seq rna	-	X
299U Onc pan tum whl gen opt mapg	-	X
300U Onc pan tum whl gen seq&opt	-	X
301U Adna bartonella ddpcr	X	-
302U Adna brtnla ddpcr flwg liq	X	-
303U Hem rbc ads whl bld hypoxic	X	-
304U Hem rbc ads whl bld normoxic	X	-
305U Hem rbc fnclty&dfrm shr strs	X	-
306U Onc mrd nxt-gnrj alys 1st	-	X
307U Onc mrd nxt-gnrj alys sbsq	-	X
308U Crd cad alys 3 prtn plsm alg	X	-
309U Crd cv ds aly 4 prtn plm alg	X	-
310U Ped vsclts kd alys 3 bmrks	X	-
311U Nfct ds bct quan antmcrb sc	X	-
312T Laps impltj nstim vagus	X	-

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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	t information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	T v T	
0312U Ai ds sle alys 8 igg autoant	Х	-
O313T Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array	X	-
and pulse generator		
0313U Onc pncrs dna&mrna seq 74	-	X
314U Onc cutan mlnma mrna 35 gene	-	X
315U Onc cutan sq cll ca mrna 40	X	-
316T Replc vagus nerve pls gen	X	-
316U B brgdrferi lyme ds ospa evl	X	-
317T Elec analysis vagus nerve pls gen	X	-
317U Onc lung ca 4-prb fish assay	-	X
318U Ped whl gen mthyltn alys 50+	-	X
319U Neph rna pretrnspl perph bld	-	X
320U Neph rna psttrnspl perph bld	-	X
321U ladna gu pthgn 20bct&fng org	X	-
322U Neuro asd meas 14 acyl carn	X	-
323U ladna cns pthgn next gen seq	X	-
324U Onc ovar sphrd cell 4 rx pnl	X	-
325U Onc ovar sphrd cell parp	X	-
326U Trgt gen seq alys pnl 83+	-	Χ
328U Drug assay 120+ rx&metablt	Х	-
329T   Mntr io press 24hrs/> uni/bi	Х	-
329U Onc neo xome&trns seq alys	-	Χ
330T Tear film img uni/bi w/i&r	Х	-
330U ladna vag pthgn panel 27 org	X	-
331T Heart symp image plnr	X	-
331U Onc hl neo opt gen mapping	-	Х
332T Heart symp image plnr spect	X	-
332U Onc pan tum gen prflg 8 dna	-	Χ
333T Visual ep acuity screen auto	X	-
333U Onc lvr surveilanc hcc cfdna	-	Χ
334U Onc sld orgn tgsa dna 84/+	-	Х
335T Extraosseous joint stblztion	X	-
335U Rare ds whl gen seq fetal	-	Χ
336U Rare ds whl gen seq bld/slv	-	Χ
337U Onc plsm cell do & myeloma id	Х	-
338T Trnscth renal symp denry unl	Х	-
338U Onc sld tum crcg tum cl slct	Х	-
339T Trnscth renal symp denry bil	Х	-
339U Onc prst8 mrna hoxc6 & dlx1	Х	_

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Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly	Additionally, these coding lists do not reflect information regarding	g immunizations, injectable drugs, o
specialty medications and should be directed to the Pharmacy link option within the website.		Х
0340U Onc pan ca alys mrd plasma	-	X
0341U FtI aneup dna seq cmpr alys	- V	
0342T Thxp apheresis w/hdl delip	X	-
0342U Onc pncrtc ca mult ia eclia	X	-
0343U Onc prst8 xom aly 442 sncrna	-	X
0344U Hep nafld semiq evl 28 lipid	X	-
0346U Beta amyl aβ40 & aβ42 lc-ms/ms	X	-
0347T Ins bone device for rsa	X	-
0348T Rsa spine exam	X	-
0349T Rsa upper extr exam	X	-
0350T Rsa lower extr exam	X	-
0351T Intraop oct brst/node spec	X	-
0351U Nfct ds bct/viral trail ip10	X	-
0352T Oct brst/node i&r per spec	X	•
D353T Intraop oct breast cavity	X	-
353U ladna chlmyd & gonorr amp prb	X	-
0354T Oct breast surg cavity i&r	X	-
0354U Hpv hi rsk qual mrna e6/e7	X	-
0355U Apol1 risk variants	-	Х
356U Onc orop 17 dna ddpcr alg	-	Х
0357U Onc mlnma ai quan alys 142	X	-
0358T Bia whole body	Х	-
338U Neuro alys β-amyl 1-42&1-40	X	-
0359U Onc prst8 ca alys all psa	X	-
0361U Neurflmnt It chn dig ia quan	X	-
0362T Expose behav assessment	X	_
0362U Onc pap thyr ca rna 82&10		X
0363U Onc urthl mrna 5 gen alg	_	X
0364U Onc hI neo gen seq alys alg		X
0368U Onc circt ca mut&mthyltn mrk		X
0369U ladna gi pthgn 31 org&21 arg		X
0370U ladna surg wnd pthgn 34&21		X
0371U   ladna gu pthgn semiq dna16&1	<u> </u>	X
	-	X
0372U Nfct ds gu pthgn arg detcj	- v	
0373T Exposure behavior treatment	X	- V
0373U   ladna rsp tr nfct 17 8 13&16	<del>-</del>	X
0374U ladna gu pthgn 21 org&21arg	-	X
0375U Onc ovrn bchm asy 7 prtn alg	-	X
0376U Onc prst8 ca img alys 128	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Cv ds quan advsrm/plsm lprtn	-	X
	Visual field assmnt rev/rprt	Х	<u>.</u>
	Rfc1 repeat xpnsj vrnt alys	-	X
	Vis field assmnt tech suppt	X	-
	Tgsap sl or neo dna523&rna55	-	X
	Rx metb advrs trgt sq aly 20	-	X
	Maple syrup ur ds mntr quan	X	-
	Hyprphenylalninmia mntr quan	X	-
	Tyrosinemia typ i mntr quan	X	-
	Neph ckd rsk hi stg kdn ds	Χ	-
)385U	Neph ckd alg rsk dbtc kdn ds	X	-
)386U	Gi barrett esoph mthyltn aly	X	-
)387U	Onc mlnma ambra1&amlo	X	-
)388U	Onc nonsm cll lng ca 37 gen	X	-
389U	Ped fbrl kd ifi27&mcemp1 rna	X	-
390U	Ob pe kdr eng&rbp4 ia alg	X	-
	Onc sld tum dna&rna 437 gen	-	X
)392U	Rx metab genrx ia 16 genes	-	Х
	Neu prksn msfl α-syncin prtn	Х	-
	Pfas 16 pfas compnd lc ms/ms	Х	-
	Onc Ing multiomics plsm alg	Х	-
	Ob preimpltj tst 300000 dna	Х	-
	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	-
)398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation	-	Х
398U	Gi baret esph dna mthyln aly	Х	-
	Ob xpnd car scr 145 genes	-	Х
	Crd c hrt ds 9 gen 12 vrnts	Х	-
)409U	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
	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6	-	Х
413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	Х

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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	nformation regarding	immunizations, injectable drugs, or
	redications and should be directed to the Pharmacy link option within the website.		
)414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2,		V
	met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported	-	X
	as positive or negative for each biomarker		
)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	_	Χ
	changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of		X
	mitochondrial disorder-associated genetic variants		
)419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or	_	Χ
	buccal swab, report of each gene phenotype	_	^
0403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention	Х	
	program curriculum, provided to individuals in a group setting	^	-
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	Х	
	performed, and programming of sensing and therapeutic pa	^	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	V	
	performed, and programming of sensing and therapeutic pa	Х	-
)410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	V	
	performed, and programming of sensing and therapeutic pa	Х	-
)411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	.,	
	performed, and programming of sensing and therapeutic pa	Х	-
)412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Х	-
	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Х	-
	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Х	-
	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)		
		Х	-
)416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	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	-
)418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and		
	disconnection per patient encounter; implantable cardiac contr	Х	-
0419T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater		
	than 50 neurofibromata	Х	-
)420T	Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities,		
, 1201	extensive, greater than 100 neurofibromata	Х	-
0420U	Oncology (urothelial), mrna expression profiling by real-time quantitative pcr of mdk, hoxa13, cdc2, igfbp5, and cxcr2 in		
	combination with droplet digital per (ddper) analysis of 6 single-nucleotide polymorphisms (snps) genes tert and fgfr3,	_	Χ
	urine, algorithm reported as a risk score for urothelial carcinoma		^
)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	Х	_
		^	<del>-</del>
	colorectal cancer risk		

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	edications and should be directed to the Pharmacy link option within the website.		
	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Χ	-
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	_	Χ
	sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate		~
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab,		X
	report including metabolizer status and risk of drug toxicity by condition	-	^
0424T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system	Х	
	(transvenous placement of right or left stimulation lead, sensing lead	^	-
0424U	Oncology (prostate), exosomebased analysis of 53 small noncoding rnas (sncrnas) by quantitative reverse		
	transcription polymerase chain reaction (rtqpcr), urine, reported as no molecular evidence, low-, moderate- or elevated-	X	-
	risk of prostate cancer		
0425T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator		V
	genome (eg, parents, siblings)	-	X
0426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	Х
0427T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	X	-
)427U	Monocyte distribution width, whole blood	X	-
0428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	X	-
)428U	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,	-	Χ
	microsatellite instability, and tumor mutation burden		
0429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Х	-
0430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
0431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Х	-
)431LJ	Glycine receptor alpha1 igg, serum or cerebrospinal fluid (csf), live cell-binding assay (lcba), qualitative	Х	_
	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	X	-
	Kelch-like protein 11 (klhl11) antibody, serum or cerebrospinal fluid (csf), cell-binding assay, qualitative	Х	-
	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	Х	-
	Oncology (prostate), 5 dna regulatory markers by quantitative pcr, whole blood, algorithm, including prostate-specific		
	antigen, reported as likelihood of cancer	Х	-
0434T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Х	-
	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes	-	Х
04257	with reported phenotypes  Programming device evaluation of implanted neurostimulator pulse generator system for central sleep appears single		
J430 l	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i	nformation regarding in	mmunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.	1	
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	X	-
	combinations		
436T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during	X	_
	sleep study	^	
436U	Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm	X	_
	reported as clinical benefit from immune checkpoint inhibitor therapy		<u>-</u>
437T	Impltj synth rnfcmt abdl wal	X	-
437U	Psychiatry (anxiety disorders), mrna, gene expression profiling by rna sequencing of 15 biomarkers, whole blood,	X	
	algorithm reported as predictive risk score	^	-
438U	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	X	-
	genedrug interactions		
439T	Myocrd contrast prfuj echo	Х	-
439U	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	X	-
	[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		
440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Х	_
440U	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],	X	_
	cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood,	^	
	algorithm reported as detected or not detected for		
	CHD		
141T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Х	_
	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability		
	cytometry), whole blood, with algorithmic analysis and result reported as an index	X	-
442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial	<del>                                     </del>	
7721	plexus, pudendal nerve)	X	-
142U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP),		
7720	fingerstick whole blood specimen, each biomarker reported as present or absent	X	-
1/13T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	
444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion,	^	<del>-</del>
++++1	unilateral or bilateral	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, or
-	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	-
0445U	β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	Х	-
0446U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity	Х	-
0447U	Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare	х	-
0448U	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	-	Х
0449T	Insj aqueous drain dev w/o eo rsvr initial dev	-	Х
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	х	-
0450T	Insj aqueous drain dev w/o eo rsvr ea addl dev	Х	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	х	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Х	-
)452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Х	-
)453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	х	-
0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment)	-	Х

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	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole		
74300	blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and		
	body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor	X	-
	(TNFi) therapy		
)457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by		
J457 U	, , , , , , , , , , , , , , , , , , , ,	X	-
0458U	LC-MS/MS, plasma or serum, quantitative Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age,		
04360		Χ	-
245011	algorithm reported as a risk score		
J459U	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio	X	-
10011	reported as positive or negative for amyloid pathology		
0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24	X	-
0.40411	genes, with variant analysis and reported phenotypes		
0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24	V	
	genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported	X	-
0.4001.1	phenotypes (iii / vi		
0462U	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent	X	-
0.4001.1	assay (ELISA), saliva, screening/preliminary		
0463U	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human		
	papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification	Х	-
	(NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical		
	dysplasia or cancer for each biomarker		
0464U	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers,		
	including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin),	X	-
	utilizing stool, algorithm reported as a positive ornegative result		
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic	_	Χ
	analysis reported as positive or negative	-	^
0466U	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide		
	polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported	X	-
	as polygenic risk to acquired heart disease		
0467U	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine,		
	algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	Х	-
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and	Х	
	whole blood, algorithm reported as a single score for NASH activity and fibrosis		
0469T	Rta polarize scan oc scr bi	Χ	-

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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	nformation regarding	immunizations, injectable drugs, or
	nedications and should be directed to the Pharmacy link option within the website.  Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities,	1	
01000	copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal	-	X
	results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination		
0470T	Oct skn img acquisj i&r 1st	X	-
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	Х	-
0471T		X	-
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	Х
0472T	Prgrmg io rta eltrd ra	X	-
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	Х	-
0473T	Reprgrmg io rta eltrd ra	Х	-
0473U	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	X
0474T	Insj aqueous drg dev io rsvr	X	-
)474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	Х
)475T		Х	-
0475U		-	Х
0476T	Rec ftl car sgl elec tr data	X	-
	Rx metab psyc 14gen&cyp2d6	X	-
	Rec ftl car sgl xrtj alys	X	-
	Rx metab psy 14&cyp2d6 gn-rx	X	-
	Rec ftl car 3 ch rev i&r	X	-
	Onc nsclc dna&rna dpcr 9gens	-	X
	Fractional abl Isr fenestration first 100 sqcm	Х	-
0479U	Tau phosphorylated ptau217	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
0480T Fractional abl Isr fenestration ea addl 100 sqcm	X	-
0480U Nfct ds csf metag ngs alys	X	-
0481T Njx autol wbc concentr inc img gdn hrv & prep	X	<u>-</u>
0481U Idh1 idh2&tert promoter ngs	-	X
0482U Ob pe biochem asy sflt1&plgf	X	-
D483T Tmvi w/prosthetic valve percutaneous approach	X	-
0483U Nfct ds ng gyra s91f pt mut	X	-
0484T Tmvi w/prosthetic valve transthoracic exposure	X	-
0484U Nfct ds mgen 23s rrna pt mut	X	-
0485T Oct middle ear with i&r unilateral	X	-
0485U Onc sol tum cfdna&rna ngs gm j	-	Χ
0486T Oct middle ear with i&r bilateral	X	-
0486U Onc pan sol tum ngs cfctdn	X	-
0487T Transvaginal biomechanical mapping w/report	X	-
0487U Onc sol tum cfcdna tgsap 84	X	-
0488T Diabetes prev online/electronic prgrm pr 30 days	X	-
0488U Ob fetal ag nipt cfdna alys	-	Х
0489T Autol regn cell tx scleroderma hands	X	-
0489U Ob sgnipt cfdna seg alys 1+	-	Χ
0490T Autol regn cell tx scldr mlt inj one or both hands	X	-
0490U Onc cutan/uveal mlnma cd146	X	-
0491T Abl laser tx open wnd pr day 1st 20 sqcm or less	X	-
1491U Onc sol tum ctc slct er prtn	X	-
0492T Abl laser tx open wnd pr day addl 20 sqcm	X	-
0492U Onc sol tum ctc slctn pd-I1	X	_
0493T Near infrared spectroscpy studies low ext wounds	X	_
0493U Trnspl med quan dd-cfdna ngs		Х
0494T Prep & cannulj cdvr don Ing orgn prfuj sys	X	- ·
0494U Rbc ag ftl rhd gene alys ngs		Х
0495T Init & mntr cdvr don Ing orgn prfuj sys 1st 2 hr	X	- X
0495U Onc prst8 alys crcq plsm prt	X	
0496T Mntr cdvr don lng orgn prfuj sys ea addl hr	X	
0496U Onc circt cfdna 8/7 genes	X	
0497T   Xtrnl pt act ecg w/o attn mntr in-office conn	X	<u> </u>
04971   Atmi pt act ecg w/o atm mini in-onice conn 0497U   Onc prst8 mrna rt-pcr 6genes		X
	- V	
0498T   Xtrnl pt act ecg w/o attn mntr r&i pr 30 days	X	- V
0498U Onc circt ngs mut detc 43gen	-	X
0499T Cysto w/dil & urtl rx del f/urtl strix/stenosis	X	<u>-</u>
0499U Onc clrct&lng dna ngs 8genes	-	X

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0500U Autoinflam ds vexas synd dna	X	
0501U Onc clrc bld quan meas cfdna	X	-
0502U Hpv e6/e7 mrk hirsk typ crv	X	<u>-</u>
0503U Neuro alz ds βamylτ prtn		
	X	-
0504U Nfct ds uti id 17 path orgs	X	-
0505U Nfct ds vag infctj id 32orgs		-
0506U Gi barretts esophgl cell 89	X	-
0507U Onc ovr dna whole gen w/5hmc	X	<u>-</u>
7508U Trnsplj med ddcfdna 40 snps	-	X
7509U Trnsplj med ddcfdna	-	X
9510U Onc pncrtc ca alg alys 16gen	X	-
511U Onc sol tum 3dmicroenvir 36+	X	-
0512U Onc prst8 alys dgtz img msi	X	-
0513U Onc prst8 alg alys msi&hrd	X	-
9514U Gi ibd ia quan deter adl lvl	X	-
515U Gi ibd ia quan deter ifx lvl	X	-
516U Rx metab rxgenomic gnotyp 40	X	-
517U Ther rx mntr 80+ psyactiv rx	X	-
518U Ther rx mntr 90+ pn&mtl hlth	X	-
519U Ther rx mntr meds p/d/a 110+	X	-
520U Ther rx mntr 200+ rx/sbsts	X	-
500F Initial prenatal care visit	X	-
9501F Prenatal flow sheet documented in medical record by first prenatal visit	Х	-
501T Cor ffr derived cta data assess cor art disease	-	Х
502F Subsequent prenatal care visit	X	-
1502T Cor ffr derived cta data prep & transmis	-	Χ
503F Postpartum care visit2	Х	-
0503T Cor ffr cta data alys & gnrj estimated ffr model	-	Χ
1504T Cor ffr cta data review w/interpj & final report	-	Χ
0505F Hemodialysis plan of care documented (esrd)	Х	-
0505T Ev fempop artl revsc tcat plmt iv st grf & clsr	Х	-
0506T Mac pgmt optical dns meas hfp uni/bi w/i&r	X	-
0507F Peritoneal dialysis plan of care documented (esrd)	X	-
0508T Pls echo us b1 dns meas indic axl b1 min dns tib	X	_
0509F Urinary incontinence plan of care documented (ger)	X	-
0510T Removal of sinus tarsi implant	X	_
0511T Removal and reinsertion of sinus tarsi implant	X	-
D512T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing		
care; initial wound	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in ledications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
513F	Elevated blood pressure plan of care documented (ckd)1	X	-
	Esw integ wnd hlg ea addl	Х	-
514F	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera	Х	-
514T	Intraoperative visual axis identification using patient fixation (list separately in addition to code for primary procedure)	Х	-
	Insj wcs Iv compl sys	Х	-
516F	Anemia plan of care documented (esrd)1	X	•
516T	Insj wcs Iv eltrd only	Х	-
517F	Glaucoma plan of care documented (ec)5	Х	-
	Insj wcs Iv pg compnt	Х	•
518F	Falls plan of care documented (ger)5	Х	-
	Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing	Х	-
519F	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia	Х	-
519T	Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)	Х	-
520F	Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra	Х	-
520T	Rmvl&rplcmt pg wcs new eltrd	Х	-
	Plan of care to address pain documented (onc)1	Х	-
	Interrog dev eval wcs ip	Х	-
521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Х	-
522T	Prgrmg dev eval wcs ip	Х	-
522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood	Х	-
523T	Ntrapx c ffr w/3d funcil map	Х	-
523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change	-	Х
24T	Ev cath dir chem abltj w/img	Х	-
	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Х	-
	Initial visit for episode (bkp)2	X	-
	Insj/rplcmt compl ims	X	-
	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug	X	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.		
	Subsequent visit for episode (bkp)2	X	-
	Insj/rplcmt iims eltrd only	Х	-
)526U	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	Х	-
527T	Insj/rplcmt iims implt mntr	X	-
527U	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected		
528F	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp)	Х	-
528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Х	-
528U	Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria	Х	-
529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	-
	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Х	-
)529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE	Х	-
)530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Х	-
530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association	Х	-
)531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Х	-
531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma	Х	-
)532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Х	-
532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for singlenucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative	-	Х
533T	Cont rec mvmt do 6-10 days	Х	-
	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function	Х	-
0534T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to	Х	

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	edications and should be directed to the Pharmacy link option within the website.	omation regarding	immunizations, injectable drugs,
)534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using	Х	-
0535F	Dyspnea management plan of care, documented (pall cr)	Х	-
0535T	Cont rec mvmt do reprt cnfig	Х	-
)535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	Х	-
)536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	Х	-
)536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status	Х	-
537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, nextgeneration sequencing, >2500	Х	-
538U	Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor	Х	-
539U	Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation	Х	-
540F	actionability reported as actionable variant	Х	-
540U	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of	-	Х
541T	Myocardial imaging mcg	Х	-
)541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score	Х	-
542T	Myocardial imaging mcg i&r	Х	-
542U	Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status	х	-
543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with placement of artificial chordae tendineae	Х	-
543U	Oncology (solid tumor), nextgeneration sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for singlenucleotide variants, multinucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden	-	Х
544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Х	-
544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA form plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	-	Х
545F	Plan for follow-up care for major depressive disorder, documented (mdd adol)	Х	
545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Х	-
545U	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Х	-
	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live	1	
J-00	cells, reported as positive or negative	Х	-
547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Х	
	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	X	_
	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, plasma	X	_
)549U	Oncology (urothelial), DNA, quantitative methylated realtime PCR of TRNA-Cys, SIM2, and NKX1-1, using urine,		
0430	diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	X	-
)550U	Oncology (prostate), enzymelinked immunosorbent assays (ELISA) for total prostatespecific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	Х	-
)550F	Cytopath report-nongyn spcmn	Х	_
	Cytopath report non-routine	X	
	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma		<del></del>
13310	Tau, phosphorylated, pradz 17, by single-molecule array (ditrasensitive digital protein detection), dsing plasma	X	-
)552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	Х	-
)554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	Х	-
)555F	Symptom management plan of care documented (hf)	Х	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	Х	-
)556F	Plan of care to achieve lipid control documented (cad)	Х	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	X	-
)557F	Plan of care to manage anginal symptoms documented (cad)	Х	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data		
	from a computed tomography scan; interpretation and report	X	-
558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Х	-
	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an		
0001	anatomic structure	X	-
560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of		
,5001	an anatomic structure (list separately in addition to code for primary procedure)	X	-
561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Χ	
	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide  Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in		<del>-</del>
,50 <u>2</u> i	addition to code for primary procedure)	Х	-

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, ,	redications and should be directed to the Pharmacy link option within the website.	1 1	
	Evac meibomian glnd heat bi	X	-
	Autol cell implt adps hrvg	X	-
	Autol cell implt adps njx	X	-
	Ttvr perq appr 1st prosth	X	-
	Ttvr perq ea addl prosth	X	<u>-</u>
	Insj/rplcmt icds ss eltrd	X	-
	Insertion ss dfb electrode	X	-
	Removal ss dfb electrode	X	-
	Repos prev ss impl dfb eltrd	X	-
	Hiv rna control plan of care, documented (hiv)	Χ	-
)575T	Prgrmg dev eval icds ss ip	X	-
0576T	Interrog dev eval icds ss ip	X	-
0577T	Ephys eval icds ss	X	-
0578T	Rem interrog dev icds phys	X	-
0579T	Rem interrog dev icds tech	Х	-
)580F	Multidisciplinary care plan	X	-
0580T	Rmvl ss impl dfb pg only	X	-
)581F	Pt trnsfrd from anesth to cc	Х	-
)581T	Abltj mal brst tum perg crtx	X	-
)582F	No trnsfr from anesth to cc	X	-
0582T	Trurl abltj mal prst8 tiss	Х	-
	Transfer care checklist used	Х	-
	Tmpst auto tube dlvr sys	Х	-
	No transfer care chklist used	Х	-
	Perg islet cell transplant	Х	-
	Laps islet cell transplant	Х	-
	Open islet cell transplant	Х	-
	Perq impltj/rplcmt isdns ptn	Х	-
	Revision/removal isdns ptn	Х	-
	Elec alys smpl prgrmg iins	X	_
	Elec alys cplx prgrmg iins	X	-
	HIth&wb coaching indiv 1st	X	-
	HIth&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	
	Nonto r-t fluor wnd img 1st	X	<u> </u>
	Nonto r-t fluor who img rat	X	<u> </u>

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	edications and should be directed to the Pharmacy link option within the website.	oa.ooga.a	,
0600T	Ire abltj 1+tum organ perq	X	-
0601T	Ire ablti 1+tumors open	Х	-
0602T	Transdermal gfr measurements	Х	-
0603T	Transdermal gfr monitoring	Х	-
0604T	Rem oct rta dev setup&educaj	Х	-
0605T	Rem oct rta techl sprt min 8	X	-
0606T	Rem oct rta phys/ghp ea 30d	Х	-
0607T	Rem mntr pulm flu mntr setup	X	-
0608T	Rem mntr pulm flu mntr alys	X	-
0609T	Mrs disc pain acquisi data	Х	-
0610T	Mrs disc pain transmis data	X	-
0611T	Mrs disc pain alg alys data	Х	-
0612T	Mrs discogenic pain i&r	Х	-
0613T	Perq tcat intratrl septl sht	X	-
0614T	Rmvl&rplcmt ss impl dfb pg	Х	-
0615T	Eye mvmt alys w/o calbrj i&r	X	-
0619T	Cysto w/prst8 commissurotomy	X	-
0620T	Evasc ven artlz tibl/prnl vn	Х	-
0621T	Trabeculostomy interno laser	X	-
0622T	Trabeculostomy int lsr w/scp	X	-
0623T	Auto quantification c plaque	-	X
0624T	Auto quan c plaq data prep	-	X
0625T	Auto quan c plaq cptr alys	-	X
0626T	Auto quan c plaq i&r	-	X
0627T	Perq njx algc fluor lmbr 1st	X	-
0628T	Perq njx algc fluor Imbr ea	X	-
0629T	Perq njx algc ct lmbr 1st	X	-
0630T	Perq njx algc ct Imbr ea	X	-
0631T	Tc vis lit hyperspectral img	X	-
0632T	Perq tcat us abltj nrv p-art	X	-
0633T	Ct breast w/3d uni c	X	1
0634T	Ct breast w/3d uni c+	Х	1
0635T	Ct breast w/3d uni c-/c+	X	-
0636T	Ct breast w/3d bi c	Х	
0637T	Ct breast w/3d bi c+	Х	1
0638T	Ct breast w/3d bi c-/c+	Х	-
0639T	Wrls skn snr anisotropy meas	Х	•

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	immunizations, injectable drugs, or
	nedications and should be directed to the Pharmacy link option within the website.		
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	Х	-
641T	Image acquisition only, each flap or wound	Х	-
)642T	Interpretation and report only, each flap or wound	X	-
)643T	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach	Х	-
D644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	Х	-
)645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Х	-
)646T	Transcatheter tricuspid valve implantation/replacement (ttvi) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed	Х	-
)647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Х	-
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session	Х	-
)649T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure)	Х	-
)650T	Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional	Х	-
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Х	-
652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Х	-
653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Х	-
654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-
655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	Х	-
656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	
	Vertebral body tethering, anterior; 8 or more vertebral segments	X	_

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	nedications and should be directed to the Pharmacy link option within the website.		
	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Χ	<u>-</u>
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary		
	revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy),	X	-
	angiography, and radiologic supervision and interpretation		
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	X	<u>-</u>
	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	X	-
	Scalp cooling, mechanical; initial measurement and calibration of cap	X	-
0663T	Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	X	-
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	-
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Х	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Χ	-
	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Х	-
0668T	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	X	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	X	-
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	-	Х
0672T	Ndovag cryg rf remdl tiss	Х	-
	Abltj b9 thyr ndul perq lasr	Χ	-
)674T	Laps insj nw/rpcmt prm isdss	Х	-
)675T	Laps insj nw/rpcmt isdss 1ld	Х	-
0676T	Laps insj nw/rpcmt isdss ea	X	-
0677T	Laps repos lead isdss 1st ld	Х	-
0678T	Laps repos lead isdss ea add	Х	-
0679T	Laps rmvl lead isdss	Χ	-
0680T	Insj/rplcmt pg only isdss	Х	-
	RIcj pulse gen only isdss	Χ	-
	Removal pulse gen only isdss	Χ	-
0683T	Prgrmg dev eval isdss ip	X	-
0684T	Peri-px dev eval isdss ip	Х	-
	Interrog dev eval isdss ip	Х	-
	Histotripsy mal hepatcel tis	Χ	-
	Tx amblyopia dev setup 1st	Х	-

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, ,	redications and should be directed to the Pharmacy link option within the website.	1 ,	
	Tx amblyopia assmt w/report	X	<u>-</u>
	Quan us tis charac w/o dx us	X	-
	Quan us tis charac w/dx us	X	-
	Auto alys xst ct std vrt fx	X	-
	Therapeutic ultrafiltration	X	<u>-</u>
	Compre ful bdy 3d mtn alys	X	<u> </u>
	3d vol img&rcnstj brst/ax	X	-
	Bdy srf mpg pm/cvdfb tm impl	X	-
	Bdy surf mapg pm/cvdfb f/up	X	<del>-</del>
	Quan mr tis wo mri mlt orgn	X	-
0698T	Quan mr tiss w/mri mlt orgn	X	-
0699T	Njx pst chmbr eye medication	Χ	-
0700T	Molec fluor img sus nev 1st	X	-
0701T	Molec fluor img sus nev ea	Х	-
0702T	Rem ther mntr ol tech sprt	X	-
0703T	Rem ther mntr ol cog bhv	Х	-
0704T	Rem tx amblyopia setup&edu	X	-
0705T	Rem tx amblyopia tech sprt	Х	-
	Rem tx amblyopia i&r phy/qhp	X	-
	Njx b1 sub mtrl sbchdrl dfct	X	-
0708T	ld ca immntx prep & 1st njx	Х	-
	ld ca immntx each addl nix	X	-
	N-invas artl plag alys	Х	-
	N-nvs artl plaq alys dat prp	Х	-
	N-nvs artl plag alys quan	Х	-
	N-nvs artl plaq alys rvw i&r	Х	-
	Tprnl Isr ablt b9 prst8 hypr	Х	-
	Perg trluml coronry lithotrp	Х	-
	Car acous wavfrm rec cad rsk	Х	-
	Adrc ther prtl rc tear	X	-
	Adrc ther prtl rc tear njx	X	-
	Pst vrt jt rplcmt lmbr 1 sgm	X	-
	Prq elc nrv stim cn wo implt	X	-
0721T	Quan ct tiss charac w/o ct	X	-
	Quan et tiss charac w/ct	X	-
	Qmrcp w/o dx mri sm anat ses	X	-
	Qmrcp w/dx mri same anatomy	X	
0725T	Vestibular dev impltj uni	X	<u> </u>
	RmvI implt vstibular dev uni	X	<u> </u>

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,	redications and should be directed to the Pharmacy link option within the website.		
	Rmvl&rplcmt implt vstblr dev	X	-
	Dx alys vstblr implt uni 1st	X	-
	Dx alys vstblr implt uni sbq	X	-
	Trabeculotomy Isr w/oct gdn	X	-
	Augmnt ai-based fcl phnt a/r	X	-
	Immntx admn electroporatn im	X	-
	Rem bdy&lmb knmtc ther sply	X	-
	Rem bdy&lmb knmtc tx mgmt	X	<del>-</del>
	Prep tum cav iort prim crnot	X	-
	Colonic lavage 35+l water	X	-
0737T	Xenograft impltj artclr surf	Х	-
)738T	Tx pln mag fld abltj prst8	Х	-
0739T	Abltj mal prst8 mag fld ndct	X	-
0740T	Rem auton alg nsln cal setup	X	-
0741T	Rem auton alg nsln data coll	X	-
)742T	Aqmbf spect xers/strs & rest	Х	-
)743T	B1 str & fx rsk vrt fx assmt	X	-
)744T	Insj bioprostc vlv fem vn	Х	-
	Car ablt rad arr n-invas loc	X	-
	Car ablt rad arr cnv loc map	Х	-
)747T	Car ablt rad arrhyt dlvr rad	Х	-
	Njx stm cl prdct anl sft tis	Х	-
	B1 str&fx rsk assmt dxr-bmd	Х	_
	B1 str&fx rsk asmt dxrbmd1vw	Х	_
	Dgtz gls mcrscp sld level ii	Х	-
	Dgtz gls mcrscp sld lvl iii	Х	-
	Dgtz gls mcrscp sld level iv	Х	-
	Dgtz gls mcrscp sld level v	Х	-
	Dgtz gls mcrscp sld level vi	X	-
	Dgtz gls mcrscp sld spc grpi	X	-
	Dgtz gls mcrscp sl spc grpii	X	-
	Dgtz gls mcrscp sl spc hchem	X	-
	Dgtz gls mcrscp sl sp grpiii	X	_
	Dgtz gls mcrscp si imm 1st	X	
	Dgtz gls mcrscp si imm ea 1	X	
	Dgtz gls mcrscp si imm ea m	X	<u> </u>
	Dgtz gls mcrscp mphmtrc alys	X	
	Asstv alg ecg rsk asmt cncrt	X	<u> </u>
	Asstv alg ecg rsk asmt prev	X	<u> </u>

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	edications and should be directed to the Pharmacy link option within the website.		
	Tc mag stimj pn 1st tx 1nrv	X	-
	Tc mag stimj pn 1st tx ea	X	-
	Tc mag stimj pn sbsq tx 1nrv	X	-
	Tc mag stimj pn sbsq tx ea	X	-
	Vr technology assist therapy	X	-
	Vr px dissoc svc sm phy 1st	X	-
	Vr px dissoc svc sm phy ea	X	-
	Vr px dissoc svc oth phy 1st	Χ	-
)774T	Vr px dissoc svc oth phy ea	Χ	-
)775T	Arthrd si jt prq iartic impl	X	-
)776T	Ther indctj ntrabrn hypthrm	X	-
)777T	R-t prs sensing edrl gdn sys	X	-
)778T	Smmg cncrnt appl imu snr	X	-
779T	Gi myoelectrical actv study	Х	-
780T	Instlj fecal microbiota ssp	Х	-
781T	Brnchsc rf dstrj pulm nrv bi	Х	-
	Brnchsc rf dstrj plm nrv uni	Х	-
	Tc auriculr neurostimulation	Х	-
	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging		
	guidance, when performed	Х	-
785T	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Х	-
786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging		
	guidance, when performed	Х	-
787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Х	-
	Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and		
,, ,,,	receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout, patient-		
	selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	Х	_
	parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3	Λ	
	parameters		
789T	Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array		
77 03 1	and receiver), including contact group(s), amplitude, pulse width, frequency (hz), on/off cycling, burst, dose lockout,		
	patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive	Χ	
	parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or	^	-
7007	more parameters		
77901	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed		
77047			
17911	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to	X	-
7007	code for primary procedure)		
	Application of silver diamine fluoride 38%, by a physician or other qualified health care professiona	X	-

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0793T	Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance	Х	-
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Х	-
)795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	х	-
)796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system)	х	-
)797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)	х	-
)798T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)	х	-
799T	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component	Х	-
T0080	Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamberleadless pacemaker system)	Х	-
)801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)	Х	-
)802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component	х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding	
	edications and should be directed to the Pharmacy link option within the website.		
08031	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber	x	-
	leadless pacemaker system)		
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers	Х	-
0805T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); percutaneous femoral vein approach	Х	-
0806T	Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); open femoral vein approach	Х	-
0807T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (ct) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Х	-
0808T	Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (ct) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report	Х	-
0809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	Х	-
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Х	-
	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment	Х	-
0812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days	Х	-
0813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	X	-
0814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral	Х	-
0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine	Х	-
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous	Х	-
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, or
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous	X	-
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial	Х	-
0820T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour	Х	-
0821T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	х	-
0822T	Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)	Х	-
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	Х	-
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed	х	-
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed	х	-
0826T	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 with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber	х	-
0827T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)	Х	-
0828T	Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)	Х	-
0829T	Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)	Х	-
0830T	Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)	х	-
0831T	Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect edications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs, c
)832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List		
	separately in addition to code for primary procedure)	X	-
)833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and	V	
	interpretation (List separately in addition to code for primary procedure)	X	-
)834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5	Х	
	slides and/or multiple stains (List separately in addition to code for primary procedure)	^	-
)835T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic		
	study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for	X	-
	primary procedure)		
0836T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic		
	study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in	X	-
	addition to code for primary procedure)		
)837T	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report	V	
	(List separately in addition to code for primary procedure)	X	-
)838T	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List	Х	
	separately in addition to code for primary procedure)	, X	-
)839T	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides	Х	
	(List separately in addition to code for primary procedure)	^	-
)840T	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with	Х	
	report on referred material (List separately in addition to code for primary procedure)	^	
)841T	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen	Х	
	section(s), single specimen (List separately in addition to code for primary procedure)	^	-
)842T	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with	х	
	frozen section(s) (List separately in addition to code for primary procedure)	^	-
)843T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch	х	
	preparation, squash preparation), initial site (List separately in addition to code for primary procedure)	^	-
)844T	Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch		
	preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)	X	-
845T	Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure	X	_
	(List separately in addition to code for primary procedure)	<u> </u>	
)846T	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain	X	_
	procedure (List separately in addition to code for primary procedure)		
)847T	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed)		
	tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary	X	-
	procedure)		
)848T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain	X	-
	procedure (List separately in addition to code for primary procedure)	1 ^	

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	nedications and should be directed to the Pharmacy link option within the website.  Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe		
00491	stain procedure (List separately in addition to code for primary procedure)	X	-
0850T	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain		
00301	procedure (List separately in addition to code for primary procedure)	X	-
0851T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
00311	semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for	Х	_
	primary procedure)	^	
0852T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
00021	semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to	X	_
	code for primary procedure)	^	
0853T	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
00001	semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for	X	_
	primary procedure)	,	
0854T	Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List		
	separately in addition to code for primary procedure)	Х	-
0855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for	.,	
	primary procedure)	X	-
0856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for		
	primary procedure)	Х	-
0857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation,	V	
	augmentative analysis and report (List separately in addition to code for primary procedure)	Х	-
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with	V	
	automated report	X	-
0859T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
	oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each	Х	
	additional anatomic site (List separately in addition to code for primary procedure)	^	-
0860T	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
	oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition,	Х	-
	interpretation, and report, one or both lower extremities		
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation	X	-
	and programming; transmitter component only	,	
0867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or	X	-
	equal to 50 mL	• •	
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and	X	-
0000=	report		
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including	Х	-
	intraoperative imaging guidance, when performed		

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	edications and should be directed to the Pharmacy link option within the website.		
08701	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation,	V	
	insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and	Х	-
	initial programming, when performed		
08/11	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling	Х	-
	bladder and peritoneal catheters, including initial programming and imaging, when performed		
0872T	Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with	Х	-
	previously implanted peritoneal ascites pump, including imaging and programming, when performed	^	
0873T	Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated		
	peritoneal catheter, associated bladder catheter), including imaging and programming, when performed	Х	-
0874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and	Х	
	peritoneal catheters	^	_
0875T	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care	x	_
	professional	^	<u>-</u>
0876T	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of	Х	
	fistula)	^	-
0877T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype		
	classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in	Χ	-
	previously acquired diagnostic imaging		
0878T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype		
	classification of interstitial lung disease; obtained with concurrent CT examination of the same structure	V	
		X	<del>-</del>
0879T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype	Х	
	classification of interstitial lung disease; radiological data preparation and transmission	^	-
T0880	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype		
	classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	X	-
0881T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device,	V	
	monitoring of patient tolerance to treatment, and removal of the oral device	Х	-
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead		
	placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for	X	-
	primary procedure)		
0883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead		
	placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to	Х	-
	code for primary procedure)		
0884T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon)		
20011	followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic	X	-
	guidance, when performed		
Preauth:	aguidance, when performed		

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	Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when	Х	_
	performed	Α	
0886T	Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed	Х	-
0887T	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	Х	-
7888C	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	Х	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	Х	-
	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-
0892T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	Х	-
0893T	Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report	Х	-
)894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion	Х	-
)895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)	Х	-
)896T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure)	Х	-
0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report	Х	-

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	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	х	-
0899T	Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	Х	-
)900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)	Х	-
	Placement of bone marrow sampling port, including imaging guidance when performed	X	-
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device	Х	-
)903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	Х	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	Х	-
)905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	Х	-
0906T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm	Х	-
)907T	Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)	Х	-
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
)910T	Removal of integrated neurostimulation system, vagus nerve	Х	-
)911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Х	-
)912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Х	-
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch	Х	-

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	Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention)	х	-
0915T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)	Х	-
0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only	Х	-
)917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	Х	-
)918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	Х	-
)919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	Х	-
)920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Х	-
)921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Х	-
)922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	Х	-
)923T	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Х	-
)924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters	Х	-
)925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	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 with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	Х	-
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	Х	-
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	Х	-

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	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in dedications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or
	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote		
03231	data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Χ	<u>_</u>
	data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	^	<u>-</u>
0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold		
	evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial	Х	
	implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	^	-
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold		
	evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial		
	implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	Χ	-
)932T	Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated		
	preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional	Χ	-
)933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including		
	sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological	X	-
	supervision and interpretation		
)934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left		
	atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment	V	
	paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other	Х	-
	qualified health care professional		
)935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach,		
	including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes,	X	-
	contrast injection(s), and fluoroscopy, bilateral		
)936T	Photobiomodulation therapy of retina, single session	X	-
0937T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
	storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified	X	-
OOOT.	health care professional		
)938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)	X	-
)939T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	.,	
	storage; scanning analysis with report	Х	-
)940T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and	Х	
	storage; review and interpretation by a physician or other qualified health care professional	^	-
0941T	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic	Х	-
	visualization		
)942T	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-
)943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	Χ	-

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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 redications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs,
)944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	Х	-
)945T	Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)	Х	-
946T	Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)	х	-
947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	Х	-
948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	Х	-
949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Х	-
950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance	Х	-
951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	Х	-
952T	revision or replacement, with mastoidectomy and replacement of sound processor	Х	-
953T	revision or replacement, without mastoidectomy and replacement of sound processor	Х	-
954T	replacement of sound processor only, with attachment to existing transducers	Х	-
955T	removal, including removal of sound processor and all implant components	Х	-
956T	Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	Х	-
957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance	Х	-
958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance	Х	-
959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance	Х	-
960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance	Х	-
961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	х	-

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	edications and should be directed to the Pharmacy link option within the website.  Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg,		
09021	reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other	x	
	qualified health care professional	^	-
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	Х	_
	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial	^	-
09041	adjustment; single arch, without mandibular advancement mechanism	X	-
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Х	
0966T	dual arch, with additional mandibular advancement, fixed hinge mechanism	X	
	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring		-
03071	component and flexible sheath connected to external vacuum source and monitoring system	X	-
0968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with		
33001	connection to electrode array	X	-
0969T	Removal of epicranial neurostimulator system	Х	-
	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed,		
33701	each tumor	X	-
0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral		
03711	r talation, manighant broadt tamor(o), porotitariooso, tabor, motating imaging galatines whom porotitious, simuloitar	X	-
0972T	Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging,		
	including system set-up and acquisition, selection, and transmission of images, with automated generation of report	Х	-
0973T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general		
	anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm	X	-
0974T	each additional 100 sq cm (List separately in addition to code for primary procedure)	Χ	-
0975T	Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general		
	anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100	X	-
	sq cm		
)976T	each additional 100 sq cm (List separately in addition to code for primary procedure)	X	-
)977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Х	-
)978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Χ	-
	soft palate only	Χ	-
	base of tongue and lingual tonsil only	X	-
)981T	Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including		
	deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava	X	-
	venography, when performed		
0982T	Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood		
	pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment	X	-

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	lease 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 dications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or
	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of		
	nferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified	Х	_
	nealth care professional	,	
	ntravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic		
	evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report;	X	_
	nitial vessel (List separately in addition to code for primary procedure)	,	
	each additional vessel (List separately in addition to code for primary procedure)	Х	-
	ntravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic	Λ	
	evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report;	X	_
	nitial vessel (List separately in addition to code for primary procedure)	,	
	each additional vessel (List separately in addition to code for primary procedure)	Х	_
	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the		
	nedical record (dem) (ger, pall cr)	X	-
	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	-
	Pain severity quantified; pain present (onc)1	Х	-
	Pain severity quantified; no pain present (onc)1	X	
	New episode for condition (nma-no measure associated)	X	_
	Subsequent episode for condition (nma-no measure associated)	X	_
	Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo		
	back pain and randion assessed, including all of the following. Pain assessment and failed and patient historia	X	-
134F F	Episode of back pain lasting 6 weeks or less (bkp)	Х	-
	Episode of back pain lasting longer than six weeks (bkp)2	X	-
	Episode of back pain lasting 12 weeks or less (bkp)2	X	-
	Episode of back pain lasting longer than 12 weeks (bkp)2	X	-
	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	X	_
	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	X	-
	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	X	-
	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	X	-
	Advance care plan or similar legal document present in the medical record (coa)	X	-
	Advance care planning discussion documented in the medical record (coa)	X	-
	Medication list documented in medical record (coa)	X	-
	Rvw meds by rx/dr in rcrd	X	-
	Functional status assessed (coa) (ra)	X	-
	Functional status for dementia assessed and results reviewed (dem)	X	-
	All specified thromboembolic risk factors assessed (afib)	X	-
	Neuropsychiatric symptoms assessed and results reviewed (dem)	X	-
	Neuropsychiatric symptoms, one or more present (dem)	X	-
	Neuropsychiatric symptoms, absent (dem)	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
1200F Seizure type(s) and current seizure frequency(ies) documented (epi)	Х	<u> </u>
1205F Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	X	-
1220F Patient screened for depression (sud)	X	-
1400F Prkns diag rviewed	X	-
1450F Symptoms improved or remained consistent with treatment goals since last assessment (hf)	X	-
1451F Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-
1460F Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-
1461F No qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-
1490F Dementia severity classified, mild (dem)	X	-
1491F Dementia severity classified, moderate (dem)	Х	-
1493F Dementia severity classified, severe (dem)	Х	-
1494F Cognition assessed and reviewed (dem)	Х	-
1500F Symptom + sign symm polyneuro	Х	-
1501F Not initial eval for cond	Х	-
1502F Pt queried pain fxn w/instr	Х	-
1503F Pt queried symp resp insufficient	Х	-
1504F Pt has resp insufficiency	Х	-
1505F Pt has no resp insufficiency	Х	-
2000F Blood pressure measured (ckd)(dm)	Х	-
2001F Weight recorded (pag)	Х	-
2002F Clinical signs of volume overload (excess) assessed (nma - no measure associated)	Х	-
2004F Initial examination of the involved joint(s)	Х	-
2010F Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	Х	-
2014F Mental status assessed (normal/mildly impaired/severely impaired)(cap)	Х	-
2015F Asthma impairment assessed (asthma)	X	_
2016F Asthma risk assessed (asthma)	Х	-
2018F Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	X	_
2019F Dilated macular exam performed, including documentation of the presence or absence of macular thickening or		
hemmorrhage	X	-
2020F Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	-
2021F Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema		
and level	X	-
2022F Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	Х	-
2023F Dilat rta xm w/o rtnopthy	Х	-
2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	Х	-
2025F F 7 fld rta photo w/o rtnopthy	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and		
	reviewed	X	-
027F	Optic nerve head evaluation performed (ec)	Х	-
	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and		
	pulse	Х	-
029F	Complete physical skin exam performed (ml)	Х	-
030F	Hydration status documented, normally hydrated (pag)	Х	-
031F	Hydration status documented, dehydrated (pag)	Х	-
033F	Eye img valid w/o rtnopthy	Х	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	X	-
040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-
0445	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back		
J44F	Documentation of mental health assessment prior to intervention (back surgery of epidural steroid injection) of for back	Х	-
050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement	Х	
	documented (cwc)	^	-
060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-
006F	Chext xray results documented and reviewed (cap)	Х	-
	Body mass index (bmi), documented (pv)	Х	-
011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-
014F	Screening mammography results documented and reviewed	Х	-
	Cervical cancer screening results documented and reviewed (pv)	X	-
	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-
)18F	Including location of each polyp, size, number and gross morp	Х	_
	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	X	-
	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the		
	medical record (includes quantitative or qualitative ass	Х	-
)21F	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	Х	-
)22F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-
)23F	Spirometry results documented and reviewed (copd)	Х	_
	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	-
027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	-

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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	ct information regarding im	munizations, injectable drugs, c
ecialty medications and should be directed to the Pharmacy link option within the website.		
O28F Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood	X	-
gas	V	
035F Oxygen saturation ,=88% or a pao2<=55 hg1 (copd) 037F Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-
	X	-
038F Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	-
040F Functional expiratory volume (fev1) <40% of predicted value (copd)		<u> </u>
042F Functional expiratory volume (fev1) >=40% of predicted value (copd)	X	
044F   Most recent hemoglobin a1c level <7.0% (dm)	X	-
046F   Hemoglobin a1c level > 9.0%	X	-
048F Most recent IdI-c less than 100 mg/dl (cad) (dm)	X	-
049F Most recent IdI-c 100-129 mg/dl (cad) (dm)	X	-
050F Most recent IdI-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
051F Hg a1c>equal 7.0%<8.0%	X	-
052F Hg a1c>equal 8.0%	X	-
055F Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf)	X	-
056F Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)	X	-
060F Positive microalbuminuria test result documneted and reviewed (dm)	X	-
061F Negative microalbuminuria test result documented and reviewed (dm)	X	-
062F Positive macroalbuminuria test result documented and reviewed (dm)	X	-
O66F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	X	-
072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	Х	-
073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	Х	-
074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	X	_
075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	X	_
077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	X	_
078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	_
079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	X	-
080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	X	
082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	_
083F Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	_
084F Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	
085F Suicide risk assessed (mdd)	X	
088F Major depressive disorder, mild (mdd)	X	<u> </u>
089F Major depressive disorder, mild (mdd)	X	<u> </u>
090F Major depressive disorder, moderate (mdd)	X	<u> </u>
090F   Major depressive disorder, severe without psychotic features (mdd) 091F   Major depressive disorder, severe with psychotic features (mdd)	X	-
UJ II IIVIAIDI UEDIESSIVE UISUIUEI. SEVEIE WIIII DSVUIDIIU IEAIUIES (IIIUU)	_ ^	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	X	-
3100F	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	X	-
3110F	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-
3111F	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	Х	-
3112F	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	Х	-
3115F	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	X	-
	Heart failure disease specific structured assessment tool completed (hf)	Х	-
	New york heart association (nyha) class documented (hf)	Х	_
	No evaluation of level of activity or clinical symptoms (hf)	Х	_
	12-lead ecg performed (em)	Х	-
	Esoph bx rprt w/dyspl info	Х	_
	Upper gastrointestinal endoscopy performed (gerd)	X	_
	Documentation of referral for upper gastrointestinal endoscopy (gerd)	Х	-
	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	Х	-
	Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	Х	-
	Barium swallow test ordered (gerd)	Х	-
	Forceps esophageal biopsy performed (gerd)	Х	-
	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-
	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	X	-
	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-
	Barium swallow test not ordered (gerd)	X	_
	Group a strep test performed (phar)	X	-
	Patient has documented immunity to hepatitis a (hep-c)	X	-
	Patient has documented immunity to hepatitis b (hep-c)	X	-
	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	X	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	_
	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	X	-
	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report		

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	redications and should be directed to the Pharmacy link option within the website.	normation regarding in	inunizations, injectable drugs
	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-
	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-
267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	-
268F	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	Х	-
269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-
	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	Х	-
271F	Low risk of recurrence, prostate cancer (prca)1	Х	-
	Intermediate risk of recurrence, prostate cancer (prca)1	Х	-
	High risk of recurrence, prostate cancer (prca)1	Х	-
	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	Х	-
	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	Х	-
	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-
	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Х	-
	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-
	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5	Х	-
285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	Х	-
288F	Falls risk assessment documented (ger)5	Х	-
	Patient is d (rh) negative and unsensitized (prenatal)1	Х	-
	Patient is d (rh) positive or sensitized (prenatal)1	Х	-
	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	Х	-
	Abo and rh blood typing documented as performed (pre-cr)	Х	-
	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-
	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1	Х	-
301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-
315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-
	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-
318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-
319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	<u>-</u>

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	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc		
5201	Trone of the following diagnostic imaging studies ordered. (chest x-ray, ct, diffasound, film, pet, of fluctear medicine sc	Х	-
321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-
322F	Melanoma greater than ajcc stage 0 or ia (ml)	Х	-
323F	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-
	Mri or ct scan ordered, reviewed or requested (epi)	Χ	-
325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	Х	-
328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Χ	-
	Imaging study ordered (bkp)2	Χ	-
331F	Imaging study not ordered (bkp)2	Х	-
340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	Х	-
341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	Х	-
342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Χ	-
343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	Х	-
344F	Mammogram assessment category of "suspicious," documented (rad)	Χ	-
345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Х	-
350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Χ	-
351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	Х	-
352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-
353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	Х	-
354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (	Х	-
370F	Ajcc breast cancer stage 0, documented (onc)	Х	_
	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	X	-
	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-
	Ajcc breast cancer stage ii, documented (onc)	Х	-
	Ajcc breast cancer stage iii, documented (onc)	Х	-
	Ajcc breast cancer stage iv, documented (onc)	Χ	-
	Ajcc colon cancer, stage 0, documented (onc)	Х	-
	Ajcc colon cancer, stage i, documented (onc)	Χ	-
	Ajcc colon cancer, stage ii, documented (onc)	Х	-
	Ajcc colon cancer, stage iii, documented (onc)	Χ	-
	Ajcc colon cancer, stage iv, documented (onc)	Χ	
394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х	-

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		Т	
Syor	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone	X	-
4 <b>5</b> 0 <b>5</b>	receptors [er/pr]) performed (path)9  Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	
	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)  Dyspnea screened, moderate or severe dyspnea (pall cr)		-
	Dyspnea not screened (pall cr)	X	<u> </u>
	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease	^	-
4556	modifying anti-rheumatic drug therapy for ra (ra)	X	-
470E	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	
	Rheumatoid arthritis (ra) disease activity, now (ra)  Rheumatoid arthritis (ra) disease activity, moderate (ra)	X	<u>-</u>
	Rheumatoid arthritis (ra) disease activity, high (ra)	X	<u> </u>
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	X	
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X	<u> </u>
	History of aids-defining condition (hiv)	X	
101F	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X	
	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	
	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	X	
	Cd4+ cell count <200 cells/mm (hiv)	X	
	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	
	Cd4+ cell count >=500 cells/mm (hiv)	X	_
	Cd4+ cell percentage <15% (hiv)	X	-
	Cd4+ cell percentage >=15% (hiv)	X	
	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	_
	Hiv rna viral load below limits of quantification (hiv)	X	-
	Hiv rna viral load not below limits of quantification (hiv)	X	
	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	
	Chlamydia and gonorrhea screenings documented as performed (hiv)	X	-
	Syphilis screening documented as performed (hiv)	X	_
	Hepatitis b screening documented as performed (hiv)	X	-
	Hepatitis c screening documented as performed (hiv)	X	-
	Patient has documented immunity to hepatitis c (hiv)	X	-
	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf		
	(tumor necrosis factor) therapy (ibd)	X	-
20F	Clostridium difficile testing performed (ibd)	Х	-
	Low risk for thromboembolism (afib)	X	-
	Intermediate risk for thromboembolism (afib)	X	-
	High risk for thromboembolism (afib)	X	-
	Patient had international normalized ratio (inr) measurement performed (afib)	X	-
	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	X	-

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	edications and should be directed to the Pharmacy link option within the website.	V	
	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	<del>-</del>
	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	-
	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	-
	Psych disorders assessed	X	-
	Cognit impairment assessed	X	-
	Screening for depression performed (dem)	Χ	-
3750F	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	Χ	-
751F	Electrodiag polyneuro6mon	Χ	-
	No electrodiag polyneuro6mon	Χ	-
	Pt has symp plus signs neuropathy	Χ	-
	Screening tests dm done	Χ	-
755F	Cog and behav imprmnt scrng done	Χ	•
756F	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	Χ	-
757F	Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom	Χ	-
758F	Pt ref pulmon fx test with peak flow	Х	-
	Pt scrn dysphag /wt loss/nutrition	Х	-
	Pt w/ dysphag /wt loss/nutr	Х	-
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	Х	-
	Patient is dysarthric	Х	-
	Patient is not dysarthric	Х	-
	Adenoma detected screening	Х	-
	Adenoma not detect screening	X	-
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	-
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-
	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	X	-
004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-
005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	Χ	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	Х	-
)11F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-
)12F	Warfarin therapy prescribed (nma-no measure associated)	Х	<u> </u>
)13F	Statin therapy prescribed or currently being taken (cad)	Х	-
014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	Х	-

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	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no		
	measure associated) (note: there are no medical exclusio	Χ	-
	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc		
	medication(s)]	Х	-
	Gastrointestinal prophylaxis for nsaid use prescribed	Х	-
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	X	-
	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding		
	bot	Х	-
025F	Inhaled bronchodilator prescribed (copd)	Х	-
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	Х	-
	Pulmonary rehabilitation exercise training recommended (copd)	X	-
	Influenza immunization recommended (copd)(ibd)	Х	-
	Influenza immunization ordered or administered (copd, pv)	Х	-
	Pneumococcal vaccine administer or previously received (copd) (pv)	Х	-
	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Х	-
	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	Х	-
043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Х	-
044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior	Х	-
0455	to in Appropriate empiric antibio0	Х	
040F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative		-
0401	Documentation that prophylactic antibiotics were given within 4 hours phor to surgical incision or given intraoperative	X	-
047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom	Х	-
048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	Х	
)49F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-	Х	-
050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	X	_
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	X	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	_
	Hemodialysis via catheter (esrd)	X	-
	Patient receiving peritoneal dialysis (esrd)	X	-
	Appropriate oral rehydration solution recommended (pag)	X	-
	Pediatric gastroenteritis education provided to caregiver (pag)	X	-
	Psychotherapy services provided (mdd)	X	-

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socies   Description 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 refle	•	•
becialty medications and should be directed to the Pharmacy link option within the website.	ect information regarding	inimunizations, injectable drugs, or
4062F Patient referral for psychotherapy documented (mdd)	Х	-
4063F Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Х	-
4064F Antidepressant pharmacotherapy prescribed (mdd)	Х	-
4065F Antipsychotic pharmacotherapy prescribed (mdd)	Х	-
4066F Electroconvulsive therapy (ect) provided (mdd)	Х	-
4067F Patient referral for electroconvulsive therapy (ect) documented (mdd)	Х	-
1069F Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-
1070F Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	_
1073F Oral antiplatelet therapy prescribed at discharge (str)	Х	-
1075F Anticoagulant therapy prescribed at discharge (str)	Х	-
1077F Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	Х	-
1079F Documentation that rehabilitation services were considered (str)	Х	-
Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-
1086F Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-
090F Patient receiving erythropoietin therapy (hem)	Х	-
095F Patient not receiving erythropoietin therapy (hem)	Х	-
100F Bisphosphonate therapy, intravenous, ordered or received (hem)	Х	-
110F Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	Х	-
115F Beta blocker administered within 24 hours prior to surgical incision (cabg)	Х	-
120F Antibiotic prescribed or dispensed (uri, phar)	Х	-
1124F Antibiotic neither prescribed nor dispensed (uri, phar)	Х	-
130F Topical preparations (including otc) prescribed for acute otitis externa (aoe)	Х	-
131F Systemic antimicrobial therapy prescribed (aoe)	Х	-
132F Systemic antimicrobial therapy not prescribed (aoe)	Х	-
133F Antihistamines or decongestants prescribed or recommended (ome)	X	-
134F Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-
135F Systemic corticosteroids prescribed (ome)	X	-
136F Systemic corticosteroids not prescribed (ome)	X	-
140F Inhaled corticosteroids prescribed (asthma)	Х	-
142F Corticosteroid sparing therapy prescribed (ibd)	X	-
144F Alternative long-term control medication prescribed (asthma)	X	-
145F Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	X	-
148F Hepatitis a vaccine injection administered or previously received (hep-c)	X	-
149F Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	X	-
150F Patient receiving antiviral treatment for hepatitis c (hep-c)	X	<u>-                                    </u>
151F Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	-
153F Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	-
H155F Hepatitis a vaccine series previously received (hep-c)	X	

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1157F	Hepatitis b vaccine series previously received (hep-c)	X	-
1158F	Patient counseled about risks of alcohol use (hep-c)	Х	-
159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	X	-
1163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-
164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-
165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-
167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	-
1168F	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	X	-
1169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving	Х	-
171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	X	-
174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-
1175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-
1176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-
1177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-
178F	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-
	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-
180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	X	-
	Conformal radiation therapy received (onc)1	X	-
182F	Conformal radiation therapy not received (onc)1	Х	-
185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Х	-
186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	Х	-
187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-
	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-
189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-
	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-
	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	-

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	Patient not receiving glucocorticoid therapy (ra)	Х	-
	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	Х	-
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	Х	-
1195F	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-
	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-
	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	Х	-
4210F	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2	Х	-
4220F	Digoxin medication therapy for 6 months or more (mm)2	Х	-
	Diuretic medication therapy for 6 months or more (mm)2	Х	-
1230F	Anticonvulsant medication therapy for 6 months or more (mm)2	Х	-
	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-
1245F	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	Х	-
	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2	Х	-
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	Х	-
1255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-
1256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	Х	-
1260F	Wound surface culture technique used (cwc)	Х	-
	Tech other than surfc cultr	Х	-
	Use of wet to dry dressings prescribed or recommended (cwc)	Х	-
	Use of wet to dry dressings neither prescribed nor recommended (cwc)	Х	-
	Compression therapy prescribed (cwc)	Х	-
	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	Х	-
1269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	X	-

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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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding im	munizations, injectable drugs,
271F Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h		
27 17   Patient receiving potent antiretroviral therapy for less than 6 months of not receiving potent antiretroviral therapy (if	X	-
274F Influenza immunization administered or previously received (hiv)	Х	-
276F Potent antiretroviral therapy prescribed (hiv)	Х	-
279F Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	Х	-
280F Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	Х	-
290F Patient screened for injection drug use (hiv)	Х	-
293F Patient screened for high-risk sexual behavior (hiv)	Х	-
300F Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
301F Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
305F Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-
306F Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-
320F Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-
322F Caregiver provided with education and referred to additional resources for support (dem)	Х	-
324F Pt queried prkns complic	Х	-
325F Med txmnt options rvwd w/pt	Х	-
326F Pt asked re symp auto dysfxn	Х	-
328F Pt asked re sleep disturb	Х	-
330F Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	Х	-
340F Counseling for women of childbearing potential with epilepsy (epi)	Х	-
350F Counseling provided on symptom management, end of life decisions, and palliation (dem)	Х	-
400F Rehab thxpy options w/pt	Х	-
450F Self-care education provided to patient (hf)	Х	-
470F Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Х	-
480F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-
481F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	Х	-
500F Referred to an outpatient cardiac rehabilitation program (cad)	X	-
510F Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-
525F Neuropsychiatric intervention ordered (dem)	X	-
526F Neuropsychiatric intervention received (dem)	X	-
540F Disease modified pharmacothxpy	Х	-
541F Pt offered tx for pseudobulb	Х	-
550F Noninvas resp support talk	Х	-
551F Nutritional support offered	X	-
552F Pt ref for speech lang path	X	-
553F Pt asst re end life issues	X	-
554F Pt recvd inhal anesthetic	Х	-

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	ase 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 i	nformation regarding	immunizations, injectable drugs, c
	cations and should be directed to the Pharmacy link option within the website.		
	recvd no inhal anesthic	Х	-
	w/3+ post-op nausea and vommiting	Х	-
	w/o 3+ pot-op nausea and vommiting	X	-
	recvd 2 rx anti-emetagnts	X	-
	bodytemp >=35.5 cw/in 30 mins	X	-
	nesth w/o general or neurax anesth	X	-
1561F Pt	w/ cornonary artery stent	X	-
1562F Pa	atient does not have coronary artery stent	X	-
563F Pt	recvd aspirin w/in 24 hours	X	-
005F Pa	atient counseled on self - examination for new or changing moles (ml)	Х	-
010F Fir	ndings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	Х	-
	ocumentation of communication that a fracture occurred and that the patient was or should be tested or treated for	Х	
os	ste ·	^	-
020F Tr	eatment summary report communicated to physician(s) managing continuing care and to the patient within one	ν,	
	onth of co	X	-
	eatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Х	-
	ndings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business		
	ays of e	X	-
	ocumentation of direct communication of diagnostic mammogram findings by telephone or in person [by the		
	agnostic imag	X	-
	otential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study		
	uc_med)	X	-
	onsideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy		
2001  00	oriside attornor referral for a nediclogical evaluation of appropriateness for surgical therapy for intractable epilepsy	X	-
250E Ac	sthma discharge plan present (asthma)	X	
			-
	ationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-
	ysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	X	-
	atient receiving or eligible to receive foods, fluids or medication by mouth (str)	X	-
	po (nothing by mouth) ordered (str)	Х	-
6030F  AII	l elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves	X	-
a			
	se of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure,	X	-
	ocumen		
	adiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	Х	-
	atient queried and counseled about anti-epileptic drug (aed) side effects (epi)	X	-
	/caregiver queried falls	X	-
	/caregiver counsel safety	X	-
100F Tii	meout to verify correct patient, correct site, and correct procedure, documented (path)9	X	<u> </u>
101F Sa	afety counsel dementia prov	Х	-

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	Safety counsel dementia ord	Х	_
	Counsel risks driving and alternatives	X	_
	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	X	
	Patient information entered into a recall system that includes: target date for the next exam specified and a process to		
70101	Tation information critored into a recall system that molades, target date for the next exam specified and a process to	Х	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	Х	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	Х	-
9001F	Immunohisto antibod add slid	Х	-
9002F	Aortic aneurysm 5-5.4cm diam	Х	-
9003F	Aortic anrysm5.5-5.9cm diam	Х	-
9004F	Aortic anrysm 6/> cm diam	Х	-
9005F	Asympt carot/vrtbrbas sten	Х	-
9006F	Sympt sten-tia/strk<120days	Х	-
	Other carot sten 120 days/>	X	-
A0021	Outside state ambulance serv	Х	-
	Noninterest escort in non er	Х	-
A0090	Interest escort in non er	Х	-
A0100	Nonemergency transport taxi	Х	-
	Nonemergency transport bus	Х	-
A0120	Noner transport mini-bus	Х	-
A0130	Noner transport wheelch van	Х	-
A0140	Nonemergency transport air	Х	-
A0160	Noner transport case worker	Х	-
A0170	Noner transport parking fees	Х	-
A0180	Noner transport lodgng recip	Х	-
	Noner transport meals recip	Х	-
A0200	Noner transport lodgng escrt	Х	-
A0210	Noner transport meals escort	Х	-
A0225	Neonatal emergency transport	Х	-
A0380	Basic life support mileage	Х	-
A0382	Basic support routine suppls	Х	-
	Bls defibrillation supplies	Х	-
A0390	Advanced life support mileag	Х	-
	Als defibrillation supplies	Х	-
	Als iv drug therapy supplies	Х	-
	Als esophageal intub suppls	Х	-
A0398	Als routine disposble suppls	Х	-
	Ambulance 02 life sustaining	Х	-

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. ,	nedications and should be directed to the Pharmacy link option within the website.		
A0428	Bls	-	X
A0888	Noncovered ambulance mileage	Х	ı
A2001	Innovamatrix ac, per sq cm	Х	ı
A2002	Mirragen adv wnd mat per sq	X	•
A2003	Bio-connekt wound matrix	Х	ı
A2004	Xcellistem, 1 mg	Х	-
A2005	Microlyte matrix, per sq cm	X	-
A2006	Novosorb synpath per sq cm	Х	-
A2007	Restrata, per sq cm	Х	1
A2008	Theragenesis, per sq cm	Х	-
A2009	Symphony, per sq cm	Х	-
A2010	Apis, per square centimeter	X	-
A2011	Supra sdrm, per square cm	X	-
A2012	Suprathel, per sq cm	Х	-
A2013	Innovamatrix fs, per sq cm	Х	-
A2014	Omeza collag per 100 mg	X	-
	Phoenix wnd mtrx, per sq cm	X	-
A2016	Permeaderm b, per sq cm	Х	-
	Permeaderm glove, each	X	-
A2018	Permeaderm c, per sq cm	X	-
A2019	Kerecis omega3 marigen shield, per square centimeter	Х	-
	Ac5 advanced wound system (ac5)	X	-
A2021	Neomatrix, per square centimeter	Х	-
A2022	Innovaburn or innovamatrix xI, per square centimeter	X	-
A2023	Innovamatrix pd, 1 mg	Х	-
A2024	Resolve matrix, per square centimeter	X	-
A2025	Miro3d, per cubic centimeter	Х	-
A2027	Matriderm, per square centimeter	Х	-
A2028	Micromatrix flex, per mg	X	-
A2029	Mirotract wound matrix sheet, per cubic centimeter	Х	-
A2030	Miro3d fibers, per mg	X	-
A2031	Mirodry, per sq cm	X	-
A2032	Myriad matrix, per sq cm	Х	-
A2033	Myriad morcells, 4 mg	Х	-
A2034	Found drs solo, per sq cm	Х	-
	Corpl p therac p allac p mg	Х	•
A4100	Skin sub fda clrd as dev nos	Х	-
A4210	Nonneedle injection device	X	-
Δ4232	Syringe w/needle insulin 3cc	Х	-

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<u> </u>	cations and should be directed to the Pharmacy link option within the website.	<del>                                     </del>	X
	dju cgm supply allowance	-	X
	upply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and	-	X
	ccessories, 1 month supply = 1 unit of service	V	
	rine reagent strips/tablets	X	<del>-</del>
	ood ketone test or reagent strip, each	X	<u>-</u>
	ervical cap contraceptive	Х	-
	emporary tear duct plug	-	X
	ermanent implantable contraceptive intratubal occlusion device(s) and delivery system	X	-
	aphragm for contraceptive use	X	-
	ontraceptive supply, condom, male, each	X	-
	ontraceptive supply, condom, female, each	X	-
	ontraceptive supply, spermicide (e.g., foam, gel), each	X	-
A4287 Di	sposable collection and storage bag for breast milk, any size, any type, each	X	-
A4305 Di	rug delivery system >=50 ml	X	-
A4306 Di	rug delivery system <=5 ml	X	-
44457 Er	nema tube, with or without adapter, any type, replacement only, each	Х	-
44465 No	on-elastic extremity binder	X	-
44467 Be	elt strap sleev grmnt cover	X	-
44468 Ex	sufflation belt, includes all supplies and accessories	X	-
	pove knee surgical stocking	Х	-
44495 Tr	nigh length surg stocking	Х	-
	elow knee surgical stocking	Х	-
	ıll length surg stocking	Х	-
	continence garment anytype	Х	-
	stal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Х	-
	upplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Х	-
	ectrode for external lower extremity nerve stimulator for restless legs syndrome	Х	-
44545 St	upplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one onth	Х	-
A4553 No	ondisp underpads, all sizes	Х	-
	sposable underpads	X	-
	a tx e-stim electr/transduc	X	_
	euromuscular electrical stimulator (nmes), disposable, replacement only	X	-
	nould sling/vest/abrestrain	X	-
44570 Sr		X	-
	yperbaric o2 chamber disps	X	-
	ast supplies (plaster)	X	
	pecial casting material	X	
	es system monthly supp	X	<u> </u>

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pecialty medications and should be directed to the Pharmacy link option within the website.  A4606 Oxygen probe for use with oximeter device, replacement	X	_
	X	-
A4611 Heavy duty battery	X	-
A4612 Battery cables		-
A4613 Battery charger	X	-
A4627 Spacer bag/reservoir	X .	- V
A4649 Surgical supplies	-	X
A4670 Auto blood pressure monitor	X	-
A5508 Diabetic deluxe shoe	X	-
A6000 Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	X	-
A6025 Silicone gel sheet, each	Х	-
A6250 Skin seal protect moisturizr	X	-
A6260 Wound cleanser any type/size	X	-
A6413 Adhesive bandage, first-aid type, any size, each	X	-
A6544 Gradient compression stocking, garter belt	X	-
A6549 Gradient compression stocking/sleeve, not otherwise specified	-	X
A6550 Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Χ
A7023 Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-
A7025 High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	Χ
A7049 Expiratory positive airway pressure intranasal resistance valve	Х	-
A9152 Single vitamin nos	Х	-
A9153 Multi-vitamin nos	Х	-
A9154 Artificial saliva, 1 ml	Х	-
A9156 Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	Х	-
A9180 Naturopaths	Х	-
A9268 Programmer for transient, orally ingested capsule	Х	-
A9269 Programable, transient, orally ingested capsule, for use with external programmer, per month	X	-
A9270 Non-covered item or service	Х	-
A9272 Disp wound suct, drsg/access	X	-
A9273 Hot/cold h2obot/cap/col/wrap	X	-
A9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Х	-
A9275 Home glucose disposable monitor, includes test strips	Х	-
A9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one	Х	-
un A9277 Transmitter; external, for use with interstitial continuous glucose monitoring system	+	
	X	-
A9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	X	-
Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	Х	-
A9280 Alert or alarm device, not otherwise classified	Х	-

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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 i		
	edications and should be directed to the Pharmacy link option within the website.		
49281	Reaching/grabbing device, any type, any length, each	X	-
	Wig, any type, each	Х	-
49283	Foot pressure off loading/supportive device, any type, each	X	-
49286	Any hygienic item, device	Х	-
49291	Pres digital behav thera fda	Х	-
49292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	-
49293	Fertility cycl tracking soft	X	-
49300	Exercise equipment	X	-
49574	Air poly intrauterine foam	X	-
49586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	-
49590	lodine i-131 iobenguane 1mci	-	X
49699	Supply of radiopharmaceutical therapeutic imaging agent, not otherwiseclassified	-	X
	Supply/accessory/service	-	X
49999	Miscellaneous dme supply or accessory, not otherwise specified	-	X
34100	Food thickener, administered orally, per ounce	Х	-
39999	Parenteral supp not othrws c	-	X
C1760	Closure device, vascular (implantable/ insertable)	-	X
C1789	Prothesis, breast (implantable)	-	X
C1813	Prothesis, penile, inflatable	-	X
C1818	Integrated keratoprosthesis	-	X
C1825	Gen, neuro, carot sinus baro	-	X
C1832	Auto cell process sys	Х	-
C1834	Pressure sensor system, im	-	X
C1840	Lens, intraocular (telescopic)	-	X
C1886	Catheter, extravascular tissue ablation, any modality (insertable)	-	X
C2613	Lung bx plug w/deliv sys	-	X
C2616	Brachytherapy seed, yttrium-90	-	X
C2622	Prothesis, penile, non-inflatable	-	X
C2624	Wireless pressure sensor	-	X
C7504	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional		
	cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X
	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional		
	cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	X
	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	Х

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	ease 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 cations and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drugs,
-	ercutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including	<u> </u>	
	avity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg,		Χ
	phoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	_	^
	acement of endorectal intracavitary applicator for high intensity brachytherapy	_	X
	icrowave bronch, 3d, ebus	-	^ X
	ardiac mri seg dys strain	-	X
	ardiac mri seg dys stram ardiac mri seg dys stress	_	X
	ndo sleeve gastro w/tube	X	^
	ndo sieeve gastro w/tube	X	-
	pto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and	^	-
	port, obtained with ultrasound examination	X	-
	port, obtained with ditrasound examination istotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance		
9790	istotripsy (le, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	-
	inded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure;		
tra	anscatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging		
ne	ecessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound,	X	-
flu	uoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)		
	eriodic oral examination	Х	-
	mited oral evaluation - problem-focused	Χ	-
	ral evaluation for a patient under three years of age and counseling with primary caregiver	Χ	-
	omprehensive oral evaluation	Χ	-
0160 D	etailed and extensive oral evaluation - problem-focused, by report	Χ	-
0170 R	e-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-
0171 R	e-evaluation- post operative office visit	Χ	-
0180 C	omprehensive periodontal evaluation - new or established patient	X	-
0190 A	screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Х	-
	limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or	Х	
	jury, and the potential need for referral for diagno		
	traoral- complete series of radiographic images	Х	-
	traoral- periapical first radiographic image	Х	-
	traoral- periapical each additional radiographic image	Х	-
	traoral- occlusal radiographic image	-	X
	xtra-oral 2d projection radiographic image created using a stationary radiation source, and detector	Х	-
	xtra-oral posterior dental radiographic image	Х	-
	tewing- single radiographic image	Х	-
	tewings- two radiographic images	X	-
ງ273 Bi	tewings- three radiographic images	X	<u>-</u>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D0274 Bitewings- four radiographic images	-	X
00277 Vertical bitewings- 7 to 8 radiographic images	X	-
00310 Sialography	X	-
D0320 Temporomandibular joint arthrogram, including injection	X	-
Other temporomandibular joint radiographic images, by report	X	-
00322 Tomographic survey	X	-
0330 Panoramic radiographic image	X	-
00340 2d cephalometric radiographic image-acquisition, measurement and analysis	X	-
0350 2d oral/facial photographic image obtained intra-orally or extra-orally	X	-
0351 3d photographic image	X	-
O364 Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-
0365 Cone beam ct capture and interpretation with field of view of one dental arch-mandible	X	-
Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Х	-
0367 Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-
0368 Cone beam ct capture and interpretation for tmj series including two or more exposures	X	-
0369 Maxillofacial mri capture and interpretation	Х	-
0370 Maxillofacial ultrasound capture and interpretation	X	-
0371 Sialoendoscopy capture and interpretation	X	-
0372 Intraoral tomosynthesis - comprehensive seris of rediographic images	Х	-
0373 Intraoral tomosynthesis - bitewing radiographic image	X	-
0374 Intraoral tomosynthesis - periapical radiographic image	Х	-
0380 Cone beam ct image capture with limited field of view- less than one whole jaw	Х	-
0381 Cone beam ct image capture with field of view of one full dental arch-mandilbe	X	-
0382 Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-
0383 Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-
0384 Cone beam ct image capture for tmj series including two or more exposures	X	-
0385 Maxillofacial mri image capture	Х	-
0386 Maxillofacial ultrasound image capture	X	-
0387 Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	X	-
0388 Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	-
0389 Intraoral tomosynthesis - periapical radiographic image- image capture only	Х	-
0391 Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	Х	-
0393 Treatment simulation using 3d image volume	Х	-
0394 Digital subtraction of two or more images or image volumes of the same modality	Х	-
0395 Fusion of two or more 3d image volumes of one or more modalities	Х	-
0396 3D printing of a 3D dental surface scan to obtain a physical model.	X	-
0411 Hba1c in-office point of service testing	X	-
0412 Blood glucose level test-in-office using a glucose meter	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D0414 Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of	f X	-
written report		
D0415 Bacteriologic studies for determination of pathologic agents	X	-
00416 Viral culture	X	-
O0417 Collection and preparation of saliva sample for laboratory diagnostic testing	X	-
00418 Analysis of saliva sample	X	-
00419 Assessment of salivary flow by measurement	X	-
00422 Collection and preparation of genetic sample material for laboratory analysis and report	X	-
00423 Genetic test for susceptibility to diseases- specimen analysis	Х	-
00425 Caries susceptibility tests	X	-
00431 Diag tst detect mucos abnorm	X	-
00460 Pulp vitality tests	X	-
00470 Diagnostic casts	X	-
00472 Accession of tissue gross examination prep/transmission of written report	X	-
O0473 Accession of tissue gross and microscopic examination prep/trans of report	Х	-
00474 Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-
00475 Decalcification procedure	Х	-
00476 Spec stains for microorganis	Х	-
00477 Spec stains not for microorg	Х	-
00478 Immunohistochemical stains	Х	-
00479 Tissue in-situ hybridization	Х	-
00480 Processing and interpretation of cytologic smears incl the prep/trans of written report	Х	-
00481 Electron microscopy	Х	-
00482 Direct immunofluorescence	Х	-
00483 Indirect immunofluorescence	Х	-
00484 Consult slides prep elsewher	X	-
00485 Consult inc prep of slides	Х	-
00486 Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of		
written report	X	-
00502 Other oral pathology procedures, by report	Х	-
Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel,		
dentin, and cementum	X	-
00601 Caries risk assessment and documentation, with a finding of low risk	X	_
D0602 Caries risk assessment and documentation, with a finding of moderate risk	X	_
00603 Caries risk assessment and documentation, with a finding of high risk	X	_
200636 Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	$\frac{1}{x}$	<u> </u>
200701 Panoramic radiographic image – image capture only	X	
20701   Falloramic radiographic image – image capture only	X	
20702   2-d cephalometric radiographic image – image capture only   2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	<u>-</u>

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pecialty medications and should be directed to the Pharmacy link option within the website.	T v	I
20704 3-d photographic image – image capture only	X	-
20705 Extra-oral posterior dental radiographic image – image capture only	X	-
20706 Intraoral – occlusal radiographic image – image capture only	X	-
20707 Intraoral – periapical radiographic image – image capture only	X	-
20708 Intraoral – bitewing radiographic image – image capture only	X	-
20709 Intraoral – complete series of radiographic images – image capture only	X	-
200801 3d dental surface scan -direct	X	-
20802 3d dental surface scan - indirect	X	-
20803 3d facial surface scan - direct	X	-
20804 3d facial surface scan - indirect	X	-
20999 Unspecified diagnostic procedure, by report	X	-
21110 Prophylaxis-adult	X	-
21120 Prophylaxis-child	X	-
21206 Topical application of fluoride varnish	X	-
D1208 Topical application of fluoride- excluding varnish	X	-
21301 3D printing of a 3D dental surface scan to obtain a physical model.	X	-
Nutritional counseling for the control of dental disease	X	-
1320 Tobacco counseling for the control and prevention of oral disease	X	-
D1321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high	1- X	_
risk substance use		
Oral hygiene instruction	X	-
01351   Sealant-per tooth	X	-
Prev resin rest, perm tooth	X	-
1353 Sealant repair- per tooth	X	-
11354 Interim caries arresting medicament application-per tooth	X	-
1355 Caries preventive medicament application – per tooth	X	-
1510 Space maintainer-fixed unilateral	X	-
1516 Space maintainer-fixed-bilateral, maxillary	X	-
1517 Space maintainer-fixed-bilateral, mandibular	X	-
1520 Space maintainer-removable unilateral	X	-
1526 Space maintainer -removable-bilateral, maxillary	X	-
01527 Space maintainer -removable-bilateral, mandibular	X	-
P1551 Re-cement or re-bond bilateral space maintainer-maxillary	Х	-
01552 Re-cement or re-bond bilateral space maintainer-mandibular	Х	-
21553 Re-cement or re-bond unilateral space maintainer-per quadrant	X	-
01556 Removal of fixed unilateral space maintainer- per quadrant	X	-
1557 Removal of fixed bilateral space maintainer- maxillary	X	-
1558 Removal of fixed bilateral space maintainer- mandibular	X	-
01575 Distal shoe space maintainer-fixed-unilateral	Х	-

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D1781 Vaccine administration - human papillomavisrus - dose 1	X	-
D1782 Vaccine administration - human papillomavisrus - dose 2	X	-
D1783 Vaccine administration - human papillomavisrus - dose 3	X	-
D1999 Unspecified preventive procedure, by report	X	-
D2140 Amalgam-one surface, permanent	X	-
D2150 Amalgam-two surfaces, permanent	X	-
D2160 Amalgam-three surfaces, permanent	X	-
D2161 Amalgam-fouror more surfaces, permanent	X	-
D2330 Resin-one surface, anterior	X	-
D2331 Resin-two surfaces, anterior	Х	-
D2332 Resin-three surfaces, anterior	X	-
D2335 Resin-fouror more surfacesor involving incisal angle (anterior)	Х	-
D2390 Resin-based composite crown, anterior	Х	-
D2391 Resin-based composite - one surface, posterior	X	-
D2392 Resin-based composite - two surfaces, posterior	Х	-
D2393 Resin-based composite - three surfaces, posterior	X	-
D2394 Resin-based composite - four or more surfaces, posterior	X	-
D2410 Gold foil-one surface	Х	-
D2420 Gold foil-two surfaces	X	-
D2430 Gold foil-three surfaces	X	-
D2510 Inlay-metallic-one surface	X	-
D2520 Inlay-metallic-two surfaces	X	-
D2530 Inlay-metallic-three surfaces	X	-
D2542 Onlay - metallic - two surfaces	X	-
D2543 Onlay - metallic - three surfaces	X	-
D2544 Onlay - metallic - four or more surfaces	X	-
D2610 Inlay-porcelain/ceramic-one surface	X	-
D2620 Inlay-porcelain/ceramic-two surfaces	X	-
D2630 Inlay-porcelain/ceramic-three surfaces	X	-
D2642 Onlay - porcelain/ceramic - two surfaces	X	-
D2643 Onlay - porcelain/ceramic - three surfaces	X	-
D2644 Onlay - porcelain/ceramic - four or more surfaces	X	-
D2650 Inlay-composite/resin-one surface (laboratory processed)	X	-
D2651 Inlay-composite/resin-two surfaces (laboratory processed)	X	-
D2652 Inlay-composite/resin-three surfaces (laboratory processed)	X	<u> </u>
D2662 Onlay - composite/resin - two surfaces (laboratory processed)	X	-
D2663 Onlay - composite/resin - three surfaces (laboratory processed)	X	-
D2664 Onlay - composite/resin - four or more surfaces (laboratory processed)	X	-
D2710 Crown resin (laboratory)	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D2712 Crown 3/4 resin-based compos	X	-
D2720 Crown-resin with high noble metal	Х	<u> </u>
D2721 Crown-resin with predominantly base metal	X	<u> </u>
D2722 Crown-resin with noble metal	X	-
D2740 Crown-porcelain/ceramic	X	-
D2750 Crown-porcelain fused to high noble metal	X	-
D2751 Crown-procelain fused to predominantly base metal	X	-
D2752 Crown-porcelain fused to noble metal	X	-
D2753 Crown-porcelain fused to titanium and titanium alloys	X	-
D2780 Crown - 3/4 cast high noble metal	X	-
D2781 Crown - 3/4 cast predominately base metal	X	-
D2782 Crown - 3/4 cast noble metal	X	-
D2783 Crown - 3/4 porcelain/ceramic	X	-
D2790 Crown-full cast high noble metal	X	-
D2791 Crown-full cast predominantly base metal	X	-
D2792 Crown-full cast noble metal	X	_
D2794 Crown-titanium	X	-
D2799 Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	X	-
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	X	-
D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	-
D2920 Re-cement or re-bond crown	X	-
D2921 Reattachment of tooth fragment, incisal edge or cusp	X	-
D2928 Prefabricated porcelain/ceramic crown – permanent tooth	X	-
D2929 Prefabricated porcelain/ceramic crown- primary tooth	Х	-
D2930 Prefabricated stainless steel crown-primary tooth	X	-
D2931 Prefabricated stainless steel crown-permanent tooth	X	-
D2932 Prefabricated resin crown	X	-
D2933 Prefabricated stainless steel crown with resin window	X	-
D2934 Prefab steel crown primary	X	-
D2940 Protective restoration	X	-
D2941 Interim therapeutic restoration- primary dentition	Х	-
D2949 Restorative foundation for an indirect restoration	Х	-
D2950 Core buildup, including any pins when required	X	-
D2951 Pin retention-per tooth, in addition to restoration	X	-
D2952 Cast post and core in addition to crown	X	-
D2953 Each additional cast post - same tooth	X	_
D2954 Prefabricated post and core in addition to crown	X	_
D2955 Post removal	X	_
D2956 Iremoval of an indirect restoration on a natural tooth	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.	T V T	
D2957 Each additional prefabricated post - same tooth	X	-
D2960 Labial veneer (laminate)-chairside	X	-
D2961 Labial veneer (resin laminate)-laboratory	Х	-
D2962 Labial veneer (porcelain laminate)-laboratory	X	-
D2971 Add proc construct new crown	X	-
D2975 Coping	X	-
D2976 A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for the full cuspal coverage restoration.	X	-
D2980 Crown repair necessitated by restorative material failure	Х	-
D2981 Inlay repair necessitated by restorative material failure	X	-
D2982 Onlay repair necessitated by restorative material failure	Х	-
D2983 Veneer repair necessitated by restorative material failure	Х	-
D2989 Excavation of a tooth resulting in the determination of non-restorability	Х	-
D2990 Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion	Х	-
D2991 Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.	Х	-
D2999 Unspecified restorative procedure, by report	Х	-
D3110 Pulp cap-direct (excluding final restoration)	Х	-
D3120 Pulp cap-indirect (excluding final restoration)	Х	-
D3220 Therapeutic pulpotomy (excluding final restoration)	Х	-
D3221 Gross pulpal debridement primary and permanent teeth	Х	_
D3222 Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Х	-
D3230 Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	Х	-
D3240 Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	Х	-
D3310 Anterior (excluding final restoration)	Х	_
D3320 Endodontic therapy, premolar tooth (excluding final restoration)	Х	-
D3330 Endodontic therapy, molar tooth (excluding final restoration)	Х	-
D3331 Treatment of root canal obstruction; non-surgical access	Х	_
D3332 Incomplete endodontic therapy; inoperable or fractured tooth	Х	-
D3333 Internal root repair of perforation defects	Х	_
D3346 Retreatment-anterior, by report	Х	-
D3347 Retreatment of previous root canal therapy-premolar	Х	-
D3348 Retreatment-molar, by report	X	-
D3351 Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	X	-
D3352 Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space		
disinfection, etc.)	X	-
D3353 Apexification/recalcification-final visit (includes completed root can	Х	-
D3355 Pulpal regeneration- initial visit	X	_
D3356 Pulpal regeneration- interim medication replacement	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D3357 Pulpal regeneration- completion of treatment	X	-
D3410 Apicoectomy-anterior	X	-
D3421 Apicoectomy-premolar (first root)	X	-
D3425 Apicoectomy - molar (first root)	X	-
D3426 Apicoectomy - (each additional root)	X	-
D3428 Bone graft in conjunction with periradicular surgery- per tooth, single site	X	-
D3429 Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	X	-
D3430 Retrograde filling-per root	X	-
D3431 Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Х	-
D3432 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Х	-
D3450 Root amputation-per root	Х	-
D3460 Endodontic endosseous implant	Х	_
D3470 Intentional replantation (including necessary splinting)	Х	-
D3471 Surgical repair of root resorption - anterior	Х	-
D3472 Surgical repair of root resorption – premolar	Х	-
D3473 Surgical repair of root resorption – molar	Х	-
D3501 Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Х	-
D3502 Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	X	-
D3503 Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Х	-
D3910 Surgical procedure for isolation of tooth with rubber dam	Х	-
D3911 Intraorifice barrier	Х	-
D3920 Hemisection (including any root removal), not including root canal the	Х	-
D3921 Decoronation or submergence of an erupted tooth	Х	-
D3950 Canal preparation and fitting of preformed dowelor post	X	-
D3999 Unspecified endodontic procedure, by report	X	_
04210 Gingivectomyor gingivoplasty-per quadrant	X	-
04211 Gingivectomyor gingivoplasty-per tooth	Х	_
D4212 Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Х	-
04230 Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	X	-
D4231 Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Х	-
D4240 Gingival flap procedure, including root planing-per quadrant	X	•
D4241 Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	-
D4245 Apically positioned flap	X	-
D4249 Crown lengthening-hard and soft tissue, by report	X	-
D4260 Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant	X	-
D4261 Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
	Bone replacement graft - retained natural tooth - first site in quadrant	Х	-
	Bone replacement graft - retained natural tooth - each additional site in quadrant	X	-
	Biologic materials to aid in soft and osseous tissue regeneration	X	=
	Guided tissue regeneration - resorbable barrier, per site, per tooth	X	-
	Guided tissue regeneration - non-resorbable barrier, per site, per too	X	-
04268	Surgical revision procedure per tooth	X	-
)4270	Pedicle soft tissue graft procedure	X	-
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-
)4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Х	-
04275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	Х	-
)4276	Combined connective tissue and double pedicle graft	Х	-
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft	X	-
04278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site	Х	-
04283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra	Х	-
04285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position	Х	-
)4286	Removal of non-resorbable barrier	Х	-
	Provisional splinting-intracoronal	X	_
	Provisional splinting-extracoronal	X	-
	Splint - intra-coronal; natural teeth or prosthetic crowns	X	-
	Splint - extra-coronal; natural teeth or prosthetic crowns	X	-
	Periodontal scaling and root planing-per quadrant	X	-
	Periodontal scaling and root planing - one to three teeth, per quadrant	X	_
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	X	-
	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	-	Х
	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Х	-
4910	Periodontal maintenance procedures (following active therapy)	Х	-
	Unscheduled dressing change (by someone other than treating dentist)	Х	-
	Gingival irrigation- per quadrant	Х	-
	Unspecified periodontal procedure, by report	Х	-
	Complete upper	Х	-
	Complete lower	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
5130 Immediate upper	X	-
5140 Immediate lower	X	-
5211 Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	X	-
5212 Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	X	-
5213 Upper partial-cast metal base with resin saddles (including any conven	X	-
5214 Lower partial-cast metal base with resin saddles (including any conven	X	-
5221 Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	X	-
5222 Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-
Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	X	-
5224 Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional		
,	X	-
clasps, rests and teeth	X	
5225 Maxillary part denture flex		<u>-</u>
5226 Mandibular part denture flex	X	-
5227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	X	-
5228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	-
5282 Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-
5283 Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	Х	-
5284 Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	X	-
5286 Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	X	-
5410 Adjust complete denture-upper	X	-
5411 Adjust complete denture-lower	X	-
5421 Adjust partial denture-upper	X	-
5422 Adjust partial denture-lower	X	-
5511 Repair broken complete denture base, mandibular	X	-
5512 Repair broken complete denture base, maxillary	Х	-
5520 Replace missingor broken teeth-complete denture (each tooth)	Х	-
5611 Repair resin partial denture base, mandibular	Х	-
5612 Repair resin partial denture base, maxillary	Х	-
5621 Repair cast partial framework, mandibular	Х	-
5622 Repair cast partial framework, maxillary	Х	-
5630 Repair or replace broken retentive/clasping materials per tooth	Х	-
5640 Replace broken teeth-per tooth	X	-
5650 Add tooth to existing partial denture	X	-
5660 Add clasp to existing partial denture- per tooth	X	-
5670 Replace all teeth and acrylic on cast metal framework (maxillary)	X	-
5671 Replace all teeth and acrylic on cast metal framework (mandibular)	X	-
5710 Rebase complete upper denture	X	
5710 Rebase complete apper dentare 5711 Rebase complete lower dentare	X	<u>-</u>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D5720 Rebase upper partial denture	X	-
D5721 Rebase lower partial denture	X	-
D5725 Rebase hybrid prosthesis	X	-
D5730 Reline upper complete denture (chairside)	X	-
D5731 Reline lower complete denture (chairside)	Х	<u> </u>
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	-
D5821 Interim partial denture (lower)	X	-
D5850 Tissue conditioning, upper-per denture unit	X	-
D5851 Tissue conditioning, lower-per denture unit	X	-
D5862 Precision attachment, by report	X	-
D5863 Overdenture- complete maxillary	X	-
D5864 Overdenture- partial maxillary	X	-
D5865 Overdenture- complete mandibular	X	-
D5866 Overdenture- partial mandibular	Х	-
D5867 Replacement of replaceable part of semi-precision/attachment (m/f component)	Х	-
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	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D5927 Auricular prosthesis, replacement	X	-
D5928 Orbital prosthesis, replacement	X	-
D5929 Facial prosthesis, replacement	X	-
D5931 Obturator prosthesis, surgical	X	-
Obturator prosthesis, definitive	X	-
O5933 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	X	-
D5953 Speech aid prosthesis, adult	X	-
D5954 Palatal augmentation prosthesis	X	-
D5955 Palatal lift prosthesis, definitive	X	-
D5958 Palatal lift prosthesis, interim	X	-
D5959 Palatal lift prosthesis, modification	X	-
D5960 Speech aid prosthesis, modification	X	-
D5982 Surgical stent	X	-
D5983 Radiation carrier	X	-
D5984 Radiation shield	X	-
05985 Radiation cone locator	X	_
D5986 Fluoride gel carrier	X	-
D5987 Commissure splint	X	-
D5988 Surgical splint	X	-
05991 Vesiculobullous disease medicament carrier	X	_
D5992 Adjust max prost appliance	X	_
D5993 Main/clean max prosthesis	X	_
D5995 Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X	_
D5996 Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	X	
D5999 Unspecified maxillofacial prosthesis, by report	X	_
06010 Surgical placement of implant body: endosteal implant. see also 21248	X	<u> </u>
06011 Second stage implant surgery	X	<u> </u>
D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X	<u> </u>
	X	-
06013 Surgical placement of mini implant		<u>-</u>
06040 Subperiosteal implant	X	-
06050 Transosseous implant	X	-
D6051 Includes placement and removal. a healing cap is not an interim abutment	X	-
06055 Implant connecting bar	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.	V	
6056 Prefabricated abutment- includes modification and placement	X	-
6057 Custom fabricated abutment- includes placement	X	-
Abutment supported porcelain/ceramic crown	X	-
Abutment supported porcelain fused to metal crown (high noble metal)	X	-
Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-
Abutment supported porcelain fused to metal crown (noble metal)	X	-
Abutment supported cast metal crown (high noble metal)	X	-
Abutment supported cast metal crown (predominantly base metal)	X	-
Abutment supported cast metal crown (noble metal)	X	-
6065 Implant supported porcelain/ceramic crown	X	-
6066 Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	-
6067 Implant supported metal crown (titanium/alloy high noble metal)	X	-
6068 Abutment supported retainer for porcelain/ceramic fpd	X	-
6069 Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	•
6070 Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	-
6071 Abutment supported retainer for porcelain fused to metal fpd (noble metal)	Х	-
6072 Abutment supported retainer for cast metal fpd (high noble metal)	X	-
6073 Abutment supported retainer for cast metal fpd (predominately base metal)	Х	-
6074 Abutment supported retainer for cast metal fpd (noble metal)	Х	-
6075 Implant supported retainer for ceramic fpd	Х	•
6076 Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	Х	•
6077 Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	Х	-
6080 Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prosthes	bne ses	
abutments	X	-
6081 Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of t	the	
implant surfaces, without flap entry and closure	X	-
6082 Implant supported crown-porcelain fused to predominantly base alloys	Х	-
6083 Implant supported crown-porcelain fused to noble alloys	X	-
6084 Implant supported crown-porcelain fused to titanium and titanium alloys	X	-
6085 Provisional implant crown	X	-
6086 Implant supported crown-predominantly base alloys	X	_
6087 Implant supported crown-noble alloys	X	_
6088 Implant supported crown-titanium and titanium alloys	X	_
6089 Accessing and retorquing loose implant screw - per screw	X	_
6090 Repair implant, by report	X	
6091 Replacement of semi-precision or precision attachment (male or female component) of implant/abutment suppo		-
	X	-
prosthesi 6002 Re coment or re hand implant/abutment curported crown		
Re-cement or re-bond implant/abutment supported crown  Re-cement or re-bond implant/abutment supported fixed partial denture	X	-

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D6094 Abut support crown titanium	X	-
D6095 Repair implant abutment, by report. see also code 21299	X	-
D6096 Remove broken implant retaining screw	X	-
D6097 Abutment supported crown-porcelain fused to titanium and titanium alloys	X	-
D6098 Implant supported retainer-porcelain fused to predominantly base alloys	Х	-
D6099 Implant supported retainer for fpd-porcelain fused to noble alloys	X	-
D6100 Implant removal, by report	X	-
Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed	Х	-
implant surfaces, including flap entry and closure  Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes		
	X	-
surface cleaning of the exposed implant surfaces	V	
D6103 Bone graft for repair of peri-implant defect- does not include flap entry and closure.	X	-
Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	X	-
D6105 Removal of implant body not requiring bone removal nor flap elevation	Х	-
06106 Guided tissue regeneration - resorbable barrier, per implant	Х	-
06107 Guided tissue regeneration - non-resorbable barrier, per implant	Х	-
D6110 Implant/abutment supported removable denture for edentulous arch-maxillary	Х	_
D6111 Implant/ abutment supported removable denture for edentulous arch- mandibular	Х	-
D6112 Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Х	-
D6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Х	_
D6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary	X	-
D6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-
D6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	X	-
D6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	_
D6118 Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	X	_
D6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	X	_
D6120 Implant supported retainer -porcelain fused to titanium and titanium alloys	X	
D6121 Implant supported retainer for metal fpd -predominantly base alloys	X	_
D6122 Implant supported retainer for metal fpd -predominantly base alloys	X	
D6123 Implant supported retainer for metal fpd -froble alloys	X	
D6180 implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of	^	
prosthesis and abutments	X	-
D6190 Radio/surgical implant index	X	-
D6191   Semi-precision abutment – placement	X	
D6192 Semi-precision attachment – placement	X	
D6193 replacement of an implant screw	X	<u>-</u>
D6194 Abut support retainer titani	X	<u>-</u>
6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.		
Replacement of restorative material used to close an access opening of a screw-retained implant supported	X	-
prosthesis, per implant		
D6198 Remove interim implant component	X	-
D6199 Unspecified implant procedure, by report	X	-
Pontic-indirect resin based	X	-
Pontic-cast high noble metal	X	-
Pontic-cast predominantly base metal	X	-
Pontic-cast noble metal	X	-
Pontic titanium	X	-
Pontic-porcelain fused to high noble metal	X	-
Pontic-porcelain fused to predominantly base metal	X	-
6242 Pontic-porcelain fused to noble metal	X	-
6243 Pontic-porcelain fused to titanium and titanium alloys	X	-
6245 Pontic - porcelain/ceramic	X	-
6250 Pontic-resin with high noble metal	X	-
6251 Pontic-resin with predominantly base metal	Х	-
6252 Pontic-resin with noble metal	X	=
6253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-
6545 Retainer-cast metal for acid etched fixed prosthesis	X	-
6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-
6549 Resin retainer- for resin bonded fixed prosthesis	X	-
6600 Retainer inlay-porcelain/ceramic, two surfaces	X	-
6601 Retainer inlay - porcelain/ceramic, three or more surfaces	Х	-
6602 Retainer inlay - cast high noble metal, two surfaces	X	-
6603 Retainer inlay - cast high noble metal, three or more surfaces	X	-
6604 Retainer inlay - cast predominantly base metal, two surfaces	Х	-
6605 Retainer inlay - cast predominantly base metal, three or more surfaces	X	-
6606 Retainer inlay - cast noble metal, two surfaces	X	-
6607 Retainer inlay - cast noble metal, three or more surfaces	Х	-
6608 Retainer onlay - porcelain/ceramic, two surfaces	X	-
6609 Retainer onlay - porcelain/ceramic, three or more surfaces	X	-
6610 Retainer onlay - cast high noble metal, two surfaces	Х	-
6611 Retainer onlay - cast high noble metal, three or more surfaces	Х	-
6612 Retainer onlay - cast predominantly base metal, two surfaces	Х	-
6613 Retainer onlay - cast predominantly base metal, three or more surfaces	Х	-
6614 Retainer onlay - cast noble metal, two surfaces	Х	-
6615 Retainer onlay - cast noble metal, three or more surfaces	X	-
6624 Retainer inlay titanium	X	-
06634 Retainer onlay titanium	X	-

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specialty m	nedications and should be directed to the Pharmacy link option within the website.		
D6710	Retainer crown-indirect resin based composite	X	-
D6720	Retainer crown-resin with high noble metal	X	-
D6721	Retainer crown-resin with predominantly base metal	Х	-
D6722	Retainer crown-resin with noble metal	Х	-
D6740	Retainer crown - porcelain/ceramic	Х	-
D6750	Retainer crown-porcelain fused to high noble metal	Х	-
D6751	Retainer crown-porcelain fused to predominantly base metal	Х	-
D6752	Retainer crown-porcelain fused to noble metal	Х	-
D6753	Retainer crown-porcelain fused to titanium and titanium alloys	X	-
D6780	Retainer crown-3/4 cast high noble metal	Х	-
D6781	Retainer crown - 3/4 cast predominately based metal	Х	-
D6782	Retainer crown - 3/4 cast noble metal	Х	-
D6783	Retainer crown - 3/4 porcelain/ceramic	Х	-
D6784	Retainer crown 3/4-titanium and titanium alloys	Х	-
D6790	Retainer crown-full cast high noble metal	Х	-
	Retainer crown-full cast predominantly base metal	X	-
D6792	Retainer crown-full cast noble metal	X	-
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-
	Retainer crown titanium	X	-
D6920	Connector bar	X	-
D6930	Re-cement or re-bond fixed partial denture	Х	-
D6940	Stress breaker	Х	-
D6950	Precision attachment	Х	-
D6980	Fixed partial denture repair, necessitated by restorative material failure	Х	-
D6985	Pediatric partial denture, fixed	X	-
D6999	Unspecified fixed prosthodontic procedure, by report	Х	-
D7111	Extraction, coronal remnants - primary tooth	Х	-
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	Х	
	mucoperiopsteal flap if indicated.	^	-
D7220	Removal of impacted tooth-soft tissue	Х	-
D7230	Removal of impacted tooth-partially bony	X	-
D7240	Removal of impacted tooth-completely bony	Х	-
	Removal of impacted tooth-completely bony, with unusual surgical compl	Х	-
D7250	Removal of residual tooth roots (cutting procedure)	X	-
D7251	Coronectomy	Х	-
D7252	partial extraction for immediate implant placement	Х	-
	nerve dissection	Х	-
D7260	Oral antral fistula closure	X	-

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ter: 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 medications and should be directed to the Pharmacy link option within the website.  Primary closure of a sinus perforation  Tooth re-implantation and/or stabilization of accidentally evulsedor d  Tooth transplantation	t information regarding  X  X  X	immunizations, injectable drugs, or
Primary closure of a sinus perforation Tooth re-implantation and/or stabilization of accidentally evulsedor d Tooth transplantation	Х	-
Tooth re-implantation and/or stabilization of accidentally evulsedor d     Tooth transplantation	Х	-
2 Tooth transplantation		
	X	-
		-
0 Exposure of an unerupted tooth	X	-
2 Mobilization of erupted or malpositioned tooth to aid eruption	X	-
3 Place device impacted tooth	X	<u>-</u>
4 Excisional biopsy of minor salivary glands	X	-
5 Incisional biopsy of oral tissue-hard (bone, tooth)	X	-
6 Incisional biopsy of oral tissue-soft	X	-
7 Cytology sample collection	X	-
8 Brush biopsy	Х	-
0 Surgical repositioning of teeth	Х	-
1 Transseptal fiberotomy	Х	-
2 Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	Х	-
3 Placement of temporary anchorage device requiring flap; includes device removal	Х	-
4 Placement of temporary anchorage device without flap; includes device removal	X	-
5 Bone harvest,auto graft proc	X	-
6 Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	Х	-
7 Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	Х	-
8 Removal of temporary anchorage device (screw retained plate), requiring flap	X	-
9 Removal of temporary anchorage device, requiring flap	Х	-
0 Removal of temporary anchorage device without flap	Х	-
0 Alveoloplasty in conjunction with extractions - per quadrant	Х	-
1 Alveoloplasty w/extract 1-3	Х	-
0 Alveoloplasty not in conjunction with extractions - per quadrant	Х	-
1 Alveoloplasty not w/extracts	Х	-
0 Vestibuloplasty-ridge extension (second epithelialization)	Х	-
0 Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	Х	-
0 Radical excision-lesion diameter up to 1.25 cm	Х	-
1 Excision of benign lesion greater than 1.25 cm	Х	-
2 Excision of benign lesion, complicated	Х	-
3 Excision of malignant lesion up to 1.25 cm	X	-
4 Excision of malignant lesion greater than 1.25 cm	X	-
5 Excision of malignant lesion, complicated	X	-
0 Excision of malignant tumor-lesion diameter up to 1.25 cm	X	-
1 Excision of malignant tumor-lesion diameter greater than 1.25 cm	X	-
0 Removal of odontogenic cystor tumor-lesion diameter up to 1.25 cm	X	-
1 Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	X	
0 Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	X	<u>-</u>

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specialty medications and should be directed to the Pharmacy link option within the website.		
D7461 Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	X	-
D7465 Destruction of lesion(s) by physicalor chemical methods, by report	X	-
D7471 Removal of exostosis - per site	X	-
D7472 Removal of torus palatinus	X	-
P7473 Removal of torus mandibularis	X	-
D7485 Reduction of osseous tuberosity	X	-
D7490 Radical resection of mandible with bone graft	X	-
D7509 Marsupialization of odontogenic cyst	X	-
D7510 Incision and drainage of abscess-intraoral soft tissue	X	-
D7511 Incision/drain abscess intra	X	-
D7520 Incision and drainage of abscess-extraoral soft tissue	X	-
D7521 Incision/drain abscess extra	X	-
D7530 Removal of foreign body, skin,or subcutaneous areolar tissue	X	-
D7540 Removal of reaction-producing foreign bodies-musculoskeletal system	X	-
D7550 Sequestrectomy for osteomyelitis	X	-
07560 Maxillary sinusotomy for removal of tooth fragmentor foreign body	X	-
07610 Maxilla-open reduction (teeth immobilized if present)	X	-
07620 Maxilla-closed reduction (teeth immobilized if present)	X	-
D7630 Mandible-open reduction (teeth immobilized if present)	X	-
07640 Mandible-closed reduction (teeth immobilized if present)	X	-
07650 Malar and/or zygomatic arch-open reduction	X	_
D7660 Malar and/or zygomatic arch-closed reduction	X	_
D7670 Alveolus-stabilization of teeth, open reduction splinting	X	-
D7671 Alveolus - open reduction, may include stabilization of teeth	X	-
07680 Facial bones-complicated reduction with fixation and mul- tiple surgic	X	-
07710 Maxilla-open reduction	X	-
07720 Maxilla-closed reduction	X	_
D7730 Mandible-open reduction	X	-
07740 Mandible-closed reduction	X	-
D7750 Malar and/or zygomatic arch-open reduction	X	_
D7760 Malar and/or zygomatic arch-closed reduction	X	_
D7770 Alveolus-stabilization of teeth, open reduction splinting	X	_
D7771 Alveolus, closed reduction stabilization of teeth	X	<u> </u>
D7780 Facial bones - complicated reduction with fixation and multiple approaches	X	<u> </u>
D7810 Open reduction of dislocation	X	
D7820 Closed reduction of dislocation	X	<u>-</u>
	X	-
D7830 Manipulation under anesthesia		<u> </u>
D7840 Condylectomy	X	-
D7850 Surgical discectomy; with/without implant	X	<u>-</u>

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pecialty medications and should be directed to the Pharmacy link option within the website.	I V I	
D7852 Disc repair	X	-
D7854 Synovectomy	Х	-
D7856 Myotomy	X	-
D7858 Joint reconstruction	X	-
D7860 Arthrotomy	X	-
D7865 Arthroplasty	X	-
D7870 Arthrocentesis	X	-
D7871 Non-arthroscopic lysis and lavage	X	-
D7872 Arthroscopy-diagnosis, withor without biopsy	X	-
D7873 Arthroscopy: lavage and lysis of adhesions	X	-
D7874 Arthroscopy: disc repositioning and stabilizationo	X	-
D7875 Arthroscopy: synovectomy	X	-
D7876 Arthroscopy: discectomy	X	-
D7877 Arthroscopy: debridement	X	•
07880 Occlusal orthotic appliance	X	-
07881 Oclussal orthotic device adjustment	X	-
07899 Unspecified tmd therapy, by report	X	-
07910 Suture of recent small wounds up to 5 cm	Х	-
D7911 Complicated suture-up to 5 cm	Х	-
07912 Complicated suture-greater than 5 cm	Х	-
D7920 Skin grafts (identify defect covered, location, and type of graft)	Х	-
D7921 Collection and application of autologous blood concentrate product	Х	-
D7922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-
D7939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-
D7940 Osteoplasty-for orthognathic deformities	Х	-
07941 Osteotomy-ramus, closed	Х	-
07943 Osteotomy-ramus, open with bone graft	X	-
07944 Osteotomy-segmentedor subapical-per sextantor quadrant	X	-
07945 Osteotomy-body of mandible	X	-
07946 Lefort i (maxilla-total)	X	-
07947 Lefort i (maxilla-segmented)	X	-
07948 Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	X	_
17949 Lefort iior lefort iiir with bone graft	X	-
07950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	X	
D7950 Osseous, osteoperiosteal, periosteal, or cartilage grant of the mandiol	X	<u> </u>
D7952 The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor	^	
of the sinus and grafting as necessary. this include	X	-
Or the sinus and granting as necessary. This include D7953 Bone replacement graft	Х	_
		-
07955 Repair of maxillofacial soft and hard tissue defects	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		· · · · ·
D7956 Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	-
D7957 Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	X	-
D7961 Buccal / labial frenectomy (frenulectomy)	X	-
D7962 Lingual frenectomy (frenulectomy)	X	-
D7963 Frenuloplasty	X	-
D7970 Excision of hyperplastic tissue-per arch	X	-
D7971 Excision of pericoronal gingiva	X	-
07972 Surgical reduction of fibrous tuberosity	X	-
07979 Non surgical sialolithotomy	X	-
07980 Surgical sialolithotomy	X	=
07981 Excision of salivary gland	X	-
07982 Sialodochoplasty	X	-
07983 Closure of salivary fistula	X	-
77990 Emergency tracheotomy	X	-
07991 Coronoidectomy	X	-
7993 Surgical placement of craniofacial implant – extra oral	X	-
07994 Surgical placement: zygomatic implant	X	-
07995 Synthetic graft - mandible or facial bones, by report	X	-
07996 Implant - mandible for augmentation purposes	X	-
07997 Appliance removal (not by dentist who placed appliance) incl removal of archbar	X	-
07998 Intraoral placement of a fixation device not in conjunction with a fracture	X	-
07999 Unspecified oral surgery procedure, by report	X	-
08010 Limited orthodontic treatment of the primary dentition	X	-
08020 Limited orthodontic treatment of the transitional dentition	X	-
08030 Limited orthodontic treatment of the adolescent dentition	X	-
08040 Limited orthodontic treatment of the adult dentition	X	-
08050 Interceptive orthodontic treatment of the primary dentition	X	-
08060 Interceptive orthodontic treatment of the transitional dentition	X	-
08070 Comprehensive orthodontic treatment of the transitional dentition	X	-
08080 Comprehensive orthodontic treatment of the adolescent dentition	X	-
08090 Comprehensive orthodontic treatment of the adult dentition	X	-
08091 comprehensive orthodontic treatment with orthognathic surgery	X	-
08210 Removable appliance therapy	X	-
08220 Fixed appliance therapy	X	-
D8660 Pre-orthodintic treatment examination to monitor growth and development	X	-
D8670 Periodic orthodontic treatment visit (as part of contract)	X	-
D8671 periodic orthodontic treatment visit associated with orthognathic surgery	X	-
08680 Orthodontic retention (removal of appliances, construction and placem	X	-
08681 Removable orthodontic retainer adjustment	Х	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
D8690 Orthodontic treatment (alternative billing to a contract fee)	X	-
D8695 Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	-
D8696 Repair of orthodontic appliance-maxillary	X	-
D8697 Repair of orthodontic appliance-mandibular	X	-
D8698 Re-cement or re-bond fixed retainer-maxillary	X	-
D8699 Re-cement or re-bond fixed retainer-mandibular	X	-
D8701 Repair of fixed retainer, includes reattachment-maxillary	X	-
D8702 Repair of fixed retainer, includes reattachment-mandibular	X	-
D8703 Replacement of lost or broken retainer-maxillary	X	-
D8704 Replacement of lost or broken retainer-mandibular	X	-
D8999 Unspecified orthodontic procedure, by report	X	-
D9110 Palliative (emergency) treatment of dental pain-minor procedures	X	-
D9120 Fixed partial denture sectioning	X	-
D9130 Temporomandibular joint dysfunction-non-invasive physical therapies	X	-
D9210 Local anesthesia n0t in conjunction with operativeor surgical procedu	X	-
D9211 Regional block anesthesia	X	-
D9212 Trigeminal division block anesthesia	X	-
D9215 Lcl ansthsa w oprtv or srgcl prcdrs	X	-
D9219 Evaluation for moderate sedation, deep sedation or general anesthesia	X	-
D9222 Deep sedation/general anesthesia ¿ first 15 minutes	X	-
D9223 Deep sedation/general anesthesia-each subsequent 15 minute increment	X	-
D9230 Inhltn ntrs oxd/anlgsa, anxlyss	X	-
D9239 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	X	-
D9243 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	X	-
D9248 Non-intravenous conscious sedation	X	-
D9310 Consultation (diagnostic service provided by dentistor physician other	X	-
D9311 Consultation with a medical health care professional	X	-
D9410 House call	X	-
D9420 Hsptl or asc call	X	-
D9430 Office visit for observation (during regularly scheduled hours) no oth	X	-
D9440 Office visit-after regularly scheduled hours	Х	-
D9450 Case presentation, detailed and extensive treatment planning	X	-
D9610 Therapeutic drug injection, by report	X	-
D9612 Therapeutic parenteral drugs, two or more administrations, different medications	X	-
D9613 Infiltration of sustained release therapeutic drug-single or multiple sites	X	-
D9630 Drugs or medicaments dispensed in the office for home use	X	-
D9910 Application of desensitizing medicaments	X	-
D9911 Application of desensitizing resin for cervical and/or root surface per tooth	X	-
D9912 Pre-visit patient screening	X	-
Boot 2 ji to thoic patient corooning	Λ.	

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	edications and should be directed to the Pharmacy link option within the website.		
	administration of neuromodulators	X	-
	administration of dermal fillers	X	-
	Behavior management, by report	X	<u> </u>
	Treatment of complications (postsurgical) - unusual circumstances, by	X	-
	Cleaning and inspection of removable complete denture, maxillary	X	-
	Cleaning and inspection of removable complete denture, mandibular	X	<del>-</del>
D9934	Cleaning and inspection of removable partial denture, maxillary	Χ	-
	Cleaning and inspection of removable partial denture, mandibular	Χ	-
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Χ	-
D9939	Placement of a custom removable clear plastic temporary aesthetic appliance	X	-
D9941	Fabrication of athletic mouthguards	X	-
D9942	Repair/reline occlusal guard	Х	-
D9943	Occlusal guard adjustment	X	-
D9944	Occlusal guard-hard appliance, full arch	Х	-
	Occlusal guard-soft appliance, full arch	Х	-
	Occlusal guard-hard appliance, partial arch	Χ	-
	Custom sleep apnea appliance fabrication and placement	Χ	-
	Adjustment of custom sleep apnea appliance	Х	-
	Repair of custom sleep apnea appliance	Х	-
	Occlusion analysis-mounted case	Х	-
	Occlusal adjustment-limited	Х	-
	Occlusal adjustment-complete	Х	-
	Reline custom sleep apnea appliance (indirect)	X	-
	Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and		
	occlusal changes.	X	-
	Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's		
	response to treatment, integrity of the device, and management of side effects.	X	-
	Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as		
	allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible.	Х	-
	anomou by apphousio land. Albo, to holp the defined in defining the optimal position of the mandible.	^	
09957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-		
	related breathing disorders.	X	-
	unspecified sleep apnea services procedure, by report	Х	
	Duplicate/copy patient's records	X	<u>-</u>
	Enamel microabrasion	X	
	Odontoplasty 1-2 teeth; includes removal of enamel projections	X	-
	External bleaching- per arch- perfmored in offic	X	-
J331Z	External bleaching- per tooth	X	-
20072			_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays	X	-
D9985 Sales tax	X	-
D9986 Missed appointment	X	-
D9987 Cancelled appointment	X	-
D9990 Certified translation or sign-certified translation or sign-language services per visit	X	-
Dental case management- addressing appointment compliance barriers	X	-
Dental case management- care coordination	Х	-
Dental case management- motivational interviewing	Х	-
09994 Dental case management- patient education to improve oral health literacy	Х	-
9995 Teledentistry ¿ synchronous; real-time encounter	Х	-
D9996 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	Х	-
Dental case management-patients with special health care needs	Х	-
09999 Unspecified adjunctive procedure, by report	Х	-
Orutch, underarm, articulating, spring assisted, each	Х	-
E0144 Enclosed walker w rear seat	Х	-
0152 Walker, battery power wheels	Х	-
50172 Seat lift mechanism placed over or on top of toilet, any type	Х	-
0181 Press pad alternating w/ pum	-	X
O182 Pressure pad alternating pum	- 1	Х
0183 Press underlay alter w/pump	- 1	X
E0191 Protector heel or elbow	Х	-
0193 Powered air flotation bed	- 1	X
0194 Air fluidized bed	- 1	Х
Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-
0217 Water circ heat pad w pump	Х	-
0218 Water circ cold pad w pump	Х	-
0221 Infrared heating pad system	Х	-
E0231 Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card		
and wou	X	-
Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Х	-
0239 Hydrocollator unit portable	Х	-
0240 Bath/shower chair, with or without wheels, any size	X	-
0241 Bath tub wall rail	Х	-
0242 Bath tub rail floor	Х	-
Toilet rail	Х	-
Toilet seat raised	Х	-
0245 Tub stool or bench	Х	-
0246 Transfer tub rail attachment	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
E0247 Transfer bench for tub or toilet with or without commode opening	X	-
Transfer bench, heavy duty, for tub or toilet with or without commode opening	Χ	-
E0250 Hosp bed fixed ht w/ mattres	-	X
E0251 Hosp bed fixd ht w/o mattres	-	X
0255 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	-	Χ
0265 Hosp bed total electr w/ mat	-	Χ
E0266 Hosp bed total elec w/o matt	-	Χ
0270 Hospital bed institutional t	Χ	-
0273 Bed board	Χ	-
0274 Over-bed table	X	-
O277 Powered pres-redu air mattrs	-	Χ
E0280 Bed cradle	-	X
O290 Hosp bed fx ht w/o rails w/m	-	Х
0291 Hosp bed fx ht w/o rail w/o	-	Χ
0292 Hosp bed var ht w/o rail w/o	-	Х
Hosp bed var ht w/o rail w/	-	Χ
0294 Hosp bed semi-elect w/ mattr	-	Χ
Hosp bed semi-elect w/o matt	-	Χ
0296 Hosp bed total elect w/ matt	-	Χ
Hosp bed total elect w/o mat	-	Х
Pediatric crib, hospital grade, fully enclosed	-	Х
0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	Х
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	Х
Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	Х
0305 Rails bed side half length	-	Х
0310 Rails bed side full length	-	Х
0315 Bed accessory brd/tbl/supprt	-	Х
Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	-	Х
Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	Х
Control unit bowel system	Х	-
0352 Disposable pack w/bowel syst	X	-
0370 Air elevator for heel	X	-
O371 Nonpower mattress overlay	-	Χ
0372 Powered air mattress overlay	-	Х

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Codes Des	scription	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, or
	ations and should be directed to the Pharmacy link option within the website.		
	npowered pressure mattress	-	X
	imeter device for measuring blood oxygen levels non-invasively	Χ	-
	pical ox deliver sys, nos	Χ	-
E0457 Sc		Χ	-
E0459 Ch		Χ	-
	cking bed w/ or w/o side r	-	X
	me ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	-	Χ
	me ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	-	Χ
E0467 Ho	me vent multi-function	-	Χ
E0469 Lui	ng expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	Χ
E0470 Re	spiratory assist device, bi-level pressure capability, without backup rate	-	X**
E0471 Re	spiratory assist device, bi-level pressure capability, with back-up rate	-	X**
E0472 Re	spiratory assist device, bi-level pressure capability, with backup rate	-	X**
E0481 Inti	rapulmonary percussive ventilation system and related accessories	Χ	-
E0482 Co	ugh stimulating device, alternating positive and negative airway pressure	-	X
E0483 Hig	gh frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	Χ
E0485 Ora	al device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	Х	-
E0486 Ora	al device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	-	Х
	wer source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the ague muscle, controlled by phone application	Х	-
E0493 Ora	al device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power urce and control electronics unit, controlled by phone application, 90-day supply	Х	-
	ectronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any	Х	
typ	oe e	^	_
E0561 Hu	midifier, non-heated, used with positive airway pressure device	-	X**
E0562 Hu	midifier, heated, used with positive airway pressure device	-	X**
E0601 Co	nt airway pressure device	-	X**
E0635 Pa	tient lift electric	-	Χ
E0636 Mu	Iltipositional patient support system, with integrated lift, patientaccessible controls	-	Χ
0637 Co	mbination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Х	-
	anding frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or hout wheels	Х	-
0641 Sta	anding frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without eels	Х	-
	anding frame/table system, mobile (dynamic stander), any size including pediatric	Χ	
	eum compressor segmental	^	X

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	dications and should be directed to the Pharmacy link option within the website.	<del> </del>	V
	Pneum compres w/cal pressure	-	X
	Pneumatic appliance half arm	-	X
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	-	X
	Segmental pneumatic appliance for use with pneumatic compressor, chest	-	X
	Seg pneumatic appl full leg	-	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	-	Χ
	Pressure pneum appl full arm	-	X
0673	Pressure pneum appl half leg	-	Χ
0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	X	-
0676	ntermittent limb compression device (includes all accessories), not otherwise specified	X	-
0677	Non-pneumatic sequential compression garment, trunk	-	X
0693	Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel	-	Х
	Safety equipment, device or accessory, any type	Х	-
	Restraints any type	Х	-
	Jpper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Х	-
0715	ntravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х	_
	Cranial electrotherapy stimulation (ces) system, any type	X	-
	Franscutaneous tibial nerve stimulator, controlled by phone application	X	-
	Jpper extremity rehab	X	-
	Rehab sys active assist rt	X	-
	External lower extremity nerve stimulator for restless legs syndrome, each	X	_
	Electromyograph biofeedback	X	_
	Elec osteogen stim not spine	-	X
	Elec osteogen stim spinal	_	X
	Elec osteogen stim implanted	_	X
	Electronic salivary reflex s	Х	-
	Osteogen ultrasound stimitor		X
	Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	X	^
	Transcutaneous electrical joint stimulation device system, includes all accessories	X	-
		^	-
	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for	-	X
	ntrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer reatment, includes all accessories	Х	-

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cialty medications and should be directed to the Pharmacy link option within the website.	1	V
Non-programble infusion pump	- 1	X
Programmable infusion pump	-	X
2784 Ext amb infusn pump insulin		X
P785 Replacement impl pump cathet	-	X
1786 Implantable pump replacement	-	X
2830 Ambulatory traction device	X	-
7840 Tract frame attach headboard	X	-
D850 Traction stand free standing	X	-
0856 Cervical traction device, cervical collar with inflatable air bladder	X	-
920 Fracture frame attached to b	-	Χ
0936 Continuous passive motion exercise device for use other than knee	X	-
0970 Wheelchair no. 2 footplates	X	-
Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	Χ
Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
0985 Wheelchair accessory, seat lift mechanism	-	Χ
0988 Manual wheelchair accessory, lever-activated, wheel drive, pair	-	Х
1003 Wheelchair accessory, power seating system, recline only, without shear	-	Х
1004 Wheelchair accessory, power seating system, recline only, with mechanical shear	-	Х
1005 Wheelchair accessory, power seatng system, recline only, with power shear	-	Χ
1006 Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	- 1	X
1009 Wheelchair accessory, addition to power seating system, mechanically linked leg	-	Х
1011 Modification to pediatric wheelchair, width adjustment package (not to bedispensed with initial chair)	- 1	Х
1017 Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each	-	Х
1018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	-	X
1022 Wheelchr transport secur	Х	-
1023 Wheelchr transit securement	X	-
Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	-	Х
Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	-	Х
1085 Hemi-wheelchair fixed arms	Х	-
1086 Hemi-wheelchair detachable a	X	-
1089 Wheelchair lightwt fixed arm	X	-
1130 Whichr stand fxd arm ft rest	X	-
1140 Wheelchair standard detach a	X	
1220 Whichr special size/constrc	-	X
1230 Power operated vehicle	<del>                                     </del>	X
1239 Ped power wheelchair nos	+ +	^ X
1239   Ped power wheelchair nos 1250   Wheelchair lightwt fixed arm	- X	^

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ecialty medications and should be directed to the Pharmacy link option within the website.	· · · · · · · · · · · · · · · · · · ·	
1260 Wheelchair lightwt foot rest	X	-
1285 Wheelchair heavy duty fixed	X	-
1290 Wheelchair hvy duty detach a	Х	-
1300 Whirlpool portable	X	-
1301 Whirlpool tub, walk-in, portable	X	-
1310 Whirlpool non-portable	-	X
1399 Durable medical equipment mi	-	Χ
1699 Dialysis equipment unspecifi	-	Χ
1802 Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	Χ
1840 Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	Χ
1841 Static str shldr dev rom adj	-	Χ
1905 Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	Х	-
2102 Adjunctive continuous glucose monitor or receiver	-	Χ
2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	Χ
2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	-	X
2298 Pwr seat elev sys for crt	-	X
2301 Power wheelchair accessory, power standing system	Х	-
2322 Power wheelchair accessory, hand control interface, multiple mechanical switches	-	Х
2324 Power wheelchair accessory, chin cup for chin control interface	-	X
2325 Power wheelchair accessory, sip and puff interface, nonproportional	-	X
2329 Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	X
2330 Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	X
2331 Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	X
2340 Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Χ
2341 Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	- 1	Х
2342 Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	- 1	Х
2343 Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	Х
2351 Power wheelchair accessory, electronic interface to operate speech generating device	-	Х
2371 Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	- 1	Х
2381 Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	Х
2382 Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Х
2383 Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only,		
eac	-	X
2384 Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	Х
2402 Negative pressure wound therapy electrical pump, stationary or portable	-	X
2502 Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	- 1	X
2504 Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	<del> </del> -	X
2506 Speech generating device, digitized speech, using pre-recorded messages, ever 40 min.	-	X
2508 Speech generating device, synthesized speech, requiring message formulation by spelling	+ - +	X

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pecialty medications and should be directed to the Pharmacy link option within the website.		V
E2510 Speech generating device, synthesized speech, permitting multiple methods	-	X
Speech generating software program, for personal computer or personal digital assistant	-	X
2512 Accessory for speech generating device, mounting system	-	X
2513 Accessory for speech generating device, electromyographic sensor	X	-
Accessory for speech generating device, not otherwise classified	-	X
2610 Powered w/c cushion	X	-
Speech volume modulation system, any type, including all components and accessories	X	-
Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	X	-
8000 Posterior gait trainer	X	-
8001 Upright gait trainer	X	-
8002 Anterior gait trainer	X	-
G0028 Doc med rsn no scr tob	X	-
No tob scr/cess int	Х	-
G0030 Pt scr tob & cess int	Х	-
60031 Pall serv during meas	Х	-
60032 2+ antipsy schiz	Х	-
G0033 2+ benzo seiz	Х	-
G0034 Pall serv during meas	Х	-
60035 Pt ed pos 23	Х	-
60036 Pt/ptn decln assess	Х	-
60037 Pt not able to participate	Х	-
G0038 Clin pt no ref	Х	-
G0039 Pt no ref, rn spec	Х	-
G0040 Pt phys/occ therapy	Х	-
G0041 Pt/ptn decln referral	X	-
G0042 Ref to therapy	X	-
G0043 Pt mech pros ht valv	Х	-
G0044 Pt mitral stenosis	Х	-
60045 Mrs 90 days post stk	Х	-
G0046 No mrs 90 days post stk	Х	-
G0047 Ped blunt hd traum	X	_
60048 Pall serv during meas	X	_
G0049 Main hemo in-cntr	X	_
G0050 Pt w/ Imted life expec	X	-
G0051 Pt hospice mnth	X	
60052 Pt peri dialysis dur mo	X	
60053 Adv rheum pt care mvp	X	<u> </u>
G0054 Strk cr prev pos outcme mvp	X	-

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G0055 Adv care heart dx mvp	Х	_
G0056 Opt chronic dx mang mvp	X	-
G0057 Best pct pt safety em mvp	X	_
60058 Imprv care le jnt repr mvp	X	_
60059 Pt sfty pos exp w aneth mvp	X	_
0060 Allergy/immunology ss	X	-
0061 Anesthesiology ss	Х	-
0062 Audiology ss	Х	-
0063 Cardiology ss	Х	-
0064 Cert nurse midwife ss	Х	-
0065 Chiropractic ss	Х	-
0066 Clinical social work ss	Х	-
0067 Dentistry ss	Х	-
0068 Adm of infusion drug in home	-	Х
0069 Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration		V
calendar day in the individual's home, each 15 minutes	-	X
0070 Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the		V
individual's home, each 15 minutes	-	X
0076 Care manag h vst new pt 20 m	Х	-
0077 Care manag h vst new pt 30 m	Х	-
0078 Care manag h vst new pt 45 m	Х	-
0079 Care manag h vst new pt 60 m	Х	-
0080 Care manag h vst new pt 75 m	Х	-
0081 Care man h v ext pt 20 mi	Х	-
0082 Care man h v ext pt 30 m	Х	-
0083 Care man h v ext pt 45 m	Х	-
0084 Care man h v ext pt 60 m	Х	-
0085 Care man h v ext pt 75 m	Х	-
0086 Care man home care plan 30 m	X	-
O087 Care man home care plan 60 m	X	-
O088 Adm iv drug 1st home visit	-	X
0089 Adm subq drug 1st home visit	-	X
O090 Adm iv chemo 1st home visit	-	X
0122 Colon ca scrn; barium enema	Х	-
0129 Partial hosp prog service	-	Χ*
151 Hhcp-serv of pt,ea 15 min	-	X
152 Hhcp-serv of ot,ea 15 min	-	X
0153 Hhcp-svs of s/l path,ea 15mn	-	X
0155 Services of clinical social worker in home health or hospice settings, each 15 minutes	-	Х

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes becialty medications and should be directed to the Pharmacy link option within the website.	are updated quarterly. Additionally, these coding lists do not reflect inf	ormation regarding in	nmunizations, injectable drugs,
G0157 Hhc pt assistant ea 15		-	X*
G0158 Hhc ot assistant ea 15		_	X*
G0159 Hhc pt maint ea 15 min		-	X
G0160 Hhc occup therapy ea 15		-	Х
G0219 Pet img wholebody melanoma nonco		Х	-
0235 Pet imaging, any site, not otherwise specified		Х	-
G0238 Therapeutic procedures to improve respiratory function, other than des	cribed by g0237, one on one, face to face, per	-	Х
Provision of test materials and equipment for home inr monitoring to pare	tientwith mechanical heart valve(s) who meets	-	Х
Pet imaging, full and partial-ring pet scanners only, for initial diagnosis of	ofbreast cancer and/or surgical planning for	Х	-
60255 Current perception threshold/sensory nerve conduction test, (snct) per l	imb,any nerve	Х	-
60276 Pild/placebo control clin tr		-	Χ
G0277 Hbot, full body chamber, 30m		-	Х
60282 Electrical stimulation, (unattended), to one or more areas, for wound ca	reother than described in g0281	Х	-
Electrical stimulation (unattended), to one or more areas for indication(s	s)other than wound care, as part of a therapy	-	X*
Noncovered surgical procedure(s) using conscious sedation, regional, qualifying clinical trial, per day	general, or spinal anesthesia in a Medicare	Х	-
Noncovered procedure(s) using either no anesthesia or local anesthesia day	a only, in a Medicare qualifying clinical trial, per	Х	-
60295 Electromagnetic stimulation, to one or more areas		Х	
60302 Preoperative pulmonary surgery services for preparation for LVRS, composition of 16 days of services	plete course of services, to include a minimum	Х	<u>-</u>
0303 Preoperative pulmonary surgery services for preparation for LVRS, 10 to	o 15 days of services	Х	
60304 Preoperative pulmonary surgery services for preparation for LVRS, 1 to	9 days of services	X	
60305 Postdischarge pulmonary surgery services after LVRS, minimum of 6 d		X	_
10310 Immunize counsel 5-15 min		X	-
60311 Immunize counsel 16-30 mins		X	-
60312 Immunize couns < 21yr 5-15 m		X	-
0313 Immunize couns < 21yr 6-30 m		X	-
0314 Counsel immune <21 16-30 m		X	-
0315 Counsel immune <21 5-15 m		Х	-
60330 Facility services for dental rehabilitation procedure(s) performed on a pageneral, intravenous sedation (monitored anesthesia care) and use of a		-	Х
10339 Image guided robotic linear accelerator base sterotactic radiosurgery, co		-	Х

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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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding im	munizations, injectable drugs, o
Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	Х
G0428 Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	X	_
60452 Molecular pathology procedure; physician interpretation and report	-	Х
60453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per		
patient, (attention directed exclusively to one patient) each 15	-	X
60490 Home visit rn, Ipn by rhc/fg	Х	-
Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Х	-
Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-
Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-
0522 Management of a new patient with dementia, low complexity, for use in cmmi model	Х	-
0523 Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	Х	-
0524 Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Х	-
Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-
0526 Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-
0527 Management of established patient with dementia, low complexity, for use in cmmi model	X	-
0528 Management of established patient with dementia, moderate to high complexity, for use in cmmi model	X	-
10529 In-home respite care, 4-hour unit, for use in cmmi model	X	-
0530 Adult day center, 8-hour unit, for use in cmmi model	X	-
60531 Facility-based respite, 24-hour unit, for use in cmmi model	X	-
0532 Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of	7	
the services by a medicare-enrolled opioid treatment program);( list separately in addition to each primary code)	Х	-
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	-	Х
60566 3d bn img algor drvd fr mri	Х	-
1025 Pt mnth 1 mcp prov	X	-
1026 Pt hemo > 3mo	X	-
1027 Pt hemo < 3mo	X	-
1028 Take home supply 8mg per 0.1	X	-
2001 Post d/c h vst new pt 20 m	X	-
2002 Post-d/c h vst new pt 30 m	X	-
2003 Post-d/c h vst new pt 45 m	X	-
2004 Post-d/c h vst new pt 60 m	X	-
2005 Post-d/c h vst new pt 75 m	X	-
2006 Post-d/c h vst ext pt 20 m	X	-
2007 Post-d/c h vst ext pt 30 m	X	-

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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 re	flect information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
G2008 Post-d/c h vst ext pt 45 m	X	-
G2009 Post-d/c h vst ext pt 60 m	Х	-
G2013 Post-d/c h vst ext pt 75 m	X	-
G2014 Post-d/c care plan overs 30m	X	-
G2015 Post-d/c care plan overs 60m	X	-
Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes)	×	-
G2081 Pt 66+ snp or ltc pos > 90d	X	-
G2082 Visit esketamine 56m or less	-	X
G2083 Visit esketamine, > 56m	-	Χ
G2090 Pt 66+ frailty and med dem	X	-
G2091 Pt 66+ frailty and adv ill	X	-
G2092 Ace arb arni	X	-
G2093 Med doc rsn no ace arn arni	X	-
S2094 Pt rsn no ace arn arni	X	-
G2095 Sys rsn no ace arn arni	X	-
G2096 No rsn ace arb arni	X	-
G2097 Child dx uri 3d of other dx	X	-
G2098 Pt 66+ frailty and med dem	X	-
G2099 Pt 66+ frailty and adv ill	X	-
G2100 Pt 66+ frailty and med dem	X	-
G2101 Pt 66+ frailty and adv ill	X	-
92105 Pt 66+ It ints > 90	Х	-
G2106 Pt 66+ It ints > 90	Х	-
S2107 Pt 66+ frailty and adv ill	X	-
S2108 Pt 66+ It ints > 90	Х	-
S2109 Pt 66+ frailty and med dem	X	-
G2110 Pt 66+ frailty and adv ill	X	-
S2112 Pred<=5 mg ra glu <6m	X	-
G2113 Pred>5 mg >6m, no chg da	X	-
S2115 Pt 66+ frailty and med dem	Х	-
S2116 Pt 66+ frailty and adv ill	Х	-
92118 Pt 81+ frailty	Х	-
G2121 Psy dep anx ap and icd asse	Х	-
G2122 Psy/dep/anx/apandicd noasse	Х	-
G2125 Pt 81+ frailty	Х	-
G2126 Pt 66+ frailty adv ill	Х	-
G2127 Pt 66+ frailty med dem	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G2128 No aspirin med rsn	X	-
G2129 No bp outpt	X	-
G2136 Bk pain vas 6-20wk = 3	X	-
G2137 Bk pain vas 6-20wk > 3	X	-
G2138 Bk pain vas 9-15mo = 3	X	-
G2139 Bk pain vas 9-20mo > 3	X	-
G2140 Leg pain vas 6-20wk = 3	X	-
G2141 Leg pain vas 6-20wk > 3	X	-
S2142 Fs odi 9-15mo postop<= 22	X	-
92143 Fs odi 9-15mo > 22	X	-
S2144 Fs odi 6-20wk postop > 22	X	-
S2145 Fsodi 6-20wk >22 or chg 30pt	Х	-
62146 Leg pain vas 9-15mo <= 3	X	-
62147 Leg pain vas 9-15mo > 3	X	-
S2148 Mpm used	X	-
S2149 No mpm med rsn	Х	-
S2150 No mpm	X	-
62151 Dx degen neuro	X	-
S2152 Res change sc =0	X	-
62167 Res change sc < 0	X	-
S2168 Svs by pt in home health	-	X*
62169 Svs by ot in home health	-	X*
All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project	Х	-
G2173 Uri w comorb 12m oth dx	X	
22174 Uri new rx antibiotic 30d	X	
22175 Pt comorb dx 12m of epi	X	
22176 Outpt ed obs w inpt admit	X	
22177 Bronch w rx antibx 30d	X	
62177 Bronch with artiflet 300	X	<u> </u>
62179 Med doc rsn no low ex	X	-
62179 Intelig footwr eval	X	
		-
S2181 Bmi not doc medrsn ptref	X	-
S2182 Pt 1st biolog antirheum	X	-
62183 Doc pt unable comm	X	-
S2184 No caregiver	X	-
S2185 Caregiver dem trained	X	-
S2186 Pt ref app rsrcs	X	-
G2187 Clin ind img hd trauma	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
S2188 Pt 50 yrs w/clin ind hd	X	-
G2189 Img hd abnml neuro exam	X	-
G2190 Ind img hd rad neck	X	-
G2191 Ind img hd pos hd ache	X	-
G2192 >55 yrs temp hd ache	X	-
G2193 <6yr new onset hd ache	X	-
G2194 New hdache ped pt dis	X	-
G2195 Occip hdache child	X	-
G2196 Screen unhithy etoh use	X	-
S2197 Screen hithy etoh use	X	-
G2198 Med rsn no unhlthy etoh	X	-
S2199 Not scrn etoh no rsn	X	-
G2200 Unhlthy etoh rcvd couns	X	-
G2201 Med rsn no brief couns	X	-
G2202 No rsn no brief couns	X	-
G2203 Med rsn no etoh couns	X	-
G2204 Pt 50-85 w/ scope	X	-
S2205 Preg drng adjy trtmt	Х	-
G2206 Adjv trtmt chemo her2	Х	-
S2207 Rsn no trtmt chem her2	X	-
S2208 No trtmt chemo and her2	X	-
S2209 Refused to participate	Х	-
S2210 No neck fs prom no rsn	Х	-
G4000 Dermatology ss	Х	-
G4001 Diagnostic rad ss	Х	-
G4002 Ep cardio ss	Х	-
G4003 Emergency med ss	Х	-
G4004 Endocrinology ss	Х	-
G4005 Family medicine ss	Х	-
G4006 Gastroenterology ss	Х	-
G4007 General surgery ss	Х	-
G4008 Geriatrics ss	Х	-
G4009 Hospitalists ss	X	-
G4010 Infectious disease ss	X	-
G4011 Internal medicine ss	X	-
G4012 Interventional rad ss	X	_
G4013 Mentl/behav health ss	X	_
G4014 Nephrology ss	X	_
G4015 Neurology ss	X	-

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	edications and should be directed to the Pharmacy link option within the website.	T V T	
	Neurosurgical ss	X	<del>-</del>
	Nutrition/dietician ss	X	-
	Ob/gyn ss	X	-
	Oncology/hema ss	X	-
	Ophthalmology ss	X	-
	Orthopedic surgery ss	X	<u>-</u>
	Otolaryngology ss	X	-
	Pathology ss	X	-
	Pediatric ss	Х	-
G4025	Physical medicine ss	Х	-
G4026	Phys/occ therapy ss	Х	-
G4027	Plastic surgery ss	X	-
G4028	Podiatry ss	Х	-
G4029	Preventive medicine ss	Х	-
G4030	Pulmonology ss	Х	-
	Radiation oncology ss	Х	-
	Rheumatology ss	Х	-
	Skilled nursing facility ss	Х	-
	Speech language path ss	X	-
	Thoracic surgery ss	Х	-
	Urgent care ss	Х	-
	Urology ss	X	-
	Vascular surgery ss	X	-
	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	X	-
G8396	Left ventricular ejection fraction (Ivef) not performed or documented	Х	-
G8397	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	X	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	Х	-
G8400	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	Х	-
G8404	Lower extremity neurological exam performed and documented	Х	-
	Lower extremity neurological exam not performed	Х	-
	Footwear evaluation performed and documented	X	-
	Footwear evaluation was not performed	X	-
	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	X	_
G8417	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	X	_
	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	X	-

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	edications and should be directed to the Pharmacy link option within the website.	mormation regardin	g mimumzations, injectable drugs,
38419	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	Х	-
38420	Bmi < 30 and >= 22 was calculated and documented	Х	-
38421	Bmi not calculated	Х	-
8427	Doc cur meds by prov	Χ	-
38428	Cur meds not document	Х	-
38430	Documentation that patient is not eligible for medication assessment	Χ	-
38431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	Х	-
38432	No documentation of clinical depression screening using an age appropriate standardized tool	Х	-
	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	Х	-
98450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (Ivef) <40% or documentation as mod	Х	-
38451	Clinician documented patient with left ventricular ejection fraction (Ivef) <40% or documentation as moderately or sever	Х	-
98452	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (Ivef) <40% or documentation as	Х	-
38465	High risk of recurrence of prostate cancer	Х	-
38473	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	Х	-
38475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	Х	-
98476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	Х	-
38477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-
8478	Blood pressure measurement not performed or documented, reason not specified	Х	_
	Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	X	-
	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	X	-
8535	No documentation of an elder maltreatment screen, patient not eligible	Х	-
	No documentation of an elder maltreatment screen, reason not specified	X	-
	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	Х	-
38540	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	Х	-
	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	X	-

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	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies		
	identified, care plan not required	X	-
38543	Documentation of a current functional outcome assessment using a standardized tool; no documentation of a care plan,		
	reas	Χ	-
8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	Х	
	Patient has a history of active drainage from the ear within the previous 90 days	Х	-
88561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Х	-
8562	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	-
8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu		
		Χ	-
8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	
		^	-
8565	Verification and documentation of sudden or rapidly progressive hearing loss	Χ	-
8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	Х	-
8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Х	-
8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	Х	-
8569	Prolonged intubation (>24 hrs) required	Х	-
	Prolonged intubation (>24 hrs) not required	Х	-
	Developed postoperative renal failure or required dialysis	Х	-
8576	No postoperative renal failure/dialysis not required	Х	-
8577	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-
8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or	.,	
	other cardiac reason	Χ	-
8598	Aspirin or another antithrombotic therapy used	Х	-
	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	Х	-
	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	Х	-
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	Х	-
8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	Χ	-
	Pharm ther osteo rx	Х	-
8635	No pharm ther osteo rx	Χ	-
	Fun stat score knee >= 0	Х	-
8648	Fun stat score knee < 0	Χ	<u> </u>
	Rafs crs ki no scor no surv	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
S8651 Fun stat score hip >= 0	X	-
S8652 Fun stat score hip < 0	X	ı
Rafs crs hi no scor no surv	Х	ı
S8655 Fun stat score le >= 0	X	-
S8656 Fun stat score le < 0	X	-
S8658 Fun stat score le not done	X	-
S8659 Fun stat score Is >= 0	X	-
S8660 Fun stat score ls < 0	X	_
S8661 Fun stat score Is pt no elg	X	-
88662 Rafs crs lbi no scor no surv	Х	-
S8663 Fun stat score shdl >=0	X	-
S8664 Fun stat score shdl < 0	Х	-
88666 Rafs crs si no scor no surv	Х	-
S8667 Fun stat score ue >=0	Х	-
S8668 Fun stat score ue < 0	Х	-
Rafs crs ewh no scor no surv	Х	•
S8694 Left ventricular ejection fraction (Ivef) < 40%	Х	•
98708 Patient not prescribed or dispensed antibiotic	Х	-
88709 Patient prescribed or dispensed antibiotic for documented medical reason(s)	Х	-
98710 Patient prescribed or dispensed antibiotic	Х	-
98711 Prescribed or dispensed antibiotic	Х	-
S8712 Antibiotic not prescribed or dispensed	Х	•
Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	Х	-
Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	Х	-
8723 Specimen site is other than anatomic location of primary tumor	Х	-
Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	Х	-
88733 Documentation of a positive elder maltreatment screen and documented follow-up plan	Х	-
88734 Elder maltreatment screen documented as negative, no follow-up required	Х	-
88735 Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	Х	-
Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice of any other sign suggesting systemic spread) or absence of syp		-
88752 Most recent systolic blood pressure < 140 mmhg	Х	-
88753 Most recent systolic blood pressure >= 140 mmhg	X	-
68754 Most recent diastolic blood pressure < 90 mmhg	X	-
88755 Most recent diastolic blood pressure >= 90 mmhg	X	-
88756 No documentation of blood pressure measurement, reason not otherwise specified	X	

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	dications and should be directed to the Pharmacy link option within the website.		
	Blood pressure screening performed as recommended by the defined screening interval	X	-
88785	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	Х	-
8797	Specimen site other than anatomic location of esophagus	Х	-
8798	Specimen site other than anatomic location of prostate	X	-
8886	Performance of transabdominal or transvaginal ultrasound	X	-
8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-
8088	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	-
8815	Statin therapy not prescribed for documented reasons	X	-
8816	Statin medication prescribed at discharge	X	-
8817	Statin therapy not prescribed at discharge, reason not specified	X	-
8818	Patient discharge to home no later than postoperative day #7	X	-
8825	Patient not discharged to home by postoperative day #7	X	_
8826	Patient discharge to home no later than postoperative day #2 following evar	Х	-
8833	Patient not discharge to home by postoperative day #2 following evar	Х	-
8834	Patient discharged to home no later than postoperative day #2 following cea	X	-
8888	Patient not discharged to home by postoperative day #2	Х	-
	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-
8840	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial	Х	_
	daytime sleepiness, patient visits between initial testing and		
	Sleep apnea symptoms not assessed, reason not otherwise specified	Χ	-
8842	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	X	-
	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	Х	-
8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	Х	-
	Positive airway pressure therapy prescribed	Х	_
8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	X	-
	Documentation of reason(s) for not prescribing positive airway pressure therapy	Х	-
	Positive airway pressure therapy not prescribed, reason not otherwise specified	Х	-
	Objective measurement of adherence to positive airway pressure therapy, documented	Х	-
	Positive airway pressure therapy prescribed	Х	-
	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	X	-
8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	X	-
	Referral to a physician for an otologic evaluation performed	Х	-
	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a	^	

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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 reflec ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs,
88858 Referral to a physician for an otologic evaluation not performed, reason not specified	Х	-
88863 Patients not assessed for risk of bone loss, reason not otherwise specified	X	_
88864 Pneumococcal vaccine administered or previously received	X	-
68865 Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient		
allergic reaction, potential adverse drug reaction)	X	-
88866 Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient	. v	
refusal)	X	-
88867 Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	-
88869 Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	Х	-
68875 Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Х	-
68876 Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively		
	X	-
68877 Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy		
method, reason not otherwise specified	X	-
S8878 Sentinel lymph node biopsy procedure performed	Х	-
S8880 Documentation of reason(s) sentinel lymph node biopsy not performed	Х	-
S881 Stage of breast cancer is greater than t1n0m0 or t2n0m0	Х	-
S8882 Sentinel lymph node biopsy procedure not performed	Х	-
68883 Biopsy results reviewed, communicated, tracked and documented	Х	-
68884 Clinician documented reason that patient's biopsy results were not reviewed	X	-
68885 Biopsy results not reviewed, communicated, tracked or documented	X	-
Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the	V	
facility; wrong site/side/patient/procedure/implant event;	X	-
88908 Patient documented to have received a burn prior to discharge	X	-
88909 Patient documented not to have received a burn prior to discharge	X	-
Patient documented to have experienced a fall within asc	X	-
Patient documented not to have experienced a fall within ambulatory surgical center	X	-
Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant	Х	
event	^	-
88913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong	V	
implant event	X	-
88914 Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	Х	-
88915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	V	
	X	-
Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic initiated on time	V	
	X	-
Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic not initiated on time	\ \ \ \ \	
	X	-
Patient without preoperative order for iv antibiotic surgical site infection ( ssi ) prophylaxis	Х	_

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ecialty medications and sho 68923 Left ventricul systolic functions 68924 Spirometry to 68934 Left ventricul systolic functions 68935 Clinician pre 68936 Clinician document	test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)  ular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	X X X X X X	immunizations, injectable drugs, c
Sep 23 Left ventricul systolic functions Sep 24 Spirometry to Sep 24 Left ventricul systolic functions Sep 25 Clinician pre Sep 26 Clinician document of Sep 27 Clinician did	ular ejection fraction (Ivef) < 40% or documentation of moderately or severely depressed left ventricular etion test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing) ular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular etion escribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy cumented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or	X X X	- - -
systolic functions in September 1 systolic functions in September 2 systolic functions in September 2 systolic function prescription in September 2 systolic function function function function in September 2 systolic function fu	test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)  ular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular escribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy  cumented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or	X X X	- - -
68934 Left ventricul systolic func 68935 Clinician pre 68936 Clinician doc angiotensin i 68937 Clinician did	ular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular extriction escribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy cumented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or	X X	
systolic functions 68935 Clinician pre 68936 Clinician documentario angiotensin in 68937 Clinician did	escribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy  cumented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or	Х	-
68936 Clinician doc angiotensin i 68937 Clinician did	cumented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or		-
angiotensin i 68937 Clinician did		V	
88937 Clinician did		^	-
reason not g	I not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy,	Х	-
8941 Elder maltre	eatment screen documented, patient not eligible for follow-up	Х	-
	d functional outcomes assessment and care plan within the previous 30 days	Х	-
	oma cancer stage 0 through iic melanoma	Х	-
88946 Minimally inv	vasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as tal hyperplasia, lobular neoplasia, atypic	Х	-
	nsive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	-
	nsive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not	X	-
	assessment of adequacy of volume management	Х	-
	iving maintenance hemodialysis in an outpatient dialysis facility	Х	-
	t of adequacy of volume management not documented, reason not given	Х	-
	ess imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days	Х	-
88962 Cardiac stres	ess imaging test performed on patient for any reason including those who did not have low risk surgery or sperformed more than 30 days preceding low ri	Х	-
	ess imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years	Х	-
68964 Cardiac stres	ess imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had vears (e.g., symptomatic patient, patient grea	Х	-
	another oral anticoagulant that is fda approved prescribed	Х	_
88968 Documentati	tion of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not e.g., allergy, risk of bleeding, transient o	X	-
8969 Documentati	tion of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., cocial, and/or religious impediments, nonco	Х	-
	ors or one moderate risk factor for thromboembolism	Х	
9001 Mccd, initial		X	
99001 Mccd, miliai		X	
9002 Mccd, risk a		X	-

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	edications and should be directed to the Pharmacy link option within the website.	., .	
	Mccd, risk adj lo, initial	X	-
	Mccd, risk adj, maintenance	X	-
	Mccd, home monitoring	Χ	<del>-</del>
	Mccd, sch team conf	Χ	-
	Mccd,phys coor-care ovrsght	Χ	-
	Coordinated care fee, risk adjusted maintenance, level 3	X	-
39010	Coordinated care fee, risk adjusted maintenance, level 4	Χ	-
39011	Coordinated care fee, risk adjusted maintenance, level 5	Χ	-
9012	Other specified case mgmt	Χ	-
39013	Esrd demo basic bundle level i	Χ	-
39014	Esrd demo expanded bundle including venous access and related services	Х	-
39016	Demo-smoking cessation coun	Χ	-
39050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	Χ	-
	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	X	-
39053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Χ	-
39054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	Χ	-
39055	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Χ	-
39056	Oncology; practice guidelines; management adheres to guidelines	Χ	-
<del>3</del> 9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	Х	-
39059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	Х	-
39060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	Х	-
9061	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-
	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	X	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	X	-
9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	Х	-
39065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	Х	-
9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	Χ	
9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	Х	-
	Oncology; disease status; limited to small cell and combined small cell/non small cell	Х	_

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Codes De	escription	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not re	flect information regarding	immunizations, injectable drugs, or
-	cations and should be directed to the Pharmacy link option within the website.		
G9069 O	ncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	Х	-
39070 O	ncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	Х	-
39071 O	ncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9072 O	ncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-
39073 O	ncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
G9074 O	ncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
	ncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	X	-
39077 O	ncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
G9078 O	ncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
G9079 O	ncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	X	-
	ncology; disease status; prostate cancer, limited to adenocarcinoma	X	-
	ncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	X	-
G9084 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	X	-
G9085 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9086 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9087 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39088 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39089 O	ncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39090 O	ncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9091 O	ncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9092 O	ncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39093 O	ncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
G9094 O	ncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39095 O	ncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-
39096 O	ncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
	ncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	nformation regarding in	mmunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant	X	_
	cell ty		
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	X	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9101	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	Χ	-
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	X	-
G9105	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	X	-
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	X	-
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	X	-
G9108	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	V	
	cell	X	-
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous	V	
	cell	X	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous	.,	
	cell	X	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous	.,	
	cell	X	-
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	-
	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	X	_
	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		
30120	oriology, discuse stata, evarian earliest, infinited to patriologically stage patients with opinional earliest, stage land	X	-
30128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	
	Oncology; disease status; infliced to multiple myeloma, systemic disease, stage if of higher of higher of the cology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl		
פשופע	posit	X	-
20120	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	
	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma	^	-
וטופכ		X	-
20122	as p  Oncellary disease status; prostate cancer limited to adenocarsinome; harmone refractors/andragen independent		
- U I 3 /	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent	Χ	

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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, o
<u> </u>	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-
9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-
9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-
9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-
9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-
9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-
9140	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	-
9143	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	X
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	Х	-
9148	National committee for quality assurance - level 1 medical home	Х	-
9149	National committee for quality assurance - level 2 medical home	Х	-
	National committee for quality assurance - level 3 medical home	Х	-
	Mapcp demonstration - state provided services	Х	-
	Mapcp demonstration - community health teams	Х	-
	Mapcp demonstration - physician incentive pool	Х	-
	Transesophageal doppler used for cardiac monitoring	Х	-
	Bpci home visit	Х	-
	Beta not given no reason	Х	-
	Beta pres or already taking	Х	-
	Medical reason for no beta	Х	-
	Pt reason for no beta	Х	-
	System reason for no beta	Х	-
	Med reason for no ceph	X	-
	Order for ceph	X	-
	No order for ceph no reason	X	-
	Doc of dsm-iv init eval	X	-
	No doc of dsm-iv	X	-
	Pip proph ordered cd4 low	X	-
	Norsn no foot exam	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.	l v	
G9226 3 comp foot exam completed	X	-
G9227 Docrsn no care plan	X	<u>-</u>
G9228 Gc chl syp documented	X	-
G9229 Ptrsn no gc chl syp test	X	-
G9230 Norsn for gc chl syp test	X	-
G9231 Doc esrd dia trans preg	X	-
G9242 Doc viral load >=200	X	-
G9243 Doc viral load <200	X	<del>-</del>
G9246 No med visit in 24mo	X	-
G9247 1 med visit in 24mo	X	<del>-</del>
G9250 Doc of pain comfort 48hr	X	-
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	-
69274 Bp out of nrml limits	X	-
99275 Doc of non tobacco user	X	-
G9276 Doc of tobacco user	X	-
99277 Doc daily aspirin or contra	X	-
99278 Doc no daily aspirin	X	-
G9279 Pne scrn done doc vac done	X	-
G9280 Pne not given norsn	X	-
G9281 Pne scrn done doc not ind	X	-
G9282 Doc medrsn no histo type	X	-
G9283 Hist type doc on report	X	-
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	X	-
G9289 Doc type nsm lung ca	X	_
G9290 No doc type nsm lung ca	X	_
G9291 Not nsm lung ca	X	<u> </u>
G9292 Medrsn no pt category	X	<u> </u>
39293 No pt category on report	X	<u> </u>
	X	<u>-</u>
G9294 Pt cat and thick on report	X	
99295 Non cutaneous loc		-
G9296 Doc share dec prior proc	X	-
G9297 No doc share dec prior proc	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G9298 Eval risk vte card 30d prior	X	-
G9299 No eval riskk vte card prior	X	-
G9305 No interv req for leak	X	-
G9306 Interv req for leak	X	-
G9307 No ret for surg w in 30d	X	-
G9308 Unplnd ret to surg w in 30d	X	-
G9309 No unplnd hosp readm in 30d	X	-
G9310 Unplnd hosp readm in 30d	X	-
G9311 No surg site infection	X	-
G9312 Surgical site infection	X	-
G9313 Docrsn not first line amox	X	-
Separation Norsh not first line amox	X	-
G9315 Doc first line amox	X	-
G9316 Doc comm risk calc	X	-
S9317 No doc comm risk calc	X	-
99318 Image std nomenclature	X	-
99319 Image not std nomenclature	X	-
9321 Doc count of ct in 12mo	X	-
9322 No doc count of ct in 12mo	X	-
Sign System Syst	X	-
99342 No srch for ct in 12mo norsn	X	-
Sysrsn no dicom srch	X	-
9345 Follow up pulm nod	X	-
No follow up pulm nod norsn	X	-
9351 Doc >1 sinus ct w 90d dx	X	-
G9352 Not >1 sinus ct w 90d dx	X	-
G9353 Medrsn >1 sinus ct w 90d dx	X	-
G9354 Norsn >1 sinus ct w 90d dx	X	-
9355 No early ind/delivery	X	-
G9356 Early ind/delivery	X	-
G9357 Pp eval/edu perf	X	-
G9358 Pp eval/edu not perf	X	-
G9359 Neg mgd pos tb notact	X	_
G9360 No doc of neg or man pos tb	X	_
G9361 Medical indication for elective delivery or early induction	X	_
G9364 Sinus caus bac inx	X	_
G9367 2high risk med ord	X	-
G9368 2high risk no ord	X	-
G9380 Off assis eol iss	X	

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sclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, and the services are updated quarterly.	ionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
G9382 No off assis eol	X	-
G9383 Recd scrn hcv infec	X	-
G9384 Doc med reas no offer eol	X	-
G9385 Doc pt reas not rec hcv srn	X	-
G9386 Scrn hcv infec not recd	X	-
G9393 Ini phq9 >9 remiss <5	X	-
G9394 Dx bipol, death, nhres, hosp	Х	-
G9395   Ini phq9 >9 no remiss >=5	X	-
G9396 Ini phq9 >9 not assess	Х	-
G9408 Card tamp w/in 30d	X	-
G9409 No card tamp e/in 30d	X	-
S9410 Admit w/in 180d req remov	X	-
S9411 No admit w/in 180d req remov	X	-
99412 Admit w/in 180d req surg rev	X	_
S9413 No admit reg surg rev	Х	-
G9414 Idose menig vac btwn 11 & 13	Х	-
S9415 No 1dose meni vac btwn 11&13	Х	-
G9416 Tdap or td or 1tet/dipth	Х	-
S9417 No tdap or td or 1tet/dipth	Х	-
G9418 Lungcx bx rpt docs class	Х	-
G9419 Med reas no rpt histo type	Х	-
S9420 Spec site no lung	Х	-
G9421 Lung cx bx rpt no doc class	Х	-
G9422 Rpt doc class histo type	X	-
G9423 Med reas rpt no histo type	Х	-
69424 Site no lung or lung cx	Х	-
G9425 Spec rpt no doc class histo	X	-
G9426 Impr med time edarr pain med	Х	-
G9427 No impro med time pain med	X	-
G9428 Rpt pt cat and pt1	X	-
G9429 Doc med reas no pt cat	X	-
G9430 Spec site no cutaneous	X	-
G9431 No pt cat and pt1	X	_
G9432 Asth controlled	X	_
G9434 Asth not controlled	X	-
G9451 1x scrn hcv infect	X	-
G9452 Doc med reas no scrn hcv	X	
69453 Pt reas no hcv infect	X	
69454 No hcv infect srn	X	

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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 refle	ct information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	1 1	
G9455 Abd imag w/us, ct or mri	X	-
G9456 Doc med pt reas no hcc scrn	Х	-
G9457 No abd imag w/o reason	X	-
G9468 No recd cortico>=10mg/d >60d	X	-
S9470 No rec cortico>60d 1rx 600mg	X	-
G9471 W/in 2yr dxa not order	X	-
Services performed by chaplain in the hospice setting, each 15 minutes	X	-
G9474 Services performed by dietary counselor in the hospice setting, each 15 minutes	X	-
S9475 Services performed by other counselor in the hospice setting, each 15 minutes	X	-
Services performed by volunteer in the hospice setting, each 15 minutes	X	-
S9477 Services performed by care coordinator in the hospice setting, each 15 minutes	X	-
S9478 Services performed by other qualified therapist in the hospice setting, each 15 minutes	Χ	-
S9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-
99480 Admission to medicare care choice model program (mccm)	X	-
99481 Remote e/m new pt 10mins	Х	-
9482 Remote e/m new pt 20mins	X	-
99483 Remote e/m new pt 30mins	X	-
S9484 Remote e/m new pt 45mins	Х	-
9485 Remote e/m new pt 60mins	X	-
9486 Remote e/m est. pt 10mins	X	-
S9487 Remote e/m est. pt 15mins	Х	-
69488 Remote e/m est. pt 25mins	X	-
S9489 Remote e/m est. pt 40mins	Х	-
9490 Joint replac mod home visit	Х	-
Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	Х	-
9498 Antibiotic regimen prescribed	Х	-
Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using		
fluoroscopy, documented	X	-
Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for	,,	
procedure using fluoroscopy, reason not given	X	-
G9502 Med reas no perf foot exam	X	-
99504 Doc reas no hby status	X	-
Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	_
9506 Biologic immune response modifier prescribed	X	_
9507 Doc reas on statin or contra	X	-
9508 Documentation that the patient is not on a statin medication	X	-
Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	X	_
Remis12m not phg-9 score <5	X	-
9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	X	

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	Individual had a pdc of 0.8 or greater	Х	-
	Individual did not have a pdc of 0.8 or greater	Х	-
	Patient required a return to the operating room within 90 days of surgery	Х	-
	Patient did not require a return to the operating room within 90 days of surgery	Χ	-
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Х	-
	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Х	-
9518	Documentation of active injection drug use	Х	-
	Final ref +/- 1.0 w/in 90d	Х	_
	Refract not +/- 1.0 w/in 90d	X	_
	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	X	-
9522	Total number of emergency department visits and inpatient hospitalizations equal to or greater than two in the past 12 months or patient not screened, reason not given	Х	-
9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	Х	-
	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	Х	-
9531	Pt doc	Х	-
	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	X	-
	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	X	-
9539	Intent for potential removal at time of placement	Х	_
	Patient alive 3 months post procedure	X	-
	Filter removed within 3 months of placement	X	_
	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	-
	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement	X	-
9544	No filt remov w/in 3mos plcm	Х	-
	Cys ren les or adren	Х	-
	No f/u rec image study	X	-
	Doc med rsn for f/u imag	Х	-
	Imag rec	Х	-
	Imag no les	Х	-
	Incidental thyroid nodule < 1.0 cm noted in report	Х	-
	Prior thyroid disease diagnosis	X	-
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	X	_
	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	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
39557	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	X	-
	Door to puncture time of less than 2 hours	Х	-
9582	Door to puncture time of greater than 2 hours, no reason given	Χ	-
9593	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	Х	-
<del>3</del> 9594	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	-
39595	Doc shnt/tum/coag	Х	-
	Hd inj >24h/gcs >15/no res	X	-
	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	X	-
9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-
9603	Patient survey score improved from baseline following treatment	Х	-
	Patient survey results not available	Х	-
	Patient survey score did not improve from baseline following treatment	Х	-
	Intraoperative cystoscopy performed to evaluate for lower tract injury	Х	-
	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-
39608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-
	Documentation of an order for anti-platelet agents or p2y12 antagonists	X	-
	Doc md rsn no antipla/p2y12	X	-
	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	X	-
	Photodocumentation of one or more cecal landmarks to establish a complete examination	X	_
	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	X	_
	No photodocumentation of cecal landmarks to establish a complete examination	X	
	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Х	-
9620	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	-
9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Х	-
9622	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Х	-
9623	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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39624 Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive		
brief counseling, reason not given	X	-
Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
99626 Pt not elig	X	_
Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	
Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	
99629 Pt not elig	X	
9630 Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	X	
99632 Pt not elig	$\frac{1}{x}$	
99633 Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	X	
69637 Doc >1 dose reduc tech	X	
69638 No doc >1 dose reduc tech	X	<u> </u>
	X	-
69642 Current cigarette smokers		-
99643 Elective surgery	X	-
Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	X	-
Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	X	-
99646 Patients with 90 day mrs score of 0 to 2	X	-
Patients with 90 day mrs score greater than 2	X	-
99649 Psori tool doc w/benchmk	X	-
99651 Psori tool doc/no bnchmk met	X	-
Monitored anesthesia care (mac)	X	-
39655 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	X	-
S9656 Patient transferred directly from anesthetizing location to pacu	X	-
A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	X	-
9659 >85y no hx colo ca/rsn scope	X	-
9660 Doc med rsn scope pt >85y	X	-
9661 >85y scope othr rsn	X	-
9662 Previously diagnosed or have an active diagnosis of clinical ascvd	Х	-
69663 Fast/dir Idl <= 190 mg/dl	Х	-
9664 Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Х	-
9665 Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	Х	-
59666 The highest fasting or direct Idl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to	X	-
the beginning of the measurement period		
Patients with clinical ascvd diagnosis	X	-
Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	X	-
G9676 40-75y w/type 1/2 w/ldl-c rs	X	<u> </u>
99679 Acute care pneumonia	X	-

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recialty medications and should be directed to the Pharmacy link option within the website.		
99680 Acute care congestive heart	X	-
99681 Acute care chronic obstruct	X	-
G9682 Acute care skin infection	X	-
G9683 Acute care fluid or electrol	X	-
S9684 Acute care urinary tract inf	Х	<u>-</u>
G9685 Acute nursing facility care	X	<u> </u>
G9687 Hospice anytime msmt per	X	-
G9688 Pt w/hosp anytime msmt per	X	<del>-</del>
G9689 Inpt elect carotid intervent	X	<del>-</del>
9690 Pt rec hospice dur msmt per	X	-
G9691 Pt hosp dur msmt period	X	-
99692 Hosp recd by pt dur msmt per	X	-
99693 Pt use hosp during msmt per	X	-
99694 Hosp srv used pt in msmt per	X	-
99695 Long act inhal bronchdil pre	X	-
99696 Med rsn no presc bronchdil	X	-
99697 Pt rsn no presc bronchdil	X	-
Sys rsn no presc bronchdil	X	-
S9699 Long inhal bronchdil no pres	X	-
69700 Pt is w/hosp during msmt per	X	-
69702 Pt use hosp during msmt per	X	-
69703 Child anbx 30 prior dx phary	X	-
69704 Ajcc br ca stg i: t1 mic/t1a	X	-
69705 Ajcc br ca stg ib	X	-
69706 Low recur prost ca	X	-
69708 Bilat mast/hx bi /unilat mas	X	-
G9709 Hosp srv used pt in msmt per	X	-
69710 Pt prov hosp srv msmt per	X	-
69711 Pt hx tot col or colon ca	X	-
69712 Doc med rsn presc anbx	X	-
69713 Pt use hosp during msmt per	X	-
G9714 Pt is w/hosp during msmt per	X	-
G9715 Pt w/hosp anytime msmt per	X	_
69716 Bmi not norm, no follow, doc	X	_
69717 Doc dx depr/dx bipol, no scr	X	_
69718 Hospice anytime msmt per	X	-
69719 Pt not ambul/immob/wc	X	_
69720 Hospice anytime msmt per	X	<u> </u>
69721 Pt not ambul/immob/wc	X	<u> </u>

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pecialty medications and should be directed to the Pharmacy link option within the website.	l v	
G9722 Doc hx renal fail or cr+ >4	X	-
G9723 Hosp recd by pt dur msmt per	X	<del>-</del>
G9724 Pt w/doc use anticoag mst yr	X	<del>-</del>
G9725 Pt w/hosp anytime msmt per	X	-
G9726 Refused to participate	X	-
G9727 Pt unable cmplt knee fs prom	X	-
G9728 Refused to participate	X	-
G9729 Pt unbl cmplt hip fs prom	X	<u>-</u>
G9730 Refused to participate	X	-
G9731 Pt unbl cmplt ft/ank fs prom	X	-
G9732 Refused to participate	X	-
G9733 Pt unbl cmplt lb fs prom	X	-
G9734 Refused to participate	X	-
99735 Pt unbl cmplt shid fs prom	X	-
G9736 Refused to participate	X	-
99737 Pt unbl cmplt ewh fs prom	X	-
99740 Hosp srv to pt dur msmt per	X	-
99741 Pt w/hosp anytime msmt per	Х	-
G9744 Pt not elig, dx htn	X	-
99745 Doc rsn no scr high bp	X	-
G9746 Mit sten, valve or trans af	Х	_
G9752 Urgent surgery	X	-
G9753 Doc no dicom, ct other fac	X	-
G9754 Incid pulm nodule	X	-
G9755 Doc med rsn for imaging	X	-
G9756 Surg proc w/silicone oil	X	-
G9757 Surg proc w/silicone oil	X	_
G9758 Hospice or term phase	X	_
G9761 Pt w/hosp anytime msmt per	X	_
G9762 Pt had hpv b/t 9-13 yr	X	_
69763 Pt no hpv b/t 9-13 yr	X	_
G9764 Pt tx oral syst/bio med psor	X	_
69765 Pt decl chan/conind or <6m	X	<u> </u>
69766 Cva stroke dx tx transf fac	X	<u> </u>
39766 Cva stroke dx tx transi iac 39767 Hosp new dx cva consid evst	X	<u> </u>
	X	<u>-</u>
69768 Pt w/hosp anytime msmt per	X	
69769 Bn den 2yr/got ost med/ther		-
99770 Perip nerve block	X	-
G9771 Anes end, 1 temp >35.5(95.9)	X	-

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cialty medications and should be directed to the Pharmacy link option within the website.	l v I	
9772 Doc med rsn no temp >= 35.5	X	-
9773 No temp >35.5(95.9), anes	X	-
9774 Pt had hyst	X	-
9775 Recd 2 anti-emet pre/intraop	X	-
9776 Doc med rsn no proph antiem	X	-
9777 Pt no antiemet pre/intraop	X	-
9778 Pts dx w/pregn	X	-
9779 Pts breastfeeding	X	-
9780 Pts dx w/rhabdomyolysis	X	-
9781 Doc rsn no statin	X	-
9782 Hx dx fam/pure hypercholes	X	-
9784 Path/derm 2nd opin bx	X	-
9785 Path report sent	X	-
9786 Path report not sent	X	-
9787 Pt alive lst day msmt yr	X	-
9788 Most rct bp = 140/90</td <td>X</td> <td>-</td>	X	-
9789 Record bp ip, er, urg/self	X	-
9790 Most rct bp >/= 140/90	X	-
9791 Most rct tob stat free	X	-
9792 Most rct tob stat not free	X	-
9793 Pt on daily asa/antiplat	Х	-
9794 Doc med rsn no asa/antiplat	Х	-
9795 Pt no daily asa/antiplat	Х	-
9796 Pt not currently on statin	Х	-
9797 Pt currently on statin	Х	-
9805 Pt w/hosp anytime msmt per	X	-
9806 Pt recd cerv cyto/hpv	X	-
9807 Pt no recd cerv cyto/hpv	Х	-
9808 Pt no asthm cont med mst per	X	-
9809 Pt w/hosp anytime msmt per	X	-
9810 Pdc 75% w/asth cont med	X	-
9811 No pdc 75% w/asth cont med	X	-
9812 Pt died during inpt/30d aft	X	-
9813 Pt not died w/in 30d of proc	X	_
9818 Doc sex activity	X	
9819 Pt w/hosp anytime msmt per	X	
9820 Doc chlam scr test w/follow	X	<u> </u>
9821 No doc chiam scr test w/follow	X	<u> </u>
9822 Endo abl proc yr prev ind dt	X	-

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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 refle	ct information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
9823 Endo smpl/hyst bx res doc	X	-
9824 Endo smpl/hyst bx res no doc	X	-
9830 Her-2 pos	X	-
9831 Ajcc stg brt ca dx ii or iii	X	-
9832 Brt ca dx i, no t1/t1a/t1b	X	-
9838 Pt met dis at dx	X	-
9839 Anti-egfr mon anti ther	X	-
9840 Kras tst bfr beg anti moab	X	-
9841 No kras tst bfr beg ant moab	X	-
9842 Pt met dis at dx	X	-
9843 Kras gene mut	X	-
9844 Pt no recd anti-egfr ther	X	-
9845 Pt recd anti-egfr ther	X	-
9846 Pt died from cancer	X	-
9847 Pt recd chemo last 14d life	Х	-
9848 Pt no chemo last 14d life	X	-
9852 Pt died from cancer	X	-
9853 Icu stay last 30d life	Х	-
9854 No icu stay last 30d life	X	-
9858 Pt enroll hospice	X	-
9859 Pt died from cancer	Х	-
9860 Pt less 3d hospice	X	-
9861 Pt more than 3d hospice	Х	-
9862 Doc rsn no 10 yr follow	Х	-
9868 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use		
under the next generation aco model, less than 10 minutes	X	-
Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use	,,	
under the next generation aco model, 10-20 minutes	X	-
Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use	,,	
under the next generation aco model, 20 or more minutes	X	-
9873 1 em core session	X	-
19874 4 em core sessions	X	-
9875 9 em core sessions	X	_
9876 2 em core ms mo 7-9 no wl	X	-
9877 2 em core ms mo 10-12 no wl	X	-
9878 2 em core ms mo 7-9 wl	X	-
9879 2 em core ms mo 10-12 wl	X	_
9880 Em 5 percent wl	X	-
9881 Em 9 percent wi	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
99882 2 em ongoing ms mo 13-15 wl	X	-
99883 2 em ongoing ms mo 16-18 wl	X	-
G9884 2 em ongoing ms mo 19-21 wl	X	-
G9885 2 em ongoing ms mo 22-24 wl	X	-
S9890 Em bridge payment	X	<u> </u>
S9891 Em session reporting	X	<u> </u>
S9894 Adr dep thrpy prescribed	X	-
9895 Doc med rsn no adr dep thrpy	X	-
9896 Doc pt rsn no adr dep thrpy	X	-
S9897 Pt nt prsc adr dep thrpy rng	X	-
99898 Pt 66+ snp or Itc pos	X	-
99899 Scrn mam perf rslts doc	X	-
99900 Scrn mam perf rslts not doc	X	-
99901 Pt 66+ snp or ltc pos	X	-
99902 Pt scrn tbco and id as user	X	-
99903 Pt scrn tbco id as non user	X	-
9904 Doc med rsn no tbco scrn	X	-
S9905 No pt tbco scrn rng	X	-
9906 Pt recv tbco cess interv	X	-
S9907 Doc med rsn no tbco interv	X	-
9908 No pt tbco cess interv rng	Х	-
9909 Doc med rsn no tbco interv	X	-
69910 Pt 66+ snp or ltc pos	Х	-
S9911 Node neg pre/post syst ther	X	-
69912 Hbv status assesed and int	X	-
S9913 No hbv status assesd and int	X	-
69914 Pt receiving anti-tnf agent	X	-
S9915 No documntd hby results rcd	X	-
S9916 Funct status past 12 months	X	-
G9917 Adv dem crgvr limited	X	-
G9918 No funct stat perf, rsn nos	X	-
G9922 Sfty cncrns scrn nd mit recs	X	
69923 Safty cherns sern and neg	X	_
G9925 No scrn prov rsn nos	X	_
G9926 Sfty cncrns scrn but no recs	X	-
G9927 Doc no warf /fda pt trial	X	-
69928 No warf or fda drug presc	X	_
69929 Trs/rev af	X	<u> </u>
99930 Com care	X	<u> </u>

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bisclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quapecialty medications and should be directed to the Pharmacy link option within the website.	arterly. Additionally, these coding lists do not reflect information regarding	ng immunizations, injectable drugs, or
G9931 No chad or chad scr 0 or 1	X	_
G9932 Doc pt rsn no tb scrn recrds	X	_
G9938 Pt 66+ snp or ltc pos	X	_
G9939 Same path/derm perf biopsy	X	_
G9940 Doc reas no statin therapy	X	_
69942 Adtl spine proc on same date	X	_
69943 Bk pn nt msr vas scl pre/pst	X	_
G9945 Pt w/cancer scoliosis	X	_
69946 Bk pain no vas	X	_
69948 Adtl spine proc on same date	X	_
3949 Leg pain no vas	X	-
69954 Pt >2 rsk fac post-op vomit	X	-
19955 InhInt anesth only for induc	X	-
19956 Combo thrpy of >= 2 prophly	X	-
9957 Doc med rsn no combo thrpy	X	-
9958 No combo prohpyl thrp for pt	Х	-
9959 Systemic antimicro not presc	X	-
9960 Med rsn sys antimi nt rx	Х	-
9961 Systemic antimicro presc	X	-
19962 Embolization doc separatly	X	-
19963 Embolization not doc separat	Х	-
9964 Pt recv >=1 well-chld visit	Х	-
19965 No well-chld vist recv by pt	Х	-
9968 Pt refrd 2 pvdr/spclst in pp	X	-
9969 Pvdr rfrd pt rprt rcvd	X	-
9970 Pvdr rfrd pt no rprt rcvd	X	-
9976 Doc pat rsn no mac exm perf	X	-
9977 Dil mac exam no perf rsn nos	X	-
9978 Remote e/m new pt 10 mins	X	-
9979 Remote e/m new pt 20 mins	X	-
9980 Remote e/m new pt 30 mins	X	-
19981 Remote e/m new pt 45 mins	X	-
9982 Remote e/m new pt 60 mins	X	-
9983 Remote e/m est. pt 10 mins	X	-
9984 Remote e/m est. pt 15 mins	X	-
9985 Remote e/m est. pt 25 mins	X	-
9986 Remote e/m est. pt 40 mins	X	-
9987 Bpci advanced in home visit	X	-
69988 Pall serv during meas	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.	<del>,</del>	
G9989 Med rsn no pneum vax	X	<u>-</u>
G9992 Pall serv during meas	X	-
G9993 Pall serv during meas	X	-
G9994 Pall serv during meas	X	-
G9995 Pall serv during meas	X	-
G9996 Doc pt pal or hospice	X	-
G9997 Doc pt preg dur msrmt pd	X	-
G9998 Doc med rsn <3 colon	X	-
G9999 Doc sys rsn <3 colon	X	-
H0001 Alcohol and/or drug assess	X	-
H0002 Alcohol and/or drug screenin	X	-
H0003 Alcohol and/or drug screenin	X	-
H0004 Alcohol and/or drug services	X	-
H0005 Alcohol and/or drug services	X	-
H0006 Alcohol and/or drug services	X	-
H0007 Alcohol and/or drug services	X	-
H0008 Alcohol and/or drug services	X	-
H0009 Alcohol and/or drug services	X	-
H0010 Alcohol and/or drug services	X	-
H0011 Alcohol and/or drug services	Х	-
H0012 Alcohol and/or drug services	X	-
H0013 Alcohol and/or drug services	Х	-
H0014 Alcohol and/or drug services	Х	-
H0015 Alcohol and/or drug services	X	-
H0016 Alcohol and/or drug services	Х	-
H0017 Alcohol and/or drug services	Х	-
H0018 Alcohol and/or drug services	Х	-
H0019 Alcohol and/or drug services	Х	-
H0020 Alcohol and/or drug services	X	-
H0021 Alcohol and/or drug training	Х	-
H0022 Alcohol and/or drug interven	Х	-
H0023 Alcohol and/or drug outreach	Х	-
H0024 Alcohol and/or drug preventi	X	-
H0025 Alcohol and/or drug preventi	X	-
H0026 Alcohol and/or drug preventi	X	-
H0027 Alcohol and/or drug preventi	X	-
H0028 Alcohol and/or drug preventi	X	-
H0029 Alcohol and/or drug preventi	X	-
H0030 Alcohol and/or drug hotline	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
H0031 Mental health assessment, by non-physician	X	-
H0032 Mental health service plan development by non-physician	X	-
H0033 Oral medication administration, direct observation	X	-
H0034 Medication training and support, per 15 minutes	X	-
H0035 Mental health partial hospitalization, treatment, less than 24 hours	X	-
H0036 Community psychiatric supportive treatment, face-to-face, per 15 minutes	X	-
H0037 Community psychiatric supportive treatment program, per diem	X	-
H0038 Self-help/peer services, per 15 minutes	X	-
H0039 Assertive community treatment, face-to-face, per 15 minutes	X	-
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	X	-
H0043 Supported housing, per diem	X	-
H0044 Supported housing, per month	X	-
H0045 Respite care services, not in the home, per diem	X	-
H0046 Mental health services, not otherwise specified	X	-
H0047 Alcohol and/or other drug abuse services, not otherwise specified	X	-
H0048 Alcohol and/or other drug testing: collection and handling only, specimensother than blood	X	-
H0049 Alcohol/drug screening	X	-
H0050 Alcohol/drug service 15 min	X	-
H0051 Traditional healing service	X	-
H0052 Missing and murdered indigenous persons (mmip) mental health and clinical care	X	-
H0053 Historical trauma (ht) mental health and clinical care for indigenous persons	X	-
H1000 Prenatal care, at-risk assessment	X	-
H1001 Prenatal care, at-risk enhanced service; antepartum management	X	-
H1002 Prenatal care, at-risk enhanced service; care coordination	X	-
H1003 Prenatal care, at-risk enhanced service; education	X	-
H1004 Prenatal care, at-risk enhanced service; follow-up home visit.	X	-
H1005 Prenatal care, at-risk enhanced service package (includes h1001-h1004)	X	-
H1010 Non-medical family planning education, per session	X	-
H1011 Family assessment by licensed behavioral health professional for state definedpurposes	X	-
H2000 Comprehensive multidisciplinary evaluation	X	-
H2001 Rehabilitation program, per 1/2 day	X	-
H2010 Comprehensive medication services, per 15 minutes	Х	-
H2011 Crisis intervention service, per 15 minutes	Х	-
H2012 Behavioral health day treatment, per hour	X	-
H2013 Psychiatric health facility service, per diem	Х	-
H2014 Skills training and development, per 15 minutes	Х	-
H2015 Comprehensive community support services, per 15 minutes	Х	_

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H2016 Comprehensive community support services, per diem	X	-
H2017 Psychosocial rehabilitation services, per 15 minutes	X	<u>-</u>
H2018 Psychosocial rehabilitation services, per diem	X	-
H2019 Therapeutic behavioral services, per 15 minutes	X	-
H2020 Therapeutic behavioral services, per diem	X	-
H2021 Community-based wrap-around services, per 15 minutes	X	-
H2022 Community-based wrap-around services, per diem	X	-
H2023 Supported employment, per 15 minutes	X	•
H2024 Supported employment, per diem	X	-
H2025 Ongoing support to maintain employment, per 15 minutes	X	-
H2026 Ongoing support to maintain employment, per diem	X	-
H2027 Psychoeducational service, per 15 minutes	Х	-
H2028 Sexual offender treatment service, per 15 minutes	Х	-
H2029 Sexual offender treatment service, per diem	Х	-
H2030 Mental health clubhouse services, per 15 minutes	Х	-
H2031 Mental health clubhouse services, per diem	Х	-
H2032 Activity therapy, per 15 minutes	X	-
H2033 Multisystemic therapy for juveniles, per 15 minutes	X	-
H2034 Alcohol and/or drug abuse halfway house services, per diem	X	-
H2035 Alcohol and/or other drug treatment program, per hour	X	-
H2036 Alcohol and/or other drug treatment program, per diem	X	_
H2037 Developmental delay prevention activities, dependent child of client, per 15 minutes	X	<u> </u>
H2038 Skill train and dev/diem	X	_
H2040 Coordinated specialty care, team-based, for first episode psychosis, per month	X	_
H2041 Coordinated specialty care, team-based, for first episode psychosis, per encounter	X	_
K0005 Ultralightweight wheelchair	-	X
K0010 Stnd wt frame power whichr	_	X
K0011 Stnd wt marile power which:  K0011 Stnd wt pwr which:	_	X
K0012 Ltwt portbl power whichr	_	X
K0108 W/c component-accessory nos	-	X
	+	X
K0553 Ther cgm supply allowance	-	
K0554 Ther cgm receiver/monitor	-	X
K0606 Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	X
K0740 Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes	Х	-
K0800 Pov group 1 std up to 300 lbs	-	X
K0801 Pov group 1 hd 301-450 lbs	-	Χ
K0802 Pov group 1 vhd 451-600 lbs	-	X
K0806 Pov group 2 std up to 300lbs	-	X

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	cations and should be directed to the Pharmacy link option within the website.		
	ov group 2 hd 301-450 lbs	-	X
	ov group 2 vhd 451-600 lbs	-	X
	ower operated vehicle noc	-	X
K0813 P	wc gp 1 std port seat/back	-	Χ
K0814 P	wc gp 1 std port cap chair	-	X
K0815 P	wc gp 1 std seat/back	-	X
K0816 P	wc gp 1 std cap chair	-	X
K0820 P	wc gp 2 std port seat/back	-	X
K0821 P	wc gp 2 std port cap chair	-	X
K0822 P	wc gp 2 std seat/back	-	X
K0823 P	wc gp 2 std cap chair	-	X
K0824 P	wc gp 2 hd seat/back	-	X
K0825 P	wc gp 2 hd cap chair	-	X
K0826 P	wc gp2 vhd seat/back	-	X
K0827 P	wc gp 2 vhd cap chair	-	X
K0828 P	wc gp 2 xtra hd seat/back	-	X
K0829 P	wc gp 2 xtra hd cap chair	-	X
K0830 P	wc gp2 std seat elevate s/b	-	X
	wc gp2 std seat elevate cap	-	X
	wc gp2 std sing pow opt s/b	-	X
K0836 P	wc gp2 std sing pow opt cap	-	X
	wc gp 2 hd sing pow opt s/b	-	X
K0838 P	wc gp 2 hd sing pow opt cap	-	X
	wc gp2 vhd sing pow opt s/b	-	X
K0840 P	wc gp2 xhd sing pow opt s/b	-	X
K0841 P	wc gp2 std mult pow opt s/b	-	X
K0842 P	wc gp2 std mult pow opt cap	-	X
K0843 P	wc gp2 hd mult pow opt s/b	-	X
K0848 P	wc gp 3 std seat/back	-	X
K0849 P	wc gp 3 std cap chair	-	X
K0850 P	wc gp 3 hd seat/back	-	X
K0851 P	wc gp 3 hd cap chair	-	X
	wc gp 3 vhd seat/back	-	X
	wc gp 3 vhd cap chair	-	Χ
	wc gp 3 xhd seat/back	-	Χ
	wc gp 3 xhd cap chair	-	Χ
	wc gp3 std sing pow opt s/b	-	Χ
	wc gp3 std sing pow opt cap	-	Χ
	wc gp3 hd sing pow opt s/b	_	Х

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ecialty medications and should be directed to the Pharmacy link option within the website.		V
(0859 Pwc gp3 hd sing pow opt cap	-	X
0860 Pwc gp3 vhd sing pow opt s/b	-	X
0861 Pwc gp3 std mult pow opt s/b	-	X
0862 Pwc gp3 hd mult pow opt s/b	-	X
0863 Pwc gp3 vhd mult pow opt s/b	-	X
0864 Pwc gp3 xhd mult pow opt s/b	-	X
0868 Pwc gp 4 std seat/back	-	X
0869 Pwc gp 4 std cap chair	-	X
0870 Pwc gp 4 hd seat/back	-	Χ
0871 Pwc gp 4 vhd seat/back	-	Χ
0877 Pwc gp4 std sing pow opt s/b	-	Χ
0878 Pwc gp4 std sing pow opt cap	-	Χ
0879 Pwc gp4 hd sing pow opt s/b	-	Χ
0880 Pwc gp4 vhd sing pow opt s/b	-	Χ
0884 Pwc gp4 std mult pow opt s/b	-	Х
0885 Pwc gp4 std mult pow opt cap	-	X
0886 Pwc gp4 hd mult pow s/b	-	X
0890 Pwc gp5 ped sing pow opt s/b	-	Х
0891 Pwc gp5 ped mult pow opt s/b	-	Χ
0898 Power wheelchair noc	-	Χ
0900 Cstm dme other than wheelchr	-	Х
1001 Electronic posa treatment	Х	-
1002 Ces system w/supplies access	Х	-
1003 Whirlpool tub walkin portabl	X	-
1004 Lo freq us diathermy device	X	-
1005 Disp col sto bag breast milk	X	-
1007 Bil hkaf pc s/d micro sensor	-	Х
1009 Speech volume modulation sys	X	-
1018 External upper limb tremor stimulator of the peripheral nerves of the wrist	_	Х
1020 Non-invasive vagus nerve stimulator	_	X
1022 Endoskel posit rotat unit	_	X
1024 Non pneum comp control cal	_	X
1025 Non pneum compress full arm	_	X
1026 Mech allergen parti barrier	X	-
1027 Oral dev without fix mech		X
1028 Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the	-	^
	X	-
tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	0.1	
Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the pow source and control electronics unit, controlled by phone application, 90-day supply	er X	-

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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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding imi	munizations, injectable drugs,
(1030 External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Х	-
1031 Non-pneumatic compression controller without calibrated gradient pressure	-	Х
1032 Non-pneumatic sequential compression garment, full leg	-	X
1033 Non-pneumatic sequential compression garment, half leg	-	Х
Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared	Х	-
1036 Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Х	-
1037 Docking station for oral dev	Х	-
O480 Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
O482 Tlso, triplanar control, one piece rigid plastic shell with interface liner, multiple straps and closures, posterior exte	-	Х
O484 Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
O486 Tlso, triplanar control, two piece rigid plastic shell with interface liner, multiple straps and closures, posterior exte	-	Х
0700 Ctlso a-p-l control molded	-	Х
0710 Ctlso a-p-l control w/ inter	-	Χ
0810 Halo cervical into jckt vest	-	Х
0820 Halo cervical into body jack	-	Χ
0830 Halo cerv into milwaukee typ	-	Χ
0859 Addition to halo procedure, magnetic resonance image compatible systems, rings abd pins, any material	-	Х
0984 Protective body sock each	Х	-
0999 Add to spinal orthosis nos	-	Χ
1000 Ctlso milwauke initial model	-	Χ
1005 Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment	-	Χ
1200 Furnsh initial orthosis only	-	Х
1300 Body jacket mold to patient	-	X
1310 Post-operative body jacket	-	Χ
1499 Spinal orthosis nos	-	Х
Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise	-	Х
1690 Combination bilateral ho	+ - +	X
1844 Ko w/adj jt rot cntrl molded	<del>                                     </del>	X
2005 Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase	_	X
release, any type activation, includes ankle joint, any type,	<u> </u>	

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	Kaf sng/dbl swg/stn mcpr cus	_	X
	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro	-	X
2036	Kafo plas doub free knee mol	-	X
2037	Kafo plas sing free knee mol	-	Х
	Kafo w/o joint multi-axis an	-	Х
	Kafo fem fx cast molded to p	-	Χ
2627	Plastic mold recipro hip & c	-	Χ
2628	Metal frame recipro hip & ca	-	X
2840	Tibial length sock fx or equ	Х	-
850	Femoral Igth sock fx or equa	Х	-
999	Lower extremity orthosis nos	-	Х
215	Orthopedic ftwear ladies oxf	Х	-
216	Orthoped ladies shoes dpth i	Х	-
3217	Ladies shoes hightop depth i	Х	-
219	Orthopedic mens shoes oxford	Х	-
221	Orthopedic mens shoes dpth i	Х	-
222	Mens shoes hightop depth inl	Х	-
224	Woman's shoe oxford brace	-	Х
620	Trans shoe solid stirrup exi	-	X
640	Shoe dennis browne splint bo	-	X
649	Orthopedic shoe modifica nos	-	X
901	Hinge ext/flex wrist finger	-	X
904	Whfo electric custom fitted	-	Х
960	Sewho airplan desig abdu pos	-	X
3961	Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	Х
3967	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	Х
3971	Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	X
3973	Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	Х
975	Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	Х
3976	Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar.	-	Х
3977	Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t	-	Х

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recialty medications and should be directed to the Pharmacy link option within the website.		
_3978 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support	_	Χ
bar,		
.3999 Upper limb orthosis nos	-	X
.5010 Mold socket ank hgt w/ toe f	-	X
5020 Tibial tubercle hgt w/ toe f	-	X
5050 Ank symes mold sckt sach ft	-	X
5060 Symes met fr leath socket ar	-	X
.5100 Molded socket shin sach foot	-	X
5105 Plast socket jts/thgh lacer	-	X
.5150 Mold sckt ext knee shin sach	-	X
5160 Mold socket bent knee shin s	-	X
.5200 Kne sing axis fric shin sach	-	X
.5210 No knee/ankle joints w/ ft b	-	X
.5220 No knee joint with artic ali	-	X
5230 Fem focal defic constant fri	-	X
5250 Hip canad sing axi cons fric	-	Χ
5270 Tilt table locking hip sing	-	Χ
.5280 Hemipelvect canad sing axis	-	Χ
.5301 Below knee, molded socket, shin, sach foot, endoskeletal system	-	Χ
.5312 Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	X
5321 Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Х
Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х
5341 Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
5500 Init bk ptb plaster direct	-	Х
5505 Init ak ischal plstr direct	-	Х
5510 Prep bk ptb plaster molded	-	Х
5520 Perp bk ptb thermopls direct	-	Х
5530 Prep bk ptb thermopls molded	-	Х
5535 Prep bk ptb open end socket	-	Х
5540 Prep bk ptb laminated socket	-	Х
5560 Prep ak ischial plast molded	-	Х
5570 Prep ak ischial direct form	-	Х
5580 Prep ak ischial thermo mold	-	X
5585 Prep ak ischial open end	-	X
5590 Prep ak ischial laminated	- 1	X
5595 Hip disartic sach thermopls	-	X
5600 Hip disart sach laminat mold	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Above knee hydracadence	-	X
	Ak 4 bar link w/fric swing	-	X
	Ak 4 bar ling w/hydraul swig	-	X
	4-bar link above knee w/swng	-	X
	Ak univ multiplex sys frict	-	X
	Below knee wood socket	-	X
	Hip flex inner socket ext fr	-	X
	Isch containmt/narrow m-l so	-	X
	Ak flex inner socket ext fra	-	X
.5673	Addition to lower extremity, below knee/above knee, custom fabricated	-	Χ
.5679	Addition to lower extremity, below knee/above knee, custom fabricated	-	Χ
5681	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
.5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X
.5700	Replace socket below knee	-	X
.5701	Replace socket above knee	-	Χ
.5702	Replace socket hip	-	Χ
.5703	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X
	Custm shape cover hip disart	-	Χ
	Knee-shin exo fluid swing ph	-	Χ
	Knee-shin ext jnts fld swg e	-	X
5728	Knee-shin fluid swg & stance	-	X
	Knee-shin pneum/hydra pneum	-	X
.5781	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	X
5782	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system, heavy dut	-	Х
5783	Add low ext mec limb vol sys	-	Χ
5795	Exoskel hip ultra-light mate	-	Х
	Endo knee-shin hydral swg ph	-	X
5816	Endo knee-shin polyc mch sta	-	X
	Endo knee-shin frct swg & st	-	Х
	Endo knee-shin pneum swg frc	-	Х
	Endo knee-shin fluid swing p	-	Х
	Miniature knee joint	-	X
	Endo knee shin single axis	_	X
	Endo knee-shin fluid swg/sta	_	X
	Endo knee-shin pneum/swg pha	_	X
	Multi-axial knee/shin system	-	X

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pecialty medications and should be directed to the Pharmacy link option within the website.		V
L5841 Addition endoskletl knee-shi	-	X X
L5845 Knee-shin sys stance flexion	-	X
_5848 Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	
_5856 Elec knee-shin swing/stance	-	X X
_5857 Elec knee-shin swing only	-	^
Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X
Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	X
.5930 High activity knee frame	-	X
.5960 Endo hip ultra-light materia	-	X
.5961 Endo poly hip, pneu/hyd/rot	-	X
.5964 Above knee flex cover system	-	X
_5966 Hip flexible cover system	-	Х
.5968 Multiaxial ankle w dorsiflex	-	Х
Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	Х
5979 Multi-axial ankle/ft prosth	-	Х
5980 Flex foot system	-	X
.5981 Flex-walk sys low ext prosth	-	X
.5984 Endoskeletal axial rotation	-	X
.5987 Shank ft w vert load pylon	-	X
.5988 Vertical shock reducing pylo	-	X
.5990 Addition to lower extremity prosthesis, user adjustable heel height	-	X
.5991 Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	Х
.5999 Lowr extremity prosthes nos	-	X
.6026 Part hand myo exclu term dev	-	X
.6028 Part handfng endoskel molded	-	X
6029 Test interface part handfing	-	X
6030 External frame part handfing	-	X
.6031 Rep interface handfng molded	-	X
.6032 Part handfng ultralite tcf/=	-	X
6033 Part handfing acrylic	-	X
.6050 Wrst mld sck flx hng tri pad	-	Х
6055 Wrst mold sock w/exp interfa	-	Х
.6100 Elb mold sock flex hinge pad	-	Х
.6110 Elbow mold sock suspension t	-	Х
.6120 Elbow mold doub splt soc ste	-	Х
6130 Elbow stump activated lock h	_	X

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L6200 Elbow mold outsid lock hinge		X
L6205 Elbow molded w/ expand inter		X
L6250 Elbow inter loc elbow forarm		X
L6300 Shider disart int lock elbow	-	X
L6310 Shoulder passive restor comp	-	X
L6320 Shoulder passive restor cap	-	X
L6350 Thoracic intern lock elbow	-	X
L6360 Thoracic passive restor comp	-	X
L6370 Thoracic passive restor comp	-	X
_6400 Below elbow prosth tiss shap		X
_6450 Elb disart prosth tiss shap	<del>-</del> +	X
L6500 Above elbow prostn tiss shap	-	^ X
L6550 Shldr disar prosth tiss shap		X
L6570 Scap thorac prosth tiss shap	-	X
L6580 Wrist/elbow bowden cable mol		X
L6582 Wrist/elbow bowden cable moi		X
20082 Whistrelbow bowden cbi dir i		X
	-	
_6586 Elbow fair lead cable dir fo	-	X
_6588 Shdr fair lead cable molded	-	X
_6590   Shdr fair lead cable direct	-	
Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X
_6624 Upper extremity addition, flexion/extension and rotation wrist unit	-	X
_6638 Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X
L6646 Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	Χ
.6648 Upper extremity addition, shoulder lock mechanism, external powered actuator	-	Χ
.6660 Heavy duty control cable	-	Χ
_6693 Lockingelbow forearm cntrbal	-	Χ
_6694 Elbow socket ins use w/lock	-	X
L6700 Ue add ext power myoel	-	Х
	-	Х
_6713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	Х
L6714 Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	Х
_6715 Terminal device model #5xa	-	X
Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	1 - 1	X
_6722 Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	X

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	nedications and should be directed to the Pharmacy link option within the website.	r	
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	X
L6881	Automatic grasp feature, additional to upper limb prosthetic terminal device.	_	Х
	Microprocessor control feature, addition to upper limb prosthesis terminal device	-	X
	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	Х
_6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	Х
-6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	Х
-6890	Production glove	-	Χ
	Wrist disarticul switch ctrl	-	Χ
6925	Wrist disart myoelectronic c	-	Χ
6930	Below elbow switch control	-	Χ
6935	Below elbow myoelectronic ct	-	Χ
.6940	Elbow disarticulation switch	-	Χ
.6945	Elbow disart myoelectronic c	-	Χ
.6950	Above elbow switch control	-	Χ
6955	Above elbow myoelectronic ct	-	Χ
6960	Shldr disartic switch contro	-	Χ
6965	Shldr disartic myoelectronic	-	Χ
.6970	Interscapular-thor switch ct	-	Χ
6975	Interscap-thor myoelectronic	-	Х
7007	Electric hand, switch or myoelectric controlled, adult	-	Х
7008	Electric hand, switch or myoelectric, controlled, pediatric	-	Х
7009	Electric hook, switch or myoelectric controlled, adult	-	Х
7040	Prehensile actuator hosmer s	-	X
7045	Electron hook child michigan	-	Х
7170	Electronic elbow hosmer swit	-	Х
7180	Electronic elbow utah myoele	-	Х
.7181	Electronic elbo simultaneous	-	Х
7185	Electron elbow adolescent sw	-	X
7186	Electron elbow child switch	-	Х
	Elbow adolescent myoelectron	-	Χ
	Elbow child myoelectronic ct	-	Х
	Electronic wrist rotator any	-	Х
	Add to upp extr user adj mec	-	Χ
	Upper extremity prosthes nos	-	Х
	Prosthetic donning sleeve, any material, each	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
L7900 Vacuum erection system	X	-
_7902 Tension ring, for vacuum erection device, any type, replacement only, each	X	-
_8010 Mastectomy sleeve	X	-
_8031 Breast prosthesis, silicone or equal, with integral adhesive	X	-
.8033 Nipple prosthesis custom, ea	X	-
.8035 Custom breast prosthesis	X	-
.8040 Nasal prosthesis	-	Χ
.8041 Midfacial prosthesis	-	Χ
.8042 Orbital prosthesis	-	Χ
.8043 Upper facial prosthesis	-	Χ
.8044 Hemi-facial prosthesis	-	Χ
.8045 Auricular prosthesis	-	Χ
.8046 Partial facial prosthesis	-	Χ
.8047 Nasal septal prosthesis	-	Χ
.8048 Unspec maxillofacial prosth	-	Χ
8049 Repair maxillofacial prosth	-	Χ
.8410 Sheath above knee	-	Χ
.8465 Shrinker upper limb	-	Х
.8499 Unlisted misc prosthetic ser	-	Χ
.8511 Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only	-	Χ
.8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis	-	Χ
.8515 Gel cap app device for trach	-	Χ
.8600 Implant breast silicone/eq	-	Χ
.8605 Tissue expander implant	-	Χ
.8609 Artificial cornea	-	X
.8614 Cochlear device/system	-	Х
.8615 Coch implant headset replace	-	Х
.8616 Coch implant microphone repl	-	Х
.8617 Coch implant trans coil repl	-	Х
8618 Coch implant tran cable repl	-	Х
.8619 Cochlear implant, external speech processor and controller, integrated system, replacement	-	Х
.8621 Repl zinc air battery	-	X
Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	X
8624 Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	Х
8627 Cochlear implant, external speech processor, component, replacement		Х
8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	-	Х
.8630 Metacarpophalangeal implant	-	Х
.8631 Metacarpal phalangeal joint replacement, two or more pieces, metal	_	Χ

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pecialty medications and should be directed to the Pharmacy link option within the website.		V
L8641 Metatarsal joint implant	-	X
L8658 Interphalangeal joint implnt	-	X
_8659 Interphalangeal finger joint replacement, 2 or more pieces, metal	-	X
_8670 Vascular graft, synthetic	-	X
_8679 Imp neurosti pls gn any type	-	X
_8680 Implantable neurostimulator electrode (with any number of contact points), each	X	-
.8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator	-	X
_8682 Implantable neurostimulator radiofrequency receiver	-	X
_8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	-	X
L8684 Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel a bladde	and _	X
.8685 Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Х	-
.8686 Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Х	-
.8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Х	-
.8688 Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Х	-
.8689 External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise		Х
.8690 Auditory osseointegrated device, includes all internal and external components	-	X
.8691 Auditory osseointegrated device, external sound processor, replacement	-	Χ
.8692 Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, include headband	des X	-
.8693 Aud osseo dev, abutment	-	Χ
.8699 Prosthetic implant nos	-	Χ
.8701 Pow ue rom dev ewh uprt cust	-	X
.8702 Pow ue rom dev ewhf uprt cus	-	X
External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle	e, per leg X	-
.8721 Receptor sole for use with l8720, replacement, each	Х	-
9900 O&p supply/accessory/service	-	Χ
10001 Advancing cancer care mips value pathways	Х	-
10002 Optimal care for kidney health mips value pathways	Х	-
10004 Supportive care for neurodegenerative conditions mips value pathways	Х	-
10005 Promoting wellness mips value pathways	Х	-
10010 Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced se	ervices X	-
10075 Cellular therapy	Х	-
10076 Prolotherapy	Х	-
10100 Intragastric hypothermia	Х	-
10300 Iv chelationtherapy	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	T V T	
M0301 Fabric wrapping of aneurysm	Х	-
M1003 Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease	X	-
modifying anti-rheumatic drug therapy for ra		
/1004 Doc med rsn no srn tb	Х	-
11005 Tb screening not performed or results not interpreted, reason not given	X	-
11006 Disease activity not assessed, reason not given	X	-
11007 >=50% of total number of a patient's outpatient ra encounters assessed	X	-
11008 < 50% of total number of a patient's outpatient ra encounters assessed	X	-
11009 Dc eoc doc med rec	X	-
11010 Dc eoc doc med rec	X	-
11011 Dc eoc doc med rec	X	-
11012 Dc eoc doc med rec	X	-
11013 Dc eoc doc med rec	X	-
11014 Dc epi care doc medrec	X	-
11016 Female patients unable to bear children	X	-
11017 Patient admitted to palliative care services	Х	-
11018 Pt dx hst cr pt sk lg cr scr	Х	-
11019 Adl pt mj dep ds rs 12 phq<5	Х	-
11020 Adl pt mj dep ds no rs 12 mo	Х	-
11021 Patient had only urgent care visits during the performance period	Х	-
11027 Imaging of the head (ct or mri) was obtained	Х	-
11028 Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained	Х	-
11029 Imaging of the head (ct or mri) was not obtained, reason not given	Х	-
11032 Adults currently taking pharmacotherapy for oud	X	-
11034 Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap		
of more than seven days	X	-
11035 Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous	.,	
treatment	X	-
11036 Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud	.,	
without a gap of more than seven days	X	-
11037 Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	Х	-
11038 Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	X	_
11039 Patients with a diagnosis of lumbar spine region infection at the time of the procedure	X	-
11040 Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	X	-
11041 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis		
To The autorit had barroot, rectain of infootion rolated to the familiar opinio of patient flad idiopatino of congenital socilosis	Х	-
11043 Fs no odi 9-15mo	X	-
11045 Fs oks 9-15mo = 37	Х	-
M1046 Fs oks 9-15mo = 37	Х	_

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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 refle	ct information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
M1049 Fs wth scr no odi pre and p	Х	-
M1051 Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
M1052 Lg pn not meas w/ vas 1yr po	Х	-
/1054 Patient had only urgent care visits during the performance period	Х	-
/1055 Aspirin or another antiplatelet therapy used	X	-
1/1056 Presc antico med in pp	X	-
/1057 Aspirin or another antiplatelet therapy not used, reason not given	X	-
11058 Patient was a permanent nursing home resident at any time during the performance period	Х	-
11059 Patient was in hospice or receiving palliative care at any time during the performance period	X	-
11060 Patient died prior to the end of the performance period	Х	-
/1067 Hospice services for patient provided any time during the measurement period	Х	-
11068 Adults who are not ambulatory	X	-
1/1069 Patient screened for future fall risk	Х	-
11070 Patient not screened for future fall risk, reason not given	X	-
Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Х	-
11072 Rom rad therapy anal, pc	Х	-
11073 Rom rad therapy anal, tc	X	-
11074 Rom rad therapy bladder, pc	X	-
11075 Rom rad therapy bladder, to	X	-
11076 Rom rad ther bone mets, pc	Χ	-
/1077 Rom rad ther bone mets, tc	X	-
11078 Rom rad ther brain mets, pc	Х	-
11079 Rom rad ther brain mets, tc	Χ	-
11080 Rom rad therapy breast, pc	X	-
11081 Rom rad therapy breast, to	X	-
11082 Rom rad therapy cervical, pc	X	-
11083 Rom rad therapy cervical, tc	X	-
11084 Rom rad therapy cns, pc	Χ	-
11085 Rom rad therapy cns, tc	X	-
11086 Rom rad ther colorectal, pc	X	-
11087 Rom rad ther colorectal, tc	X	-
11088 Rom rad ther head/neck, pc	X	-
11089 Rom rad ther head/neck, tc	Х	-
11094 Rom rad therapy lung, pc	Х	-
/1095 Rom rad therapy lung, tc	Х	-
11096 Rom rad therapy lymphoma, pc	X	-
M1097 Rom rad therapy lymphoma, to	Х	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
M1098 Rom rad therapy pancreas, pc	X	-
M1099 Rom rad therapy pancreas, pc	X	<del>-</del>
M1100 Rom rad therapy prostate, pc	X	-
M1101 Rom rad therapy prostate, tc	X	-
M1102 Rom rad therapy gi, pc	X	-
M1103 Rom rad therapy gi, tc	X	-
M1104 Rom rad therapy uterus, pc	X	-
M1105 Rom rad therapy uterus, to	X	-
M1106 Start eoc doc med rec	X	-
M1107 Docu dx degen neuro	X	-
M1108 Oc ni pt 1-2 vis	X	-
M1109 Oc ni pt dc 1-2 vis	X	-
M1110 Oc ni pt selfdc 1-2 vis	X	-
M1111 Start eoc doc med rec	X	-
M1112 Docu dx degen neuro	X	-
M1113 Oc ni pt 1-2 vis	X	-
M1114 Oc ni pt dc 1-2 vis	X	-
M1115 Oc ni pt selfdc 1-2 vis	X	-
M1116 Start eoc doc med rec	Х	-
M1117 Docu dx degen neuro	Х	-
M1118 Oc ni pt 1-2 vis	X	-
M1119 Oc ni pt dc 1-2 vis	Х	-
M1120 Oc ni pt selfdc 1-2 vis	X	-
M1121 Start eoc doc med rec	X	-
M1122 Docu dx degen neuro	Х	-
M1123 Oc ni pt 1-2 vis	X	-
M1124 Oc ni pt dc 1-2 vis	Х	-
M1125 Oc ni pt selfdc 1-2 vis	X	-
M1126 Start eoc doc med rec	X	-
M1127 Docu dx degen neuro	Х	-
M1128 Oc ni pt 1-2 vis	X	-
M1129 Oc ni pt dc 1-2 vis	X	-
M1130 Oc ni pt self dc 1-2 vis	X	-
M1131 Docu dx degen neuro	X	-
M1132 Oc ni pt 1-2 vis	X	-
M1133 Oc ni pt dc 1-2 vis	X	-
M1134 Oc ni pt self dc 1-2 vis	Х	-
M1135 Start eoc doc med rec	X	-

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M1142 Emerge cases	l x l	
M1143 Ni rehab med chiro	X	_
M1146 Ongoing care not ind	X	-
M1147 Care not poss med rsn	X	_
W11148 Pt self dschg	X	-
M1149 No neck fs prom incap	X	-
M1150 Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-
M1151 Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	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	X	-
M1156 Patient received active chemotherapy any time during the measurement period	X	-
M1157 Patient received bone marrow transplant any time during the measurement period	X	-
M1158 Patient had history of immunocompromising conditions prior to or during the measurement period	X	-
M1159 Hospice services provided to patient any time during the measurement period	X	-
//1160 Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Х	-
M1161 Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-
M1162 Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-
M1163 Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	-
M1164 Patients with dementia any time during the patient's history through the end of the measurement period	Х	-
M1165 Patients who use hospice services any time during the measurement period	Х	-
M1166 Pathology report for tissue specimens produced from wide local excisions or re-excisions	Х	-
M1167 In hospice or using hospice services during the measurement period	Х	-
M1168 Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-
M1169 Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-
Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-
Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-
Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	х	-
Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
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	Х	-
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster	Х	_
	vaccine)	^	-
M1176	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster		
	recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the	X	-
	measurement period		
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the	Χ	
	end of the measurement period	^	_
M1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the	Х	_
	pneumococcal vaccine)	^	-
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and	Х	
	before or during measurement period	^	-
M1180	Patients on immune checkpoint inhibitor therapy	X	-
M1181	Grade 2 or above diarrhea and/or grade 2 or above colitis	Χ	-
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	_
		^	
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or	X	_
	administered	^	_
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant		
	treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical	X	_
	interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies,	^	
	other medical reasons/contraindication)		
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants	Х	
	prescribed or administered was not performed, reason not given		-
	Patients who have an order for or are receiving hospice or palliative care	X	-
<i>I</i> 1187	Patients with a diagnosis of end stage renal disease (esrd)	X	-
<i>I</i> 11188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	X	-
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-	Х	
	creatinine ratio (uacr) performed	^	-
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate	Х	
	(egfr) and urine albumin-creatinine ratio (uacr)	^	<u>-</u>
И <u>119</u> 1	Hospice services provided to patient any time during the measurement period	Х	-
M1192	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-
	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by	Х	
	immunohistochemistry, msi by dna-based testing status, or both	^	-

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	dications and should be directed to the Pharmacy link option within the website.  Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or	T	
	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	Х	
	, , , , , , , , , , , , , , , , , , , ,	^	-
	sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)		
M1195	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by		
	immunohistochemistry, msi by dna-based testing status, or both, reason not given	Х	-
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than	Х	
	or equal to 4	^	-
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-	Х	
	up visit score	^	-
M1198	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score	Х	
	or assessment was not completed during the follow-up encounter	^	-
M1199	Patients receiving rrt	Х	-
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Х	-
	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement		
	period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of	V	
	hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	Х	-
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period,	V	
	(e.g., patient declined, other patient reasons)	Х	-
M1203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Χ	-
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than	V	
	or equal to 4	Х	<del>-</del>
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-	V	
	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	-
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-
	Most recent hemoglobin a1c level > 9.0%	X	-
	Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)	X	-
	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%		
		Х	-
<i>J</i> 1214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	Х	-

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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	formation regarding	immunizations, injectable drugs, or
	redications and should be directed to the Pharmacy link option within the website.	•	
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia	Х	-
	or tracheostomy)		
M1216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed	X	-
	with results documented during the encounter		
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment	X	_
	not available at the time of the encounter)		
	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	X	-
И1220	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	X	
	interpretation documented and reviewed; with evidence of retinopathy	^	-
M1221	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	Χ	
	interpretation documented and reviewed; without evidence of retinopathy	^	-
/11222	Glaucoma plan of care not documented, reason not otherwise specified	Χ	-
<i>I</i> 1223	Glaucoma plan of care documented	Χ	-
<i>I</i> 1224	Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	Х	-
	Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	Х	-
	lop measurement not documented, reason not otherwise specified	Х	-
	Evidence-based therapy was prescribed	Х	-
	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv		-
	treatment initiated within 3 months of the reactive hcv antibody test	X	
<b>/</b> 11229	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred		
	within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection	X	-
/11230	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv		
200	antibody test and has a follow up hcv viral test that detects hcv viremia and is not referred to a clinician who treats hcv		
	infection within 1 month and does not have how treatment initiated within 3 months of the reactive how antibody test,	X	-
	reason not given		
11221	Patient receives how antibody test with nonreactive result	Χ	
		X	-
	Patient receives how antibody test with reactive result	^	<u>-</u>
/11233	Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason	X	-
14004	not given	· · · · · · · · · · · · · · · · · · ·	
	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	Χ	<u>-</u>
/11235	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period	X	-
11236	Baseline mrs > 2	Х	_
	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and		
1201	interpersonal safety (e.g., patient declined or other patient reasons)	Χ	-
11229	Documentation that administration of second recombinant zoster vaccine could not occur during the performance		
VI 1230	period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	Χ	
	penou due to the recommended 2-6 month interval between doses (i.e, mst dose received after october 31)	^	-
11220	Detions did not reasoned to the question of nations fall board and understood by this provider and to an	Х	
/i i Z 3 9	Patient did not respond to the question of patient felt heard and understood by this provider and team	Λ	-

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	Patient did not respond to the question of patient felt this provider and team put my best interests first when making	X	<u>-</u>
	recommendations about my care		
И1241	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	X	-
<i>I</i> 1242	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life	Х	-
<i>I</i> 1243	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team	Х	-
<i>I</i> 1244	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	-
Л1245	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	-
Л1246	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	-
Л1247	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	-
Л1248	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	-
И1249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life	Х	-
M1250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	Х	-
M1251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)	Х	-
Л1252	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	-
<i>I</i> 1253	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	-
<i>I</i> 1254	Patients who were deceased when the hu survey reached them	Х	-
Л1255	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and have a positive pregnancy test but have not established the clinic as an ob provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	х	-
11256	Prior history of known cvd	Х	
	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified	X	-
/11258	Cvd risk assessment performed, have a documented calculated risk score	Х	
	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	X	-

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	Description  Places note that coverage may very by plan type and may not follow the lieted covides. These codes are undeted questody. Additionally, these coding liete do not reflect in	Not Covered	Preauthorization Require
	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,
	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor	.,	
	transplant within the first year following initiation of dialysis	Х	-
11261	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Х	-
	Patients who had a transplant prior to initiation of dialysis	Х	-
	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Х	-
	Cms medical evidence form 2728 for dialysis patients: initial form completed	Х	-
	Patients admitted to a skilled nursing facility (snf)	Х	-
1267	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney- pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-
1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-
1269	Receiving esrd mcp dialysis services by the provider on the last day of the reporting month	Х	-
	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the		
	measurement period	Х	-
1271	Patients with dementia at any time prior to or during the month	Х	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms- 2728 form	Х	-
1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	Х	-
1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Х	-
1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	Х	-
	Colorectal cancer screening results documented and reviewed	X	-
	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	X	-
	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	X	-
1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-
1281	Blood pressure reading not documented, reason not given	Х	-
	Patient screened for tobacco use and identified as a tobacco non-user	X	-
	Patient screened for tobacco use and identified as a tobacco user	X	-
	Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	Х	-
1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified	Х	-
1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
<i>I</i> 1287	Bmi is documented below normal parameters and a follow-up plan is documented	Х	_
<i>I</i> 1288	Documented reason for not screening or recommending a follow-up for high blood pressure	Х	-
	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in	V	
	the six months prior to the measurement period (counseling and/or pharmacotherapy)	Х	-
<i>I</i> 1290	Patient not eligible due to active diagnosis of hypertension	Х	-
	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	Х	-
11292	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period	Х	-
11293	Bmi is documented above normal parameters and a follow-up plan is documented	Х	-
	Normal blood pressure reading documented, follow-up not required	Х	-
	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Х	-
	Bmi is documented within normal parameters and no follow-up plan is required	X	-
	Bmi not documented due to medical reason or patient refusal of height or weight measurement	X	-
	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	X	-
11299	Influenza immunization administered or previously received	Х	-
	Influenza immunization was not administered for reasons documented by clinician (e.g., patient allergy or other		
	medical reasons, patient declined or other patient reasons, vaccine not available or other system reasons)	Х	-
/1301	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	Х	-
/1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	Х	-
11303	Hospice services provided to patient any time during the measurement period	Х	-
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-
11305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-
1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period	Х	-
	Documentation stating the patient has received or is currently receiving palliative or hospice care	X	-
	Influenza immunization was not administered, reason not given	X	-
	Palliative care services provided to patient any time during the measurement period	X	-
	Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user	X	-

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	edications and should be directed to the Pharmacy link option within the website.	Х	
	Anaphylaxis due to the vaccine on or before the date of the encounter	X	-
	Patient not screened for tobacco use	Χ	-
	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	X	-
	Bmi not documented and no reason is given	Х	
	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	X	-
	Colorectal cancer screening results were not documented and reviewed, reason not otherwise specified  Current tobacco non-user	X	<u> </u>
		X	-
	Patients who are counseled on connection with a csp and explicitly opt out	^	<u>-</u>
	Patients who did not have documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening or documentation that there was no contact with a csp	X	-
	Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after		
	screening	X	-
	Patients who screened positive for at least 1 of the 5 hrsns	Х	
	Patients who were not seen within 7 weeks following the date of injection for follow up or who did not have a		
	documented iop or no plan of care documented if the iop was >25 mm hg	X	-
	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)	.,	
	with tonometry with documented iop =<25 mm hg for injected eye	Х	-
	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (iop)	.,	
	with tonometry with documented iop >25 mm hg and a plan of care was documented	Х	-
	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free	.,	
	triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Х	-
	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time		
	for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and	.,	
	had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment)	X	-
	3		
11326	Patients with a diagnosis of hypotony	Х	-
	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks	V	
		Х	-
11328	Patients with a diagnosis of acute vitreous hemorrhage	X	-
	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 8	V	
	weeks after initial acute pvd encounter	Χ	-
	Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)	Х	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from	Х	
	initial exam	X	-
11332	Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks	Х	-
11333	Acute vitreous hemorrhage	Х	
	Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2		
	weeks after initial acute pvd encounter	X	-

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		Preauthorization Required
	formation regarding	immunizations, injectable drugs, o
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	-
Acute pvd	Х	-
Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive	Х	-
Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive	Х	-
	Х	-
· · · · · · · · · · · · · · · · · · ·	X	-
	X	
Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the	X	-
	Х	-
Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	X	_
		_
		_
		-
		_
Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician	X	-
Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with	Х	-
Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment	X	-
Patients who did not have a completed suicide safety plan initiated, reviewed or updated in collaboration with their	X	-
Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration	Х	-
Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-
	Х	-
Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index	Х	-
	Х	-
	adeatance and should be directed to the Pharmacy link option within the website.  Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)  Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks  Acute pvd  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  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  Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period  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  Patients who did during the performance period  Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam  Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score  Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score  Patients who had a baseline pam score and a second score within 6 to 12 month period  Patients who achieved a net increase in pam score of at least 6 points within a 6 to 12 month period  Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)  Patients who achieved a net increase in pam score of at least 3 points within 6 to 12 month period (Passing)  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  Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their patie	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding last do not reflect information regarding decidencies and should be deceded to the Pharmacy link option within the website.  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  X Acute pvd  X 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 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 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  X Patients who died during the performance period  X Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam  Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score  X Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score  X Patients who had a baseline pam score and a second score within 6 to 12 month period (excellent)  X Patients who had a baseline pam score of at least 6 points within a 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  Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician co

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Codes Description		Preauthorization Require
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these codi specialty medications and should be directed to the Pharmacy link option within the website.	ng lists do not reflect information regarding in	nmunizations, injectable drugs, o
M1359 Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms of	or increased	
suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained	X X	-
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	_
M1364 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	_
11366 Focusing on women's health mips value pathway	X	_
1367 Quality care for the treatment of ear, nose, and throat disorders mips value pathway	X	
11368 Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway	X	_
11369 Quality care in mental health and substance use disorders mips value pathway	X	_
11370 Rehabilitative support for musculoskeletal care mips value pathway	X	_
11371 Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	X	_
11372 Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	X	_
11373 Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	X	
11374 An additional encounter with an ra diagnosis during the performance period or prior performance period	that is at least	
90 days before or after an encounter with an ra diagnosis during the performance period	X X	-
M1375 An additional encounter with an ra diagnosis during the performance period or prior performance period	that is at least	
90 days before or after an encounter with an ra diagnosis during the performance period	X X	-
M1376 An additional encounter with an ra diagnosis during the performance period or prior performance period	that is at least	
90 days before or after an encounter with an ra diagnosis during the performance period	X X	-
11377 Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report	t and	
communicated with patient	X	-
11378 Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate	prep familial	
or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expecta		_
years, other medical reasons)	andy v to	
11379 A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	X	_
11380 Filled at least two prescriptions during the performance period for any combination of the qualifying oral		
medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed		_
"denominator note"	a dilaci	
Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting	of	
subarachnoid hemorrhage) within 5 days of the initial procedure	X X	-
11382 Patient encounter during the performance period with place of service code 11	X	
11383 Acute pvd	X	
11384 Patients who died during the performance period	X	
11385 Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less	than four	
months between baseline pam assessment and follow-up	X	-

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	edications and should be directed to the Pharmacy link option within the website.		
И1386	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of	X	_
	0, i, or ii at the start of the performance period		
	Patients who died during the performance period	X	-
	Patients with documentation of an exam performed for recurrence of melanoma	X	-
<i>I</i> 1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation		
	must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	X	-
	least one method must be documented)		
И1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the	Х	
	performance period	^	-
/11391	All patients who were diagnosed with recurrent melanoma during the current performance period	X	-
/11392	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation		
	must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	X	-
	least one method must be documented)		
/1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	Х	-
	Stages i-iii breast cancer	Х	-
	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
	Patients on a therapeutic clinical trial	Х	-
	Patients with recurrence/disease progression	Х	-
	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-
	Patients who leave the practice during the follow-up period	Х	-
	Patients who died during the follow-up period	Х	-
	Stages i-iii breast cancer	X	-
	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
	Patients with baseline and follow-up promis surveys documented in the medical record	X	-
	Patients on a therapeutic clinical trial	X	-
	Patients with recurrence/disease progression	X	_
	Patients who leave the practice during the follow-up period	X	_
	Patients who died during the follow-up period	X	-
	Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary		
	peritoneal cancer	Х	-
/11409	Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of		
	diagnosis	X	-
/11/110	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of		
	diagnosis	X	-
<i>I</i> 1⊿11	Currently on first-line immune checkpoint inhibitors without chemotherapy	Х	<u> </u>
	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or	^	
vi 1 <del></del> 1 Z	other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1		
	rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	X	-
	rearrangement, brai voode mutation, nitk 1/2/3 gene rusion, met ex 14 skipping mutation, and ret rearrangement		

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<sup>\*\*</sup>Preauth after 3rd rental month when criteria not met.



odes Description	Not Covered	Preauthorization Require
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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs
11413 Patients who had a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune checkpoint		
inhibitor therapy	X	-
11414 Documentation of medical reason(s) for not performing the pd-I1 biomarker expression test prior to initiation of first-line		
immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would	X	-
jeopardize the patient's health status; other medical reasons/contraindication)		
11415 Patients who did not have a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune	V	
checkpoint inhibitor therapy	X	-
M1416 Patient received hospice services any time during the performance period	Х	-
M1417 Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	V	
	X	-
11418 Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current	V	
vaccination because of a medical contraindication documented by clinician	X	-
1/1419 Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current	V	
vaccination	X	-
/1420 Complete ophthalmologic care mips value pathway	X	-
11421 Dermatological care mips value pathway	Х	-
11422 Gastroenterology care mips value pathway	Х	-
/1423 Optimal care for patients with urologic conditions mips value pathway	Х	-
/1424 Pulmonology care mips value pathway	Х	-
11425 Surgical care mips value pathway	X	-
P9020 Platelet rich plasma, each unit	Х	-
P9099 Blood component/product noc	-	X
20479 Power module combo vad, rep	-	X
20480 Driver for use with pneumatic ventricular assist device, replacement only	-	X
20481 Microprocessor control unit for use with electric ventricular assist device, replacement only	-	Χ
Q0482 Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	_	Х
20483 Monitor/display module for use with electric ventricular assist device, replacement only	-	X
Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Χ
20489 Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X
20495 Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
00508 Miscellaneous supply or accessory for use with an implanted ventricular assist device	-	Х
04047 Cast supplies, short leg splint, pediatric (0-10 years), plaster	-	X
04050 Cast supplies, for unlisted types and materials of casts	-	X
09001 Va chaplain assessment	Х	-
09002 Va chaplain counsel individu	Х	-

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	Va chaplain counsel group	Х	
	Va whole health partner serv	X	
	Partial hospitalization services, less than 24 hours, per diem	X	<u> </u>
	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	X	
	Paramedic intercept, hospital-based als service (non-voluntary), non-transport	X	<u> </u>
	Wheelchair van, mileage, per mile	X	
	Non-emergency transportation; mileage	X	
	Medical conference by physic	X	<u> </u>
	Medical conference by physic  Medical conference, 60 min	X	
	Comprehensive geriatric assessment and treatment planning performed by assessment team	X	
	Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designa	^	-
50233	nospice referral visit (advising patient and family of care options) performed by hurse, social worker, of other designa	Х	-
0257	End of life counseling	Х	-
S0260	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-
0265	Genetic counseling, under physician supervision, each 15 minutes	Х	-
	Physician management f patient home care standard monthly case rate per 30 days	Х	-
	Physician management of patient home care hospice monthly case rate per 30 days	Х	-
	Physician management of patient home care episodic care monthly case rate per 30 days	Х	-
	Physician visit at members home outside of a capitation arrangement	Х	-
	Nurse practioner visit at members home outside of a capitation arrangement	Х	-
	Medical home program, comprehensive care coordination and planning, initial plan	Х	-
	Medical home program, comprehensive care coordination and planning, maintenance of plan	Х	-
	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Х	-
	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	Х	-
0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	Х	-
	Comprehensive management and care coordination for advanced illness, per calendar month	Х	-
	Disease management program, initial assessment and initiation of program	Х	-
	Disease management program, followup assessment	Х	-
	Disease management program; per diem	Х	-
	Telephone calls by reg nurse to disease management program member	Х	-
0340	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	Х	-
30341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	Х	-
30342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	Х	

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not refle	ect information regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.		
0390	Routine foot care; removal and/or trimming of corns, calluses and/or nails andpreventive maintenance in specific	X	_
	medical		
	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	X	-
	Global fee for extracorporeal shock wave lithortripsy treatment of kidney stone(s)	X	-
	Disposable contact lens, per lens	X	-
	Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-
0506	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
510	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-
)512	Daily wear specialty contact lens, per lens	X	-
514	Color contract lens, per lens	X	-
515	Scleral lens, liquid bandage device, per lens	X	-
516	Safety eyeglass frames	X	-
518	Sunglasses frames	Х	-
)580	Polycarbonate lens (list this code in addition to the basic code for the lens)	Х	-
)581	Nonstandard lens (list this code in addition to the basic code for the lens)	Х	-
)590	Integral lens service, miscellaneous services reported separately	Х	-
)592	Comprehensive contact lens evaluation	X	-
)595	Dispensing new spectacle lenses for patient supplied frame	X	-
	Phakic intraocular lens for correction of refractive error	Х	-
0601	Screening proctoscopy	X	-
610	Annual gynecological examina	X	-
	Annual gynecological examina	X	-
	Annual gynecological examination; clinical breast examination without pelvic examination	X	-
	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Х	-
	Routine ophthalmological exa	X	-
	Routine ophthalmological exa	X	-
	Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and	· ·	
	managem	X	-
630	Removal of sutures	Х	-
	Laser in situ keratomileusis	Х	-
	Photorefractive keratectomy	Х	-
	Phototheraputic keratectomy (ptk)	X	-
	Deluxe item, patient aware (list in addition to code for basic item)	X	-
	Customized item (list in addition to code for basic item)	X	_
	Iv tubing extension set	X	-
	Non-pvc intravenous administ	X	-
	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	X	-

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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 in pecialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	j immunizations, injectable drugs, o
S1031 Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to		
monitor	X	-
S1034 Art pancreas system	Х	
31035 Art pancreas inv disp sensor	X	
S1036 Art pancreas ext transmitter	X	
S1037 Art pancreas ext receiver	X	-
S1040 Cranial remodeling orthosis, rigid w/soft interface material	X	-
S1091 Stent, non-coronary, temporary, with delivery system (propel)	X	-
C2053 Transplantation of small int	Х	-
Transplantation of multivisc	Х	-
S2055 Harvesting of donor multivis	Х	-
S2060 Lobar lung transplantation	Х	-
S2061 Donor lobectomy (lung)	Х	-
52065 Simultaneous pancreas kidney transplantation	Х	-
Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfe	Х	-
Breast reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) and/or glutea	Х	-
Breast reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anastomosis and clos	Х	-
2070 Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser	Х	
2079 Laparoscopic esophagomyotomy (heller type)	X	-
2080 Laser-assisted uvulopalatoplasty (laup)	Х	_
2083 Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	X	-
2095 Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	X	_
2102 Islet cell tissue transplant	Х	-
2103 Adrenal tissue transplant	Х	-
Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	Х	-
2112 Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Х	<u> </u>
2115 Osteotomy, periacetabular, with internal fixation	X	-
2117 Arthroereisis, subtalar	X	-
2118 Metal-on-metal total hip resurfacing, including acetabular and femoral components	X	-
2120 Low density lipoprotein(IdI)	X	-
2140 Cord blood harvesting	X	-
2142 Cord blood-derived stem-cell	X	-
Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including	X	
phe	^	_ 

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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,
ecialty medications and should be directed to the Pharmacy link option within the website.		
S2152   Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s),	X	_
procurement,		
S2202 Echosclerotherapy	X	-
2205 Minimally invasive direct co	Χ	-
2206 Minimally invasive direct co	Х	-
2207 Minimally invasive direct co	X	-
2208 Minimally invasive direct co	X	-
2209 Minimally invasive direct co	X	-
2225 Myringotomy, laser-assisted	X	-
2230 Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Х	-
2235 Implantation of auditory brain stem implant	X	-
2260 Induced abortion, 17 to 24 weeks, any surgical method	Х	-
2265 Abortion for fetal indication, 25-28 weeks	Х	-
2266 Abortion for fetal indication, 29-31 weeks	Х	-
2267 Abortion for fetal induction, 32 weeks or greater	Х	-
2300 Arthroscopy, shoulder, surgi	Х	-
2325 Hip core decompression	Х	_
2340 Chemodenervation of abductor	X	_
2341 Chemodenervation of adductor muscle(s) of vocal cord	X	_
2342 Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus		
cavity(	X	-
2348 Decompress disc rf lumbar	Х	_
2350 Diskectomy, anterior, with d	X	
2351 Diskectomy, anterior, with d	X	
2400 Repair, congenital hernia in the fetus, procedure performed in utero	X	
2401 Repair, urinary tract obstruction in the fetus, procedure performed in utero	X	
2402 Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	X	
2403 Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	X	<u>-</u>
2404 Repair, extraobal pulmonary sequestration in the retus, procedure performed in utero	X	<u>-</u>
2405 Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	X	-
2405 Repair of sacrococcygear teratorna in the retus, procedure performed in utero, not otherwise classified	X	-
	X	-
Petoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	^	-
Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	X	-
3000 Diabetic indicator; retinal eye exam, dilated, bilateral	Х	
Performance measurement, evaluation of patient self assessment, depression	Х	-
3600 Stat laboratory request (situations other than s3601)	Х	-
B601 Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility	Х	-
3620 Newborn metabolic screening	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
S3630 Eosinophil count, blood direct	X	-
S3645 Hiv-1 antibody testing of or	X	-
S3650 Saliva test, hormone level;	X	-
S3652 Saliva test, hormone level;	X	-
S3655 Antisperm antibodies test (immunobead)	X	<u> </u>
S3708 Gastrointestinal fat absorpt	X	-
S3722 Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	X	-
S3800 Genetic testing for amyotrophic lateral sclerosis (als)	X	-
S3840 Dna analysis for germline mutations of the ret proto-oncogene	X	-
S3841 Genetic testing for retinoblastoma	X	-
S3842 Genetic testing for von hippel-lindau disease	X	-
S3844 Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	X	-
G3845 Genetic testing for alpha-thalassemia	X	-
S3846 Genetic testing for hemoglobin e beta-thalassemia	Х	-
Genetic testing for niemann-pick disease	Х	-
Gametic testing for sickle cell anemia	Х	-
Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	Х	-
S3853 Genetic testing for myotonic muscular dystrophy	Х	-
Gene expression profiling panel for use in the management of breast cancer treatment	Х	-
Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada	Х	
syndrom	^	-
S3865 Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Х	-
Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known I mu	ncm X	-
Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/	or X	-
S3900 Surface electromyography (emg)	X	-
S3902 Ballistocardiogram	X	_
S3904 Masters two step	X	_
64005 Interim labor facility global (labor occurring but not resulting in delivery)	X	
S4011 In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	X	-
S4013 Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-
S4014 Complete cycle, zygote intrafallopian transfer (zift), case rate	Х	-
S4015 Complete in vitro fertilization cycle, case rate	Х	-
64016 Frozen in vitro fertilization cycle, case rate	Х	-
64017 Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	_
64018 Frozen embryo transfer procedure cancelled before transfer, case rate	X	-
64020 In vitro fertilization procedure cancelled before aspiration, case rate	X	_

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y medications and should be directed to the Pharmacy link option within the website.		
1 In vitro fertilization procedure cancellation after aspiration, case rate	X	-
2 Assisted oocyte fertilization, case rate	X	-
Donor egg cycle, incomplete, case rate	X	-
4 Air polymer-type a intrauterine foam, per study dose	X	-
Donor services for in vitro fertilization (sperm or embryo), case rate	X	-
Procurement of donor sperm from sperm bank	X	-
7 Storage of previously frozen embryos	X	-
8 Microsurgical epididymal sperm aspiration (mesa)	X	-
Sperm procurement and cryopreservation services; initial visit	X	-
Sperm procurement and cryopreservation services; subsequent visit	X	-
5 Stimulated intrauterine insemination (iui), case rate	X	-
7 Cryopreserved embryo transfer, case rate	X	-
Monitoring and storage of cryopreserved embryos, per 30 days	X	-
2 Ovulation mgmt per cycle	X	-
Insertion of levonorgestrel-releasing intrauterine system	X	-
9 Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	X	-
0 Nicotine patches, legend	X	-
11 Nicotine patches, non-legend	X	-
3 Contraceptive pills for birth control	X	-
5 Smoking cessation gum	X	-
Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	X	-
Home infusion therapy, repair of infusion device (e.g., pump repair)	X	-
Day care services, adult, per 15 minutes	X	-
Day care services, adult, per half day	X	-
2 Day care services, adult, per diem	X	-
Day care services, center based, not incl in program fee, per diem	X	-
18 Home care training to home care client, per 15 minutes	X	-
9 Home care training to home care client, per 15 minutes per session	X	-
0 Home care training, family, per 15 minutes	X	-
1 Home care training, family, per session	X	-
5 Home care training, non-family, per 15 minutes	X	-
6 Home care training, non-family, per session	X	-
Chore services, per 15 minutes	X	-
Home care training, family, per diem	X	-
5 Attendant care services, per 15 minutes	X	-
Attendant care services, per diem	X	-
Homemaker service, nos, per 15 minutes	X	-
Homemaker services, nos, per diem	X	-
5 Companion care, adult, per 15 minutes	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
S5136 Companion care, adult, per diem	X	-
S5140 Foster care, adult, per diem	X	-
S5141 Foster care, adult, per month	Х	-
S5145 Foster care, therapeutic, child, per diem	X	-
S5146 Foster care, therapeutic, child, per month	X	-
S5150 Unskilled respite care, not hospice, per 15 minutes	X	<u> </u>
S5151 Unskilled respite care, not hospice, per diem	X	<del>-</del>
S5160 Emergency response system, installation and testing	X	<del>-</del>
S5161 Emergency response system, service fee per month	X	<del>-</del>
S5162 Emergency response system, purchase only	Х	-
S5165 Home modifications, per service	Х	-
S5170 Home delivered meals, including preparation, per meal	Х	-
S5175 Laundry service, external, professional, per order	X	-
S5180 Home health respiratory therapy, initial evaluation	X	-
S5181 Home health respiratory therapy, nos, per diem	Х	-
S5185 Medication reminder services, no face to face, per month	X	-
S5190 Wellness assessment, performed by non-physician	Х	-
S5199 Personal care item, nos, each	Х	-
S5550 Insulin, rapid onset, 5 units	Х	-
S5551 Insulin, most rapid onset (lispro or aspart); 5 units	Х	-
S5552 Insulin, intermediate acting (nph or lente); 5 units	Х	-
S5553 Insulin, long acting; 5 units	Х	-
S5560 Insulin delivery device, reusable pen; 1.5 ml size	Х	-
S5561 Insulin delivery device, reusable pen; 3 ml size	Х	-
S5565 Insulin cartridge for use in insulin delivery device other than pump; 150 units	Х	-
S5566 Insulin cartridge for use in insulin delivery device other than pump; 300 units	Х	-
S5570 Insulin delivery device, disposable pen (including insulin); 1.5 ml size	X	-
S5571 Insulin delivery device, disposable pen (including insulin); 3 ml size	X	-
S8030 Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	X	-
S8035 Magnetic source imaging	X	-
S8037 Magnetic resonance cholangiopancreatography (mrcp)	X	-
S8040 Topographic brain mapping	X	_
S8042 Magnetic resonance imaging (mri), low-field	X	
S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used with the physician		
doing	X	-
S8080 Scintimammography	X	
S8085 Fluorine-18 fluorodeoxygluco	X	<u> </u>
S8092 Electron beam computed tomog	X	<u>-</u>
S8096 Portable peak flow meter	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.	1	
S8097 Asthma kit (including but not limited to portable peak expiratory flow meter, instructional vide, brochure, and/or space	Х	-
S8100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask	Х	-
S8101 Holding chamber or spacer for use with an inhaler or nebulizer; with mask	X	-
S8110 Peak expiratory flow rate (p	X	-
S8120 Oxygen contents, gaseous, 1 unit equals 1 cubic foot	X	-
S8121 Oxygen contents, liquid, 1 unit equals 1 pound	X	-
S8130 Interferential current stimulator, 2 channel	Х	-
S8131 Interferential current stimulator, 4 channel	X	-
S8185 Flutter device	Х	-
S8186 Swivel adaptor	Х	-
S8189 Tracheotomy supply, not otherwise classified	Х	-
S8210 Mucus trap	Х	-
S8265 Haberman feeder for cleft lip/palate	Х	-
S8270 Enuresis alarm, using auditory buzzer and/or vibration device	X	-
S8301 Infect control supplies nos	Х	-
S8415 Supplies for home delivery of infant	Х	-
S8420 Gradient pressure aid (sleeve and glove combination), custom made	Х	-
S8421 Gradient pressure aid (sleeve and glove combination), ready made	Х	-
S8422 Gradient pressure aid (sleeve), custom made, medium weight	Х	-
S8423 Gradient pressure aid (sleeve), custom made, heavy weight	Х	-
S8424 Gradient pressure aid (sleeve), ready made	Х	-
S8425 Gradient pressure aid (glove), custom made, medium weight	Х	-
S8426 Gradient pressure aid (glove), custom made, heavy weight	Х	-
68427 Gradient pressure aid (glove), ready made	Х	-
S8428 Gradient pressure aid (gauntlet), ready made	Х	-
S8429 Gradient pressure exterior wrap	Х	-
88430 Padding for compression bandage, roll	Х	-
S8431 Compression bandage, roll	Х	-
S8450 Splint, prefabricated, digit (specify digit by use of modifier)	Х	-
S8451 Splint, prefabricated, wrist or ankle	Х	-
S8452 Splint, prefabricated, elbow	Х	-
S8460 Camisole, post-mastectomy	Х	-
S8490 Insulin syringes (100 syringes, any size)	X	-
S8930 Auricular electrostim	X	-
S8940 Equestrian/hippotherapy, per session	Х	-
S8948 Application of a modality (requiring constant provider attendance) to one or	X	-
S8950 Complex lymphedema therapy,	X	-
Physical or manipulative therapy performed for maintenance rather than restoration	X	-

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Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes	are updated quarterly. Additionally, these coding lists do not reflect infor	rmation regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	T		
S8999 Resuscitation bag		X	-
S9001 Home uterine monitor with or		X	-
S9002 Intra-vag motion sens biofk		Х	-
S9007 Ultrafiltration monitor		Х	-
9024 Paranasal sinus ultrasound		Χ	-
S9025 Omnicardiogram/cardiointegra		X	-
S9034 Extracorporeal shockwave lithotripsy for gall stones (if performed with a	ercp,	Χ	-
9055 Procuren or other growth fac		Χ	-
9056 Coma stimulation per diem		Χ	-
S9061 Medical supplies and equipme		X	-
9083 Global fee urgent care centers		Х	-
9088 Services provided in urgent		Х	-
9090 Vertebral axial decompressio		Х	-
S9097 Home visit for wound care		Х	-
Home visit, phototherapy services (e.g., bililite), including equipment re	ntal, nursing services, blood draw, supplies a	Х	-
Telemonitoring of patient in their home, including all necessary equipm software; maintenance; patient education and support; per	ent; computer system, connections, and	Х	-
9117 Back school, per visit		Х	-
9122 Home health aide or certifie		X	-
9123 Nursing care, in the home; b		Х	-
9124 Nursing care, in the home; b		Х	-
9125 Respite care, in the home, p		X	-
9126 Hospice care, in the home, p		X	-
19127 Social work visit, in the ho		X	-
9128 Speech therapy, in the home,		X	-
9129 Occupational therapy, in the		X	-
9131 Physical therapy, in the home, per diem		X	-
9140 Diabetic management program,		X	-
9141 Diabetic management program,		X	-
19145 Insulin pump initiation, instruction in initial use of pump (pump not inclu	ded)	X	_
19150 Evaluation by ocularist	333)	X	_
9152 Speech therapy, re-evaluation		X	-
9208 Home management of preterm labor, (do not use this code with any ho	me infusion per diem code)	X	-
9209 Home management of preterm premature rupture of membranes (ppro		X	_
9211 Home management of gestational hypertension	····/	X	_
9212 Home management of postpartum hypertension		X	
9213 Home management of preeclampsia		X	
9214 Home management of gestational diabetes		X	

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specialty medications and should be directed to the Pharmacy link option within the website.	I v I	
S9341 Home therapy; enteral nutrition; via gravity	X	-
S9342 Home therapy; enteral nutrition via pump	X	<u>-</u>
S9343 Home therapy; enteral nutrition via bolus	X	<u>-</u>
S9381 Delivery or service to high risk areas requiring escort or extra protection, per visit	X	-
S9401 Anticoagulation clinic, inclusive of all services except laboratory tests, persession	X	-
S9430 Pharmacy compounding and dispensing services	X	-
S9432 Med food non inborn err meta	X	-
S9433 Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	X	-
S9434 Modified solid food supplements for inborn errors of metabolism	X	-
S9436 Childbirth preparation/lamaze classes, non-physician provider, per session	X	<u>-</u>
S9437 Childbirth refresher classes, non-physician provider, per session	X	<u> </u>
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	-
S9443 Lactation classes, non-physical provider per session	X	-
S9444 Parenting classes, non-physician provider, per session	X	-
S9445 Patient education, not otherwise classified, non-physician provider, individual, per session	X	-
S9446 Patient education, not otherwise classified, non-physician provider, group, 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	-
S9452 Nutrition classes, non-physician provider, per session	Х	-
S9453 Smoking cessation classes, non-physician provider, per session	Х	-
S9454 Stress management classes, non-physician provider, per session	X	-
S9455 Diabetic management program,	Х	-
S9460 Diabetic management program,	X	-
S9465 Diabetic management program,	X	-
S9470 Nutritional counseling, diet	X	-
S9472 Cardiac rehabilitation progr	X	-
S9473 Pulmonary rehabilitation pro	X	-
S9474 Enterostomal therapy by a re	X	-
S9475 Ambulatory setting substance	X	-
S9476 Vestibular rehabilitation program, non-physician provider, per diem	X	-
S9480 Intensive outpatient psychia	X	-
S9482 Family stabilization services, per 15 minutes	X	-
S9484 Crisis intervention mental health services, per hour	X	-
S9485 Crisis intervention mental h	X	<u> </u>

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ecialty medications and should be directed to the Pharmacy link option within the website.		
Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	Х	-
9563 Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care		
coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem	Х	-
9900 Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-
9901 Christian sci nurse visit	X	-
9960 Air ambulanc nonemerg fixed	X	-
9961 Air ambulan nonemerg rotary	X	-
9970 Health club membership, annual	X	-
9975 Transplant related lodging, meals and transportation, per diem	X	-
9976 Lodging, per diem, not otherwise specified	X	-
9977 Meals, per diem, not otherwise specified	X	-
9981 Medical records copying fee, administrative	Х	-
9982 Medical records copying fee, per page	X	-
9986 Not medically necessary service (patient is aware that service not medically necessary)	X	-
9988 Services provided as part of a phase i clinical trial	Х	-
9989 Services provided outside of the united states of america (list in addition to code(s) for service(s)	Х	-
9990 Services provided as part of	Х	-
9991 Services provided as part of	Х	-
9992 Transportation costs to and	Х	-
9994 Lodging costs (e.g. hotel ch	Х	-
9996 Meals for clinical trial par	Х	-
9999 Sales tax	Х	-
1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes	Х	-
001 Nursing assessment/evaluation	Х	-
1002 Rn services, up to 15 minutes	Х	-
003 Lpn/lvn services, up to 15 minutes	Х	-
O04 Services of a qualified nursing aide, up to 15 minutes	Х	-
1005 Respite care services, up to 15 minutes	Х	_
1006 Alcohol and/or substance abuse services, family/couple counseling	Х	-
1007 Alcohol and/or substance abuse services, treatment plan development and/or modification	X	-
1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services	X	
Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-
1012 Alcohol and/or substance abuse services, skills development	Х	<u>-</u>
1013 Sign language or oral interpreter services	X	
1014 Telehealth transmission, per minute, professional services bill separately	Х	-
1015 Clinic visit/encounter, all-inclusive	Х	-

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1016 Case management, each 15 minutes	Х	
T1017 Targeted case management, each 15 minutes	X	_
Γ1018 School-based individualized education program (iep) services, bundled	X	
Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-
Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-
1021 Home health aide or certified nurse assistant, per visit	Х	-
1022 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 X	-
1024 Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or sever	ely X	-
Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, n	n X	-
Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, n	n X	-
1027 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	-
Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Х	-
1030 Nursing care, in the home, by registered nurse, per diem	Х	-
1031 Nursing care, in the home, by licensed practical nurse, per diem	Х	-
1032 Sv doula brth wrk per 15 min	X	-
1033 Sv doula brth wrk per diem	Х	-
1040 Comm bh clinic svc per diem	X	-
1041 Comm bh clinic svc per month	X	-
Administration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit	Х	-
1503 Administration of medication other than oral and/or injectable by a health care agency professional per visit	X	-
1505 Elec med comp dev, noc	Х	-
1999 Miscellaneous therapeutic items and supplies, retail purchases, not otherwiseclassified; identify product in "remarks"	Х	-
2001 Non-emergency transportation; patient attendant/escort	X	-
2002 Non-emergency transportation; per diem	X	-
2003 Non-emergency transportation; encounter/trip	Х	-
2004 Non-emergency transport; commercial carrier, multi-pass	X	-
2005 Non-emergency transportation; non-ambulatory stretcher van	X	-
2007 Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Х	-

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2010 Preadmission screening and resident review (pasrr) level i id screening, per screen	X	-
2011 Preadmission screening and resident review (pasrr) level ii eval, per eval	X	-
2012 Habilitation, educational; waiver, per diem	X	-
Habilitation, educational, waiver; per hour	X	-
2014 Habilitation, prevocational, waiver; per diem	X	-
2015 Habilitation, prevocational, waiver; per hour	X	-
2016 Habilitation, residential, waiver; per diem	X	-
2017 Habilitation, residential, waiver; 15 minutes	X	-
2018 Habilitation, supported employment, waiver; per diem	X	-
2019 Habilitation, supported employment, waiver; per 15 minutes	X	-
2020 Day habilitation, waiver; per diem	X	-
2021 Day habilitation, waiver; per 15 minutes	X	-
2022 Case management, per month	X	-
2023 Targeted case management; per month	X	-
2024 Service assessment/plan of care development, waiver	X	-
2025 Waiver services; not otherwise specified (nos)	X	-
2026 Specialized childcare, waiver; per diem	X	-
2027 Specialized childcare, waiver; per 15 minutes	X	-
2028 Specialized supply, not otherwise specified, waiver	X	-
2029 Specialized medical equipment, not otherwise specified, waiver	X	-
2030 Assisted living, waiver; per month	X	-
2031 Assisted living; waiver, per diem	X	-
2032 Residential care, not otherwise specified (nos), waiver; per month	X	-
2033 Residential care, not otherwise specified (nos), waiver; per diem	X	-
2034 Crisis intervention, waiver; per diem	X	-
2035 Utility services to support medical equipment and assistive technology/devices, waiver	X	-
2036 Therapeutic camping, overnight, waiver; each session	X	-
2037 Therapeutic camping, day, waiver; each session	X	-
2038 Community transition, waiver; per service	X	-
2039 Vehicle modifications, waiver; per service	X	_
2040 Financial management, self-directed, waiver; per 15 minutes	X	_
2041 Supports brokerage, self-directed, waiver; per 15 minutes	X	_
2042 Hospice routine home care; per diem	X	-
2043 Hospice continuous home care; per diem	X	
2044 Hospice continuous nome care; per nour 2044 Hospice inpatient respite care; per diem	X	<u> </u>
2044 Prospice impatient respite care, per diem  2045 Hospice general inpatient care; per diem	X	<u> </u>
2045 Hospice long term care, room and board only; per diem	X	-
2046 Hospice long term care, room and board only, per diem  2047 Hab prevo waiver per 15	X	<u> </u>
2047   Hab prevo waiver per 15 2048   Behavioral health; long-term care residential (non-acute care in a residential program, per diem	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
Non-emergency transportation; stretcher van, mileage; per mile	X	-
Financial mgt waiver/diem	X	-
T2051 Support broker waiver/diem	X	-
T2101 Human breast milk processing, storage and distribution only	X	-
4521 Adult size brief/diaper sm	X	-
4522 Adult size brief/diaper med	X	-
4523 Adult size brief/diaper Ig	Х	-
-4524 Adult size brief/diaper xl	Х	-
4525 Adult size pull-on sm	Х	-
74526 Adult size pull-on med	X	-
4527 Adult size pull-on Ig	X	-
4528 Adult size pull-on xl	X	-
74529 Ped size brief/diaper sm/med	X	-
4530 Ped size brief/diaper Ig	X	-
4531 Ped size pull-on sm/med	X	-
4532 Ped size pull-on lg	X	-
4533 Youth size brief/diaper	X	-
4534 Youth size pull-on	X	-
4535 Disposable liner/shield/pad	X	-
4536 Reusable pull-on any size	X	-
4537 Reusable underpad bed size	X	-
4538 Diaper serv reusable diaper	X	-
4539 Reuse diaper/brief any size	X	-
4540 Reusable underpad chair size	X	-
4541 Large disposable underpad	X	-
4542 Small disposable underpad	Х	-
4543 Disposable incontinence product, brief/diaper, bariatric, each	Х	-
4544 Adlt disp und/pull on abv xl	Х	-
4545 Incontinence product, disposable, penile wrap, each	Х	-
5001 Positioning seat for persons with special orthopedic needs, for use in vehicles	Х	_
5999 Supply, not otherwise specified	X	-
/2025 Eyeglasses delux frames	X	-
/2199 Lens single vision not oth c	-	Х
/2524 Cntct lens hydrophil photoch	X	-
/2526 Contact lens, hydrophilic, with blue-violet filter, per lens	X	_
/2599 Contact lens/es other type	-	X
/2600 Hand held low vision aids	X	-
/2610 Single lens spectacle mount	X	_
/2615 Telescop/othr compound lens	X	

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recialty medications and should be directed to the Pharmacy link option within the website.		V
/2626 Reduction of eye prosthesis	<u> </u>	X
/2627   Scleral cover shell	- V	X
/2702 Deluxe lens feature	X	<u>-</u>
/2755 Uv lens/es	-	X
/2756 Eye glass case	X	-
/2760 Scratch resistant coating	X	-
/2761 Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-
/2762 Polarization, any lens material, per lens	X	-
/2781 Progressive lens per lens	X	-
/2786 Specialty occupational multifocal lens, per lens	X	-
/2787 Astigmatism correcting function of intraocular lens	X	-
/2788 Presbyopia correcting function of intraocular lens	X	-
/2799 Miscellaneous vision service	-	X
/5008 Hearing screening	Х	-
/5010 Assessment for hearing aid	X	-
/5011 Hearing aid fitting/checking	X	-
/5014 Hearing aid repair/modifying	X	-
/5020 Conformity evaluation	X	-
/5030 Body-worn hearing aid air	X	-
'5040 Body-worn hearing aid bone	X	-
/5050   Hearing aid monaural in ear	X	-
/5060 Behind ear hearing aid	X	-
/5070 Glasses air conduction	X	-
/5080 Glasses bone conduction	X	-
/5090 Hearing aid dispensing fee	X	-
/5095 Semi-implantable middle ear hearing prosthesis	X	-
/5100 Body-worn bilat hearing aid	X	-
/5110 Hearing aid dispensing fee	X	-
/5120 Body-worn binaur hearing aid	X	-
/5130 In ear binaural hearing aid	X	-
/5140 Behind ear binaur hearing ai	X	-
/5150 Glasses binaural hearing aid	X	-
/5160 Dispensing fee binaural	X	-
/5171   Hearing aid, contralateral routing device, monaural, in the ear (ite)	X	-
/5172   Hearing aid, contralateral routing device, monaural, in the canal (itc)	X	-
/5181   Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X	_
/5190 Glasses cros hearing aid	X	_
75200 Cros hearing aid dispens fee	X	_
/5211   Hearing aid, contralateral routing system, binaural, ite/ite	X	-

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	I v I	
/5212   Hearing aid, contralateral routing system, binaural, ite/ite	X	-
75213 Hearing aid, contralateral routing system, binaural, ite/bte	X	-
75214 Hearing aid, contralateral routing system, binaural, itc/itc	X	-
5215 Hearing aid, contralateral routing system, binaural, itc/bte	X	-
5221 Hearing aid, contralateral routing system, binaural, bte/bte	X	-
5230 Glasses bicros hearing aid	X	-
5240 Dispensing fee bicros	X	-
5241 Dispensing fee, monaural healing aid, any type	X	-
5242 Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-
5243 Hearing aid, analog, monaural, itc (in the canal)	X	-
Hearing aid, digitally programmable analog, monaural, cic	X	-
5245 Hearing aid, digitally programmable analog, monaural, itc	X	-
5246 Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-
5247 Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-
5248 Hearing aid, analog, binaural, cic	X	-
5249 Hearing aid, analog, binaural, itc	X	-
5250 Hearing aid, digitally programmable analog, binaural, cic	X	-
5251 Hearing aid, digitally programmable analog, binaural, itc	X	-
5252 Hearing aid, digitally programmable binaural, ite	X	-
5253 Hearing aid, digitally programmable binaural, bte	X	-
5254 Hearing aid, digital, monaural, cic	Х	-
5255 Hearing aid, digital, monaural, itc	Х	-
5256 Hearing aid, digital, monaural, ite	Х	-
5257 Hearing aid, digital, monaural, bte	X	-
5258 Hearing aid, digital, binaural, cic	X	-
5259 Hearing aid, digital, binaural, itc	X	-
5260 Hearing aid, digital, binaural, ite	X	-
5261 Hearing aid, digital, binaural, bte	X	-
5262 Hearing aid, disposable, and type, monaural	X	-
5263 Hearing aid, disposable, and type, binaural	X	-
5264 Ear mold/insert, not disposable, any type	X	-
5265 Ear mold/insert, disposable, any type	X	-
5266 Battery for use in hearing device	X	-
5267 Hearing aid supplies/accessories	X	_
5268 Assistive listening device, telephone amplifier, any type	X	_
5269 Assistive listening device, telephone ampliner, any type	X	
5270 Assistive listening device, alerting, any type	X	
5271 Assistive listening device, television caption decoder	X	<u> </u>
5271 Assistive listening device, television caption decoder 5272 Assistive listening device, tdd	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
V5273 Assistive listening device, for use with cochlear implant	X	<u>-</u>
V5274 Assistive listening devise, not otherwise specified	X	-
V5275 Ear impression, each	X	-
V5281 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	-
V5282 Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	X	-
V5283 Assistive listening device, personal fm/dm neck, loop induction receiver	X	-
V5284 Assistive listening device, personal fm/dm, ear level receiver	X	-
V5285 Assistive listening device, personal fm/dm, direct audio input receiver	X	-
V5286 Assistive listening device, personal blue tooth fm/dm receiver	X	-
V5287 Assistive listening device, personal fm/dm receiver, not otherwise specified	X	-
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	-
V5298 Hearing aid, not otherwise classified	X	-
V5299 Hearing service	-	X
V5336 Repair communication device	X	-
V5362 Speech screening	X	-
V5363 Language screening	X	-
V5364 Dysphagia screening	X	-
END OF DATA		

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