

odes 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 refle	ect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1 1	V
01999 Unlisted anesth procedure	-	X
1960 Insert tissue expander(s)	-	X
1970 Replace tissue expander	-	X
1971 Remove tissue expander(s)	-	X
15775 Hair transplant punch grafts	-	X
15776 Hair transplant punch grafts	-	Χ
15780 Abrasion treatment of skin	-	X
15781 Abrasion treatment of skin	-	X
15782 Abrasion treatment of skin	-	X
15783 Abrasion treatment of skin	-	Χ
15788 Chemical peel, face, epiderm	-	X
15789 Chemical peel, face, dermal	-	Χ
5792   Chemical peel, nonfacial	-	Χ
5793 Chemical peel, nonfacial	-	X
15820 Revision of lower eyelid	_	Χ
5821 Revision of lower eyelid	-	X
15822 Revision of upper eyelid	-	Х
15823 Revision of upper eyelid	-	X
15824 Removal of forehead wrinkles	-	X
15825 Removal of neck wrinkles	-	X
15826 Removal of brow wrinkles	_	X
15828 Removal of face wrinkles	_	X
15829 Removal of skin wrinkles	_	X
Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy	-	X
15832 Excise excessive skin tissue	-	Х
5833 Excise excessive skin tissue	-	Х
5834 Excise excessive skin tissue	-	Х
15835 Excise excessive skin tissue	-	X
15836 Excise excessive skin tissue	-	X
15837 Excise excessive skin tissue	_	X
5838   Excise excessive skin tissue	_	X
15839 Excise excessive skin tissue	_	X
15847   Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes	-	
lumbilical	-	X
15876 Suction assisted lipectomy	_	X
15877   Suction assisted lipectomy		X
15877   Suction assisted lipectomy	-	
, DO / O TOUCHON ASSISTED INDECTORITY	-	X

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	Removal of pressure sore	-	X
	Destruction of skin lesions	-	X
<u> 17107</u>	Destruction of skin lesions	-	X
	Destruction of skin lesions	-	X
	Skin peel therapy	-	X
	Hair removal by electrolysis	-	X
	Skin tissue procedure	-	X
	Mastectomy for gynecomastia	-	X
	Suspension of breast	-	Χ
	Reduction of large breast	-	Χ
	Enlarge breast with implant	-	X
	Removal of breast implant	-	Χ
	Removal of implant material	-	Χ
19340	Immediate breast prosthesis	-	Χ
19342	Delayed breast prosthesis	-	Χ
19350	Nipple/areola reconstruction	-	Χ
19357	Breast reconstruction	-	X
19361	Breast reconstruction	-	Χ
19364	Breast reconstruction	-	X
19367	Breast reconstruction	-	X
19368	Breast reconstruction	-	Χ
19369	Breast reconstruction	-	Χ
19370	Surgery of breast capsule	-	Χ
	Removal of breast capsule	-	Χ
	Revise breast reconstruction	-	X
	Breast surgery procedure	-	Х
	Ndl insj w/o njx 1 or 2 musc	Х	-
	Ndl insj w/o njx 3+ musc	Х	-
	Electrical bone stimulation	-	Х
	Electrical bone stimulation	-	X
	Musculoskeletal surgery	-	Х
	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	<del>  _  </del>	X
	Prepare face/oral prosthesis		X
	Prepare face/oral prosthesis		X

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Information regarding	X X X X X X X X X X X X X X X X X X X
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ecialty medications and should be directed to the Pharmacy link option within the website.		
1215 Lower jaw bone graft	-	X
1244 Reconstruction of lower jaw	-	X
1246 Reconstruction of jaw	-	X
1248 Reconstruction of jaw	-	X
1249 Reconstruction of jaw	-	X
1270 Augmentation, cheek bone	-	X
1299 Cranio/maxillofacial surgery	-	X
1499 Head surgery procedure	-	Χ
1740 Reconstructive repair of pectus excavatum or carinatum; open	-	Χ
1742 Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracosco	-	X
1743 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	-	Х
2220 Revision of neck spine	_	X
2222 Revision of thorax spine	_	X
2224 Revision of lumbar spine	_	X
2226 Revise, extra spine segment	_	X
2510 Perg cervicothoracic inject	_	X
2511 Perg lumbosacral injection	_	X
2512 Vertebroplasty addl inject	_	X
2513 Perg vertebral augmentation	_	X
2514 Perg vertebral augmentation	<del>-                                    </del>	X
2515 Perg vertebral augmentation	<u> </u>	X
Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; singl		-
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	-	Х
Neck spine fusion	-	X
2551 Neck spine fuse&remove	_	X
Neck spine fuse&remove addl	_	X
Neck spine fusion	_	X
2556 Thorax spine fusion	_	X
2558 Lumbar spine fusion	<del>                                     </del>	X
2585 Additional spinal fusion	<del></del>	X
2586 Prescri fuse /w instr I5/1		X

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	Spine & skull spinal fusion	T	X
	Neck spinal fusion	-	^ X
	Neck spine fusion	-	^ X
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when	-	^
	performed)	-	X
	Spine fusion, extra segment	-	X
	Lumbar spine fusion	-	Χ
	Spine fusion, extra segment	ı	Χ
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	X
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	Х
2200	Fusion of spine		X
	Fusion of spine	-	X
	Fusion of spine	-	X
	Fusion of spine	-	X
	Fusion of spine	-	X
	Fusion of spine	-	X
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	-	X
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	-	Х
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	-	Х
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to	-	Х
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	Х
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х
	Second level cer diskectomy		X
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth	-	Х
22860	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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isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pecialty medications and should be directed to the Pharmacy link option within the website.	coding lists do not reflect information regarding in	nmunizations, injectable drug
, ,		
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single inte	erspace; cervi -	X
Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single inte	erspace; lumba X	-
Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	-	X
22865 Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	-	Χ
22867 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including	j image guidance	Х
when performed, with open decompression, lumbar; sing	- I	^
22868 Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including	j image guidance	Х
when performed, with open decompression, lumbar; seco	- I	^
22869 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompres	ssion or fusion,	Х
including image guidance when performed, lumbar; single	-	X
22870 Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompres	ssion or fusion,	V
including image guidance when performed, lumbar; second	·   -	X
22899 Spine surgery procedure	-	Х
22999 Abdomen surgery procedure	-	Х
23470 Reconstruct shoulder joint	-	Х
23472 Reconstruct shoulder joint	-	Х
23929 Shoulder surgery procedure	-	Х
24999 Upper arm/elbow surgery	-	Х
25999 Forearm or wrist surgery	-	Х
26989 Hand/finger surgery	-	Х
27130 Total hip replacement	-	Х
Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bon	ne fracture p	-
27216 Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture pattern	s that disrupt X	-
Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the	e pelvic ring, u	-
Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the	he pelvic ring, X	-
27278 Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articula	r implant(s) (eg,	V
bone allograft[s], synthetic device[s]), without placement of transfixation device	-	X
27279 Arthrodesis sacroiliac joint	-	Х
27299 Pelvis/hip joint surgery	-	Х
27306 Incision of thigh tendon	-	Х
27307 Incision of thigh tendons	-	Х
27412 Autologous chondrocyte implantation, knee	- 1	Х
27447 Total knee replacement	-	Х

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specialty medications and should be directed to the Pharmacy link option within the website.		
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	-	Χ
29868 Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral	-	X
29999 Unlisted procedure, arthroscopy	-	X
Reconstruction of nose	-	X
Reconstruction of nose	-	Χ
Reconstruction of nose	-	Х
Revision of nose	-	Х
Revision of nose	-	Х
Revision of nose	-	Х
Revision of nose	_	Х
80462 Revision of nose	_	X
80465 Repair nasal stenosis	-	Х
80520 Repair of nasal septum	_	Х
30999 Nasal surgery procedure	_	X
31299 Sinus surgery procedure	_	X
B1599 Larynx surgery procedure	_	X
B1647 Bronchial valve init insert		X
B1660 Bronch thermoplsty 1 lobe	_	X
B1661 Bronch termoplety 2/> lobes	_	X
1899 Airways surgical procedure	_	X
32701 Thorax stereo rad target w/tx	_	X
32850 Donor pneumonectomy	_	X
32851 Lung transplant, single	_	X
32852 Lung transplant with bypass	<del>-</del>	X
32853 Lung transplant, double	_	X
32854 Lung transplant with bypass	<del>-</del> -	X
32855 Backbench standard preparation of cadaver donor lung allograft; unilateral	<del>                                     </del>	X
32856 Backbench standard preparation of cadaver donor lung allograft; bilateral	+ - +	X
	-	X
32999 Chest surgery procedure	-	λ
Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance	;	X
(eg, fluoroscopy, venous ultrasound, ventriculography, fe		
33275 Transcatheter removal of permanent leadless pacemaker, right ventricular	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	Airent de Airent	+	
33276 Insertion of phrenic nerve stimulator system (pulse generator and s			V
all imaging guidance, and pulse generator initial analysis with diagr	nostic mode activation, when performed	-	X
3277 Insertion of phrenic nerve stimulator transvenous sensing lead (list	separately in addition to code for primary		Х
procedure)		-	^
3287 Removal and replacement of phrenic nerve stimulator, including ve	ssel catheterization, all imaging guidance, and		Х
interrogation and programming, when performed; pulse generator		-	^
3288 Removal and replacement of phrenic nerve stimulator, including ve	ssel catheterization, all imaging guidance, and		Х
interrogation and programming, when performed; transvenous stim		-	^
3340 Percutaneous transcatheter closure of the left atrial appendage wit	h endocardial implant, including fluoroscopy,		Х
transseptal puncture, catheter placement(s), left atrial angio		-	^
3361 Replace aortic valve preq		-	Χ
3362 Replace aortic valve open		-	X
3363 Replace aortic valve open		-	X
3364 Replace aortic valve open; open iliac artery approach		-	Χ
3365 Replace aortic valve open;transaortic approach		-	X
3366 Trcath replace aortic valve		-	X
3367 Replace aortic valce w/byp		-	X
3368 Replace aortic valve w/byp		-	Х
3369 Replace aortic valve w/byp		-	X
3418 Repair tcat mitral valve		-	X
3419 Repair tcat mitral valve		-	Χ
3440 Replacement, aortic valve; by translocation of autologous pulmona	ry valve and transventricular aortic annulus		Х
enlargement of the left ventricular outflow tract with valved con		-	^
3477 Transcatheter pulmonary valve implantation, percutaneous approa	ch, including pre-stenting of the valve delivery site,		V
when performed		-	X
3927 Implantation of a total replacement heart system (artificial heart) w/	recipient cardiectomy	-	X
3928 Removal and replacement of total replacement heart system (artific	cial heart)	-	X
3929 Removal and replacement heart system (artifical heart) for transp		-	Х
3930 Removal of donor heart/lung		-	Х
3933 Backbench standard preparation of cadaver donor heart/lung allog	raft raft	-	Х
3935 Transplantation, heart/lung		-	Х
3940 Removal of donor heart		-	Х
3944 Backbench standard preparation of cadaver donor heart allograft		-	Х
3945 Transplantation of heart		-	Х
3995 Insertion of ventricular assist device, percutaneous, including radio	logical supervision and interpretation; right heart,		
venous access only		-	X
3999 Cardiac surgery procedure		-	Х
6299 Vessel injection procedure		- 1	Х

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	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	-	Х
	Injection(s), spider veins	Х	-
	Injection therapy of vein	-	X
	Injection therapy of veins	-	X
86473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	-	X
86474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si	-	Х
6475	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	X
	Endoverious ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins, same extrem, sep	_	Λ
	sites	-	Х
6478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	X
6479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	X
6482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	_	Х
	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	_	X
	Cessj therapy cath removal	_	X
	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection	-	X
7216	Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection	Х	-
7217	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
7735	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
いしてご	ιμαραιοσούρο ρίου, σρίσσι		X

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-	ood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	X
	ansplant preparation of hematopoietic progenitor cells; cryopreservation and storage	Х	-
38208 Tr	ansplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per	Х	-
88209 Tr	ansplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Х	-
8210 Tr	ansplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	Х	-
8211 Tr	ansplant preparation of hematopoietic progenitor cells; tumor cell depletion	Х	-
	ansplant preparation of hematopoietic progenitor cells; red blood cell removal	Х	-
	ansplant preparation of hematopoietic progenitor cells; platelet depletion	Х	-
	ansplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	Х	=
	ansplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	Х	-
8230 Bo	one marrow harvesting for transplantation; allogenic	-	X
	one marrow harvesting for transplantation; autologous	-	Х
	one marrow/stem transplant	-	X
	one marrow/stem transplant	-	Х
	one marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	_	Х
8243 Tr	ansplj hematopoietic boost	-	Х
	paroscope proc, lymphatic	-	X
8999 BI	ood/lymph system procedure	-	Х
	nest procedure	-	X
9599 Di	aphragm surgery procedure	-	Х
	epair cleft lip/nasal	-	Х
	o surgery procedure	-	X
	eatment of mouth lesion	-	Х
	outh surgery procedure	-	X
1599 To	ongue and mouth surgery	-	X
1899 De	ental surgery procedure	-	X
2299 Pa	alate/uvula surgery	-	Χ
2699 Sa	alivary surgery procedure	-	Χ
2999 Tr	roat surgery procedure	-	X
	sophagoscopy lesion ablate	-	Χ
	oper gi endoscopy/tumor	-	X
3257 U	gi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia	Х	-
	paroscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device, magnetic band), including cruroplasty when performed	Х	-
	emoval of esophageal sphincter augmentation device	Х	-

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ecially medications and should be directed to the Pharmacy link option within the website.    3289   Laparoscope proc, esoph	<u> </u>	Х
3290 Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	X	-
3291 Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)		X
3631 Removal of stomach, partial		X
l3644 Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux		
cm)	-	Х
3645 Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	n -	X
3647 Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	-	Х
3648 Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	-	Х
3659 Laparoscope proc, stom	-	X
Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band a subcutaneou	ind -	Х
3771 Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	_	Х
3772 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	_	X
3773 Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band	component _	X
only		
3774 Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneou component	s port -	X
3775 Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	Х
3842 Gastroplasty for obesity	Х	-
3843 Gastroplasty for obesity	-	Х
3845 Gastric revision for obesity	-	Х
3846 Gastric bypass for obesity	-	Х
3847 Gastric bypass for obesity	-	Х
3848 Revision gastroplasty	-	Х
3881 Implantation or replacement of gastric neurostimulator electrodes, antrum, open	-	Х
3882 Revision or removal of gastric neurostimulator electrodes, antrum, open	-	Х
3886 Gastric restrictive procedure, open; revision of subcutaneous port component only	-	Х
3887 Gastric restrictive procedure, open; removal of subcutaneous port component only	-	Х
3888 Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	-	Х
3999 Stomach surgery procedure	-	X
4132 Enterectomy, cadaver donor	-	X
4133 Enterectomy, live donor	-	X
4135 Intestine transplnt, cadaver	-	X
4136 Intestine transplant, live	-	Х
4137 Removal of transplanted intestinal allograft, complete	-	Х
4238 Unlisted laparoscopy procedure, intestine (except rectum)	-	X
4705 Prepare fecal microbiota	X	-
4715 Backbench standard preparation of cadaver or living donor intestine allograft	-	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 refle	ct information regarding i	mmunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	<u> </u>	V
4720   Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	-	X X
H4721 Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	-	
4799 Intestine surgery procedure	-	X
4899 Bowel surgery procedure	-	X
4979 Laparoscope proc, app	-	X
5399 Unlisted procedure colon	-	X
5499 Unlisted laparoscopy procedure, rectum	-	X
5999 Rectum surgery procedure	-	X
6707 Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])	X	-
6999 Anus surgery procedure	-	X
7133 Removal of donor liver	-	X
7135 Transplantation of liver	-	X
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
7142 Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	X
7143 Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	Χ
7144 Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	X
7145 Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х
7379 Laparoscope procedure, liver	-	Х
7383 Perq abltj lvr cryoablation	-	X
7399 Liver surgery procedure	-	Χ
7579 Laparoscope proc, biliary	-	Χ
7999 Bile tract surgery procedure	-	X
8160 Pancreas removal/transplant	Х	-
8550 Donor pancreatectomy	-	Χ
8551 Backbench standard preparation of cadaver donor pancreas allograft	-	Χ
8554 Transpl allograft pancreas	-	X
8556 Removal, allograft pancreas	-	X
8999 Pancreas surgery procedure	-	Χ
9329 Laparo proc, abdm/per/oment	-	Х
9659 Laparo proc, hernia repair	-	Х
9999 Abdomen surgery procedure	-	X
0300 Removal of donor kidney	-	X
0320 Removal of donor kidney	-	X
0323 Backbench standard preparation of cadaver donor renal allograft	-	X
0325 Backbench standard preparation of living donor renal allograft (open or laparoscopic)	_	X
0340 Removal of kidney	<u> </u>	X

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pecialty medications and should be directed to the Pharmacy link option within the website.	1		
50360 Transplantation of kidney		-	X
50365 Transplantation of kidney		-	X
50370 Remove transplanted kidney		-	X
50380 Reimplantation of kidney		-	X
50547 Laparo removal donor kidney		-	Χ
i0549 Laparoscope proc, renal		-	Χ
50949 Laparoscope proc, ureter		-	X
i1925 Hysterectomy/bladder repair		-	Χ
1999 Unlisted laparoscopy procedure, bladder		-	Χ
52441 Cystourethro w/implant		-	Χ
2442 Cystourethro w/addl implant		-	Χ
Periurethral transperineal adjustable balloon continence device; bilatera	al insertion, including cystourethroscopy and	V	
imaging guidance		Х	-
53452 Periurethral transperineal adjustable balloon continence device; unilate	ral insertion, including cystourethroscopy and		
imaging guidance	, 3 , 1 ,	Х	-
3453 Periurethral transperineal adjustable balloon continence device; remova	al. each balloon	Х	-
3454 Periurethral transperineal adjustable balloon continence device; percuta			
, , , , , , , , , , , , , , , , , , , ,		X	-
3899 Urology surgery procedure		-	Х
4120 Partial removal of penis		-	Χ
4125 Removal of penis		-	X
4130 Remove penis & nodes		-	X
4135 Remove penis & nodes		-	Х
4400 Insert semi-rigid prosthesis		-	X
4401 Insert self-contd prosthesis		-	X
M4405 Insert multi-comp prosthesis		_	X
54406 Removal of all components of a multi-component, inflatable penile pros	thesis without replacement of prosthesis		
, 100   100		-	X
Repair of component(s) of a multi-component, inflatable penile prosthe	sis	_	Х
Removal and replacement of all component(s) of a multi-component, in			
session	natable perme presuresie, same operative	-	X
54411 Removal and replacement multi-component inflatable penile prosthesis	infected field, same on sess, wirrig &		
Idebridemnt	, intected field, same op 3033, withig &	-	X
54415 Removal of non-inflatable or inflatable (self-contained) penile prosthesi	a we replacement of prosthesis		Х
54416 Removal and replacement of non-inflatable or inflatable (self-contained)	hanila proethesis, same aparativa sassian	- +	^
	y perille prostriesis, same operative session	-	X
Removal and replacement of inflat/non-inflatable penile prosthesis, infe	cted field, same op sess, w irrig & debridement		V
		-	X
4660 Revision of testis		-	Х

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	dications and should be directed to the Pharmacy link option within the website.		V
	_aparoscope proc, testis	-	X
	_aparo proc, spermatic cord	-	X
	Genital surgery procedure	-	X
	Sex transformation, m to f	-	X
	Sex transformation, f to m	-	X
	Revision (including removal) of prosthetic vaginal graft, vaginal approach	-	X
	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	-	X
	Total hysterectomy	-	X
	Total hysterectomy	-	X
8180	Partial hysterectomy	-	Χ
8200	Extensive hysterectomy	-	Χ
8260	/aginal hysterectomy, for uterus 250 grams or less;	-	X
8262	/aginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Χ
	/aginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	Х
	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra	-	Х
	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	_	X
	Hysterectomy/revise vagina	_	X
	Hysterectomy/revise vagina	_	X
	√aginal hysterectomy, for uterus greater than 250 grams;	_	X
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	_	X
	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	X
8294	/aginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	_	X
	nsert intrauterine device	Х	
	_aparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	X
	_aparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	X
8543	_aparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	_	X
8544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or overy(s	-	X
	_aparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;		X
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	X
8553	_aparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X
8554	_aparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or	-	Х
	_aparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;		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 cialty medications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs,
	1	
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;	-	X
Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	Х
Laparoscopy, surgical, total hysterectomy for resect of malignancy, uni/bilateral	-	Х
3578 Laparo proc, uterus	-	Χ
3579 Hysteroscope procedure	_	Х
3679 Laparo proc, oviduct-ovary	-	Х
3970 Retrieval of oocyte	-	Х
3974 Transfer of embryo	-	X
3976 Transfer of embryo	-	Χ
3999 Genital surgery procedure	-	Χ
7812 Treatment of miscarriage	-	X
9820 Care of miscarriage	-	Χ
P821 Treatment of miscarriage	-	Χ
Procedure associated with miscarriage or terminated pregnancy	-	Χ
9841 Procedure associated with miscarriage or terminated pregnancy	-	Χ
Procedure associated with miscarriage or terminated pregnancy	-	X
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	Х
Procedure associated with miscarriage or terminated pregnancy	-	X
9866 Abortion (mpr)	-	Х
Unlisted fetal invasive procedure, including ultrasound guidance, when performed	-	X
9898 Laparo proc, ob care/deliver	-	X
9899 Maternity care procedure	-	X
0659 Laparo proc, endocrine	-	Χ
0699 Endocrine surgery procedure	-	Х
1640 Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	
Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Х	-
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	_	Х
1725 Incise skull/brain surgery	<del>                                     </del>	X

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1736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging		
	guidance, when performed; single trajectory for 1 simple lesion	Х	-
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	V	
	guidance, when performed; multiple trajectories for multiple or complex lesion(s)	X	-
1760	Implant brain electrodes	-	Х
1770	Incise skull for treatment	-	Х
1790	Treat trigeminal nerve	-	Х
1791	Treat trigeminal tract	-	Х
1796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	Χ
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	Х
798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li		
		-	X
1800	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х
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
1880	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)	_	Χ
	when performed, with direct or inductive coupling, with connection to depth and/or conteal strip electrode array(3)	_	Α
1891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth		
	and/or cortical strip electrode array(s)	-	X
	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-
2264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means		
	(e	X	-
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	-	Х
	Implant spinal canal cath	_	X
	Implant spinal canal cath	_	X
	Insert spine infusion device	_	X
	Implant spine infusion pump	_	X
	Implant spine infusion pump	_ +	X
	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy,	+	
	discectomy and/or excision of herniated intervertebral disc, 1	-	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 ications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs,
 Removal of spinal lamina		X
aminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy	<del>-</del>	
nd/or excision of herniated intervertebral disc; 1 interspace,	-	X
aminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		
nd/or excision of herniated intervertebral disc; 1 interspace,	-	X
aminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		
nd/or excision of herniated intervertebral disc; each additiona	-	X
aminotomy, single cervical	-	Х
aminotomy, single cervical aminotomy, single lumbar	<del>-</del> -	X
aminotomy, addl cervical		X
aminotomy, addl lumbar		X
 aminophy, additional amount of the spinal cord, two or more vertebral segments;	<del>-</del> -	X
aminoplasty, cervical, with decompression of the spinal cord, two of more vertebral segments, aminoplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony	<del>                                     </del>	Λ
lements	-	X
aminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina		
nd/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single		X
ertebral segment (list separately in addition to code for primary procedure)		^
aminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina	+	
nd/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each		V
	- 1	X
dditional segment (list separately in addition to code for primary procedure)		X
Decompress spinal cord	-	X
Decompress spinal cord	-	
Decompress spine cord add-on	-	X
Decompress spinal cord	-	X X
Decompress spine cord add-on	-	
leck spine disk surgery	-	X
leck spine disk surgery	-	X
pine disk surgery, thorax	-	X
pine disk surgery, thorax	-	X
Removal of vertebral body	-	X
Remove vertebral body add-on	-	X
Remove vertebral body add-on	-	X
ncise spinal cord tract(s)	-	X
Prainage of spinal cyst	-	X
Revise spinal cord vessels	-	X
Revise spinal cord vessels	- +	X
Revise spinal cord vessels	-	X
xcise intraspinal lesion	-	X
ixcise intraspinal lesion		X

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	edications and should be directed to the Pharmacy link option within the website.	ı ı	V
	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	-	X
	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
3308	Remove vertebral body add-on	-	X
3600	Remove spinal cord lesion	-	Χ
3610	Stimulation of spinal cord	-	Χ
3620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	Х
3621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	Х
3650	Implant neuroelectrodes	-	Х
3685	Implant neuroreceiver	-	X
4451	Njx aa&/strd nrv nrvtg si jt	-	X
64461	Paravertebral block (pvb)(paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)	-	Х
4462	Paravertebral block (pvb)(paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to	-	Х
4463	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 in the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves innervating that it is necessarily to the latest (or nerves	-	Х
4491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х
4494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
4495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	X
4505	Injection for nerve block	-	X
	Percutaneous implantation of neurostimulator electrode array; cranial nerve	_	X

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	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
	Neuroeltrd stim post tibial	-	X
	Inc for vagus n elect impl	-	X
	Revise/repl vagus n eltrd	-	X
	Remove vagus n eltrd	-	Х
	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	-	X
	Incision for implantation of neurostimulator electrode array; neuromuscular	-	X
	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	-	X
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
4584	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
	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array	-	X
1621	Dstrj nulyt agt gnclr nrv		Х
	Rf abltj nrv nrvtg si jt	X	-
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies,		-
	lumbar or sacral	-	Х
4629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	X
4630	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	-	Х
4634	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	-	×
4636	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
16/10	Injection treatment of nerve		X
		-	X
	Nervous system surgery Revision of cornea	X	
			-
	Revision of cornea	X	-

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pecialty medications and should be directed to the Pharmacy link option within the	website.		
65767 Corneal tissue transplant		X	-
65771 Radial keratotomy		Χ	-
66985 Insert lens prosthesis		-	X
technique (eg, irrigation and aspiration or phacoeused in routine cataract surgery (eg, iris expansion capsulorrhexis) or performed on patients in the artrabecular meshwork, supraciliary, suprachoroida reservoir, internal approach, one or more	traocular lens prosthesis (1-stage procedure), manual or mechanical nulsification), complex, requiring devices or techniques not generally a device, suture support for intraocular lens, or primary posterior ablyogenic developmental stage; with insertion of intraocular (eg, anterior segment aqueous drainage device, without extraocular	-	X
technique (eg, irrigation and aspiration or phacoe	traocular lens prosthesis (1 stage procedure), manual or mechanical nulsification); with insertion of intraocular (eg, trabecular meshwork, leous drainage device, without extraocular reservoir, internal	-	X
66999 Eye surgery procedure		-	Х
67027 Implant eye drug system		-	Х
67299 Eye surgery procedure		-	Х
67399 Eye muscle surgery procedure		-	Х
37599 Orbit surgery procedure		-	Х
67900 Repair brow defect		-	X
67901 Repair eyelid defect		-	Х
37902 Repair eyelid defect		-	X
Repair eyelid defect		-	X
67904 Repair eyelid defect		-	X
37906 Repair eyelid defect		-	X
67908 Repair eyelid defect		-	X
7909 Revise eyelid defect		-	X
37911 Revise eyelid defect		-	X
67912 Correction of lagophthalmos, with implantation of	upper eyelid lid load (eg, gold weight)	-	X
Repair eyelid wound		-	X
Reconstruction of eyelid		-	Χ
Reconstruction of eyelid		-	Х
Reconstruction of eyelid		-	Χ
Revision of eyelid			X
68399 Eyelid lining surgery		-	Χ
68841 Insertion of drug-eluting implant, including puncta	dilation when performed, into lacrimal canaliculus, each	Х	-
68899 Tear duct system surgery	· · · · · · · · · · · · · · · · · · ·	-	Χ
69090 Pierce earlobes		Х	-
69399 Outer ear surgery procedure		-	Χ
69710 Implant/replace hearing aid		Х	-

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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	-	Х
39717	Revi/rplcmt oi implt prq esp	-	Х
69719	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х
39726	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
39979		-	X
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	-	X
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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	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	g immunizations, injectable drugs, or
	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; each additional 30 minutes (List separately in addition to	х	-
76016	code for primary procedure)  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 of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report	Х	-
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 with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report	×	-
76018	MR safety implant electronics preparation under supervision of physician or other qualified health care professional, 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 heating while in the MR room, with written report	Х	-
76019	MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report	х	-
6140	X-ray consultation	Х	-
6390	Mr spectroscopy	Х	-
6391	Magnetic resonance (eg, vibration) elastography	-	X
6496	Unlisted fluoroscopic procedure (eg, diagnostic, interventional)	-	Х
6497	Unlisted computed tomography procedure (eg, diagnostic, interventional)	-	Х
6498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	-	Х
	Unlisted diagnostic radiographic procedure	-	Х
	Echo guide, ova aspiration	-	Х
	Unlisted ultrasound procedure (eg, diagnostic, interventional)	-	X
	Breast tomosynthesis uni	X	1
	Breast tomosynthesis bi	X	-
	Radiation therapy planning	-	Х
7371	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	Х
7372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis	-	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,
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	-	X
7387 Guidance for radiaj tx dlvr	Х	-
7399 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	-	Х
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	-	X
8599 Respiratory nuclear exam	-	X
8608 Brain imaging (pet)	-	X
8609 Brain imaging (pet)	Х	-
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	Х	-
0299 Quantitative assay, drug	-	Х
0320 Alcohols	Х	-
0321 Alcohol biomarkers; 1 or 2	Х	-
0322 Alcohol biomarkers; 3 or more	Х	-
0323 Alkaloids, not otherwise specified	Х	-
0324 Amphetamines; 1 or 2	Х	-
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.	V	
	Pregabalin	X	-
	Propoxyphene		-
	Sedative hypnotics (non-benzodiazepines)	X	-
	Skeletal muscle relaxants; 1 or 2	X	-
	Skeletal muscle relaxants; 3 or more	X	-
	Stimulants, synthetic	X	-
	Tapentadol	X	-
	Tramadol	X	-
	Stereoisomer anal single drug class	X	-
	Drug(s) definitive, qual or quant nos 1-3	X	-
	Drug(s) definitive, qual or quant unlisted 4-6	X	-
	Drug(s) definitive, qual or quant nos 7 or more	Х	-
	Urinalysis test procedure	-	Х
	Hpa-1, itgb3, antigen cd61, gene analysis, common variant	Χ	-
	Hpa-2, gp1ba, gplba, gene analysis, common variant	Χ	-
	Hpa-3, itga2b, gplba, gene analysis, common variant	X	-
	Hpa-4, itgb3, cd61, gene analysis, common variant	Χ	-
	Hpa-5, itga2, gene analysis, common variant	X	-
	Hpa-6, itgb3, cd61, gene analysis, common variant	X	-
	Hpa-9, itga2b, gene analysis, common variant	X	-
	Hpa-15, cd109, gene analysis, common variant	Χ	-
	ldh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants	-	X
	ldh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants	-	X
1162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	Х
1163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	X
164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	Х
	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х
	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х
	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х
168	Ccnd1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed	-	Х
170	Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	-	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 ecialty medications and should be directed to the Pharmacy link option within the website.	t information regarding in	mmunizations, injectable drugs,
Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	X
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	-	Х
Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	Х
1175 Asxl1, (myelod syndr, myeloproli neoplasm, cml) gene analyst; full gene seq	-	X
1176 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	-	Х
1178 Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1179 Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1181 Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1183 Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х
Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	Х
Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	Х
Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
188 Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) allele	s -	Х
Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	Х
190 Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	Х
191 Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	Х
1192 Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	Χ
1193 Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	Х

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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 itions and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs
1194 Ntr	k (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х
1195 Cyt	ogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical nome mapping (OGM)	-	Х
	pa (aspartoacylase) (eg, canavan disease) gene analysis, common variants (eg, e285a, y231x)	Х	_
	c gene analysis; full sequence	-	X
	c gene analysis; known fam variants	_	X
	c gene analysis; duplication/deletion variants	_	X
204 Ar (	(androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene	-	X
205 Bck	kdhb (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene alysis, common variants (eg, r183p, g278s, e422x)	Х	-
	n (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	Х	-
212 Brc	ra1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 74delt variants	-	Х
	a1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	Х
	a2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	_	X
	a2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	_	X
	bpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	X
219 Cal	r (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	-	X
220 Cfti	r (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, ng/acog guidelines)	-	Х
225 Cyp	p2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *4, *8, *17)	-	X
226 Cyr	o2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х
	p2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common iants (eg, *2, *3, *5, *6)	-	Х
228 Cyt	ogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number iants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х
	ogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and gle nucleotide polymorphism (snp) variants for chromosoma	-	Х
230 Cyr	o3a4, gene analysis, common variant(s)	-	X
	o3a5, gene analaysis, common variants	-	Х
	yd, gene analysis, common variant(s)	-	Х
	(bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r,	-	Х
	pk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded)	-	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.	ct information regarding	immunizations, injectable drugs,
1235 Egfr gene analysis; common variants		Х
1236 Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative	9	
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
1239 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	-
F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant	Х	-
242 Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg,		
ivs4+4a>t)	X	-
1243 Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (e	g, v	
expanded) alleles	g, X	-
1244 Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg,	V	
expanded size and methylation status)	X	-
247 G6pd, gene analysis; common variant(s)	-	Х
248 G6pd, gene analysis; known familial variant(s)	-	Х
249 G6pd, gene analysis; full gene seq	-	X
250 G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene		Х
analysis, common variants (eg, r83c, q347x)	-	Α
I251 Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p,	Х	
ivs2+1g>a)	^	-
252 Gjb2 gene full sequence	-	Χ
253 Gjb2 gene known fam variants	-	Χ
254 Gjb6 gene com variants	-	Χ
Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg,	Х	
1278instatc, 1421+1g>c, g269s)	^	<u> </u>
256 Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)	-	X
257   Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease	),	Х
gene analysis, for common deletions or variant (eg, south	_	^
258   Hba1/hba2, gene analysis, known familial variant	-	Х
259 Hba1/hba2, gene analysis, full gene seq	-	X
260 Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial	х	
dysautonomia) gene analysis, common variants (eg,2507+6	^	<u> </u>
1261 Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to		Х
detect abnormal clonal population(s); amplified methodology (eg,	_	^
I262 Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to		Х
detect abnormal clonal population(s); direct probe methodology (e		^

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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 ications and should be directed to the Pharmacy link option within the website.	illioimation regarding	inimunizations, injectable drugs,
1263 lg	gh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation		V
_	nalysis	-	X
	yk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis,		V
	valuation to detect abnormal clonal population(s)	-	X
1265 C	comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant		Х
re	ecipient and donor germline testing, post-transplant non-he	-	Λ
1266 C	comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood		Х
d	onor, additional fetal samples from different cultures, or a	-	^
1269 H	lba1/hba2, gene analysis, duplication/deletion variants	-	Χ
1270 J	ak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant	-	Χ
	ltt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Χ
	it (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute	_	Х
r	nyeloid leukemia, melanoma), gene analysis, targeted sequ	-	^
1273 K	it (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816		Х
	ariant(s)	-	
	tt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)	-	Χ
	tytogenomic neo microra alys	-	Χ
	ph@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster		X
	egion (mcr) breakpoints, qualitative or quantitative	-	^
1279 J	ak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Χ
	nl3, gene analysis, rs12979860 variant	-	Χ
	xn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X
1285 F	xn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	Χ
1286 F	xn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Χ
	Igmt gene methylation anal	-	Χ
	Ilh1 gene methylation anal	-	Χ
	xn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)	-	X
	Icoln1 (mucolipin 1) (eg, mucolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)	-	X
	Ithfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants	X	_
	eg, 677t, 1298c)	^	
	1lh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch		X
	yndrome) gene analysis; full sequence analysis		
	Ilh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	_	X
	yndrome) gene analysis; known familial variants		
	1lh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch	_	X
	yndrome) gene analysis; duplication/deletion variants		
1295 N	Ish2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch	1 <sub>-</sub> T	Х
S	yndrome) gene analysis; full sequence analysis		^

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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.	nformation regarding i	immunizations, injectable drugs,
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	X
Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
300 Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
301 Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	Х
302 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis	-	Х
303 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; known familial variant	-	X
1304 Mecp2 (methyl cpg binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants	-	Х
Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	Х
1307 Palb2 gene full gene seq	_	Х
1308 Palb2 gene known famil vrnt	_	X
1309 Pik3ca gene trgt seg alys	_	X
l310 Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants	_	X
Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	X
Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х
1313 Pca3 klk3	-	Х
Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	X
Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х
Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х
Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	Х
1321 Pten gene analysis;full seg analysis	- 1	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,
	edications and should be directed to the Pharmacy link option within the website.		
	Pten gene analysis; fam variant	-	X
	Pten gene analysis; duplication/deletion variant	-	X
	Pmp22 gene analysis; dup/deletion analysis	-	X
	Pmp22 gene analysis; full seq analysis	-	X
	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X
	Slc01b1, gene analysis, common variant(s)	-	Χ
1330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)	-	X
1331	Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis	-	X
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, r555q)	-	Х
1334	Runx1, gene analysis, targeted seq analysis	_	Χ
	Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	-	Χ
	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, w515l, w515l)	-	Х
1339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	X
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	-	X
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
344	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
346	Tyms, gene analysis, common variant(s)	-	Х
	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	X
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,
	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions	l l	
,,,,,,	for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	X
31350	Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common		
	variants (eg, *28, *36, *37)	-	X
1351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Χ
1352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	X
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,		X
	common variants (eg, s34f, s34y, q157r, q157p)		^
1360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute	_	Х
	myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	^
	Hbb (hemoglobin, subunit beta), common variant(s)	-	X
	Hbb (hemoglobin, subunit beta), known familial variant(s)	-	X
	Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)	-	Χ
	Hbb (hemoglobin, subunit beta), full gene seq	-	X
	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1	-	X
1371	Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)	-	X
1372	Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)	-	X
1373	Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each	-	Х
1374	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	-	Χ
1376	Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -		Х
	dpa1), each		
	Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each	-	X
	Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1	-	Χ
	Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)	-	Χ
	Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each	-	Χ
	Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each	-	X
	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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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 i	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	-	X
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		V
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	- 1	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		V
faconi anemia group c. gaucher disease, tay-sachs disease),	-	X
413 Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	X
414 Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic		V
polymorphic ventricular tachycardia); duplication deletion gene analy	-	X
415 Exome sequence anal	-	X
416 Exome sequence anal ea add	-	Х
417 Exome sequence anal re-eval	-	Χ
418 Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes,		V
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	-	Х
427 Gsps for unex costitut heritable ds re-eval	-	X
430 Gsps for hearing loss	-	X
431 Gsps for hearing loss dupe delete anal	- 1	Х
432 Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic		
sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	X

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	nformation regarding i	mmunizations, injectable drugs,
	-	X
	-	X
	-	Х
	-	X
	-	X
	-	X
	-	Χ
	-	Х
	-	X
	-	Χ
	-	Χ
	-	Х
	-	Х
	-	X
	-	Х
Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa,		
		V
	-	X
Gsps hematolymphoid neo =/>51 genes	-	Χ
	-	X
rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis		
	Please note that coverage may vary by plen byte and may not follow the lated services. These codes are updated quarterly. Additionally, these coding lists do not reflect in dictations and should be directed to the Pharmacy link option within the website.  Hereditary breast cancer-related disorders (eg., hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for broad 1 broad may breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for broad 1 broad pade6b  Gaps for colon ca General Sequencia (eg., retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b  Gaps for colon ca dupe delete anal  Hereditary neuroendocrine tumor disorders (eg., medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s  Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl  Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu  Gaps nuclear encod mitochondrial genes  Inherited bone marrow failure syndromes (librifs) (eg., fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including broa2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rsp17, ps24, rps26, ps7, sb45, ret, and tin12  Noonan spectrum disorders (eg., noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, canavan disease, fanconi anemia type c, mucoli  Gaps for solid organ neoplasm  Targeted genomic sequence analysis panel, so	Piesae note that coverage may very by plan type and may not follow the lated services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding disclatens and should be directed to the Pharmaery life (rotion within the website).  Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for broat broa2 mlh1 hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b genes (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b genes (eg, retinitis long displant); and the process of the color of pargangalign); must incl genomic sequencing 6 genes: max s hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must includ gene encod mitochondrial genes (eg. fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, (jbmfs) (eg. fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fance, fancd, fance,

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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.	t information regarding im	munizations, injectable drugs,
Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis,	T T	
microsatellite instability	-	X
1458 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis, copy		
number variants and microsatellite instability	-	X
1459 Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; dna analysis or		
combined dna and rna analysis, copy number variants, microsatellite instability, tumor mutation burden, and	-	Χ
rearrangements		
1460 Gsps for whole mitochondrial genome	-	Χ
1462 Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		
sequence variants; dna analysis or combined dna and rna analysis, copy number variants and rearrangements	-	X
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for	_	Χ
sequence variants; dna analysis, copy number variants, and microsatellite instability		
Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for		V
sequence variants; dna analysis or combined dna and rna analysis, copy number variants, microsatellite instability,	-	X
tumor mutation burden, and rearrangements		
1465 Gsps for whole mitochondrial genome lg delete anal	-	X
1470 Gsps for xlid at least 60 genes 1471 Gsps for xlid at least 60 genes	-	X X
1471 Gsps for xlid at least 60 genes 1479 Unlisted molecular pathology	-	X
1479 Offisted molecular patriology  1490 Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic	-	^
algorithm reported as a disease activity score	-	Χ
1493 Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral		
blood, algorithm reported as a risk score	X	-
1500 Maaa 2 serum proteins	-	X
1500 Maaa 2 serum proteins		X
1504 Oncology tissue of origin	<del>                                     </del>	X
1506 Maaa 7 serum/plasma analytes	<del> </del> -	X
1507 Fetal aneuploidy trisom risk	_	X
1508 Maaa 2 maternal serum proteins	_	X
1509 Maaa 3 maternal serum proteins	_	X
1510 Maaa 3 maternal serum analytess	-	X
1511 Maaa 4 maternal serum analytess	-	Х
1512 Maaa 5 maternal serum analytess	-	X
1518 Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping),		
utilizing formalin-fixed paraffin-embedded tissue, algorithm	-	X
1519 Gsps onco (brst) 21 genes	- 1	Х
1520 Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	Х
1521 Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Х

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1522 Onc breast mrna 12 genes	1 - 1	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	_	Х
distant metastasis		Α
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		
housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including	_	X
likelihood of sentinel lymph node metastasis		Λ
1535 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
predictive algorithm reported as a drug response score; first singl	-	X
1536 Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology,		
predictive algorithm reported as a drug response score; each additi	-	X
1538 Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive		
algorithm reported as good versus poor overall surviva	-	X
1539 Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human	.,	
kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	X	-
1540 Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5		.,
housekeeping) to classify tumor into main cancer type and	-	X
1541 Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	Х
1542 Onc prostate mrna 22 cnt gen	-	Х
1546 Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported		
as a categorical result (eg, benign or suspicious)	-	X
1551 Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	X
1552 Onc breast mrna 12 genes	-	Χ
1554 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	-	Χ
of usual interstitial pneumonia [uip])		
1558 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	X	-
1595 Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and	_	X
9 housekeeping), utilizing subfraction of peripheral b		
1599 Unlisted maaa	-	X
3009 Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)	Х	-

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ecialty 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		
3987 Ph; exhaled breath condensate	X	-
3992 Assay for phencyclidine	Х	-
4378 Sugars single quant	X	-
Thromboxane metabolite(s), including thromboxane if performed, urine	X	-
4999 Clinical chemistry test	-	X
5999 Hematology procedure	-	X
6152 Cell enumeration	X	-
6153 Cell enumeration phys interp	X	-
6305 Human epididymis protein 4 (he4)	X	-
6318 Immunoassay,infectious agent	X	-
6677 Helicobacter pylori	X	-
6829 Antibody to hla class i/ii antigen	-	Χ
6830 Antibody id by hla phnotyp class i	-	Χ
6831 Antibody id by hla phnotyp class ii	-	Χ
6834 Semi-quant panel hla class i	-	Χ
6835 Semi-quant panel hla class ii	-	Χ
6849 Immunology procedure	-	Χ
6910 Blood typing, paternity test	Х	-
6911 Blood typing, antigen system	Х	-
6999 Transfusion procedure	-	Х
7999 Microbiology procedure	-	X
8000 Autopsy (necropsy), gross	Х	-
8005 Autopsy (necropsy), gross	X	-
8007 Autopsy (necropsy), gross	X	-
8012 Autopsy (necropsy), gross	X	-
8014 Autopsy (necropsy), gross	X	-
8016 Autopsy (necropsy), gross	X	_
8020 Autopsy (necropsy), complete	X	_
8025 Autopsy (necropsy), complete	X	_
8027 Autopsy (necropsy), complete	X	_
8028 Autopsy (necropsy), complete	X	
8029 Autopsy (necropsy), complete	X	
8036 Limited autopsy	X	<u> </u>
8037 Limited autopsy	X	<u>-</u>
8040 Forensic autopsy (necropsy)	X	<u> </u>
8045   Coroner's autopsy (necropsy)	X	-
8099 Necropsy (autopsy) procedure	X	<u> </u>

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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 of		•
specialty medications and should be directed to the Pharmacy link option within the website.	· · · - · - · - · · - · · · · · · ·	,
88199 Cytopathology procedure	-	X
88245 Chromosome analysis, 20-25	-	X
88248 Chromosome analysis, 50-100	-	X
88249 Chromosome analysis, 100	-	X
88261 Chromosome analysis, 5	-	X
88262 Chromosome analysis, 15-20	-	X
88263 Chromosome analysis, 45	-	X
88264 Chromosome analysis, 20-25	-	X
88267 Chromosome analys, placenta	-	X
88269 Chromosome analys, amniotic	-	X
88271 Cytogenetics, dna probe	-	X
88272 Cytogenetics, 3-5	-	X
88273 Cytogenetics, 10-30	-	X
88274 Cytogenetics, 25-99	-	X
88275 Cytogenetics, 100-300	-	X
88280 Chromosome karyotype study	-	X
88283 Chromosome banding study	-	X
88285 Chromosome count, additional	-	X
88289 Chromosome study, additional	-	X
88291 Cyto/molecular report	-	X
88299 Cytogenetic study	-	X
88399 Surgical pathology procedure	-	X
88749 In vivo lab service	-	X
89240 Unlisted miscellaneous pathology test	-	X
89250 Fertilization of oocyte	-	X
89254 Oocyte identification	-	X
89255 Prepare embryo for transfer	-	X
89259 Cryopreservation, sperm	-	X
89280 Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	-	X
89281 Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	-	X
89290 Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	-	X
89337 Cryopreservation, mature oocyte(s)	-	X
89398 Unlisted reproductive medicine laboratory procedure	-	Χ
90281 Human ig, im	X	-
90283 Human ig, iv	X	-
90287 Botulinum antitoxin	X	-
90288 Botulism ig, iv	X	-
90291 Cmv ig, iv	X	-
90384 Rh ig, full-dose, im	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	formation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.	V	
	Rh ig, iv	X X	-
	Tetanus ig, im		<u>-</u>
	Immune globulin	-	X
	Flu vaccine, 3 yrs, im	X X	-
	Dtap-hep b-ipv vaccine, im	X	-
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use		<del>-</del>
	Hep b/hib vaccine, im	Χ	- V
	Vaccine toxoid	-	X
	Pharmacologic mgmt w/psytx	X	-
	Psychophysiological therapy	X	<del>-</del>
	Psychophysiological therapy	X	-
	Environmental manipulation	Х	-
	Biofeedback train, any meth	-	X
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	-	X*
90913	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	-	Χ
91132	Electrogastrography	Χ	=
91133	Electrogastrography w/test	Χ	-
91299	Gastroenterology procedure	-	Χ
92145	Corneal hysteresis deter	Χ	-
92310	Contact lens fitting	Χ	-
92314	Prescription of contact lens	Χ	-
2340	Fitting of spectacles	Χ	-
92341	Fitting of spectacles	Χ	-
92342	Fitting of spectacles	Χ	-
92352	Special spectacles fitting	-	Х
92353	Special spectacles fitting	-	Х
2358	Eye prosthesis service	-	Χ
	Repair & adjust spectacles	Χ	-
	Repair & adjust spectacles	-	Χ
	Eye service or procedure	-	Χ
	Speech/hearing therapy	-	Χ*
	Speech/hearing therapy	-	X*
	Oral function therapy	-	X*
	Pure tone hearing test, air	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	information regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.	T V T	
	Hearing aid exam, one ear	X	-
	Hearing aid exam, both ears	X	-
	Hearing aid check, one ear	X	-
	Hearing aid check, both ears	X	-
	Electro hearing 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	-	X*
	Evaluation of auditory rehabilitation status; first hour	-	X
	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	-	Х
	Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defec	-	Х
3702	Bis xtracell fluid analysis	-	Х
3799	Cardiovascular procedure	-	X
3895	Carotid intima atheroma eval	Х	-
3998	Unlisted noninvasive vascular diagnostic study	-	Х
	Pulmonary service/procedure	-	Х
5120	Immunotherapy, one injection	Х	-
5125	Immunotherapy, many antigens	X	-
5130	Immunotherapy, insect venom	Х	-
5131	Immunotherapy, insect venoms	X	-
5132	Immunotherapy, insect venoms	X	-
5133	Immunotherapy, insect venoms	X	-
5134	Immunotherapy, insect venoms	X	-
	Allergy immunology services	-	Χ
5941	Cont intraop neurophys mntr	Х	-
	Neurological procedure	-	X
3110	Developmental screening, with interpretation and report, per standardized instrument form	Х	-
	Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes	Х	-
6171	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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orization Requir
ons, injectable drugs
X
X
X
X*
X*
-
X*
X*
Χ*
X*
-
X*
X*
-
X*
X*
X*
-
X*
Χ*
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odes	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 in decications and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs,
	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or		
	other qualified health care professional, face-to-face with	X	-
7153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		
	qualified health care professional, face-to-face with one patie	X	-
7154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other		
	qualified health care professional, face-to-face with two	Х	-
7155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	V	
	professional, which may include simultaneous direction of tech	Χ	-
7156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional	Х	
	(with or without the patient present), face-to-face with gua	X	-
7157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care	Х	
	professional (without the patient present), face-to-face w	^	<u> </u>
7158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care	Х	
	professional, face-to-face with multiple patients, each	^	-
7161	Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or		X*
	comorbidities that impact the plan of care; an examination o	-	^
7162	Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors		X*
	and/or comorbidities that impact the plan of care; an examinat	_	^
7163	Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/or		X*
	comorbidities that impact the plan of care; an examination		Λ
7164	Re-evaluation of physical therapy, extablished plan of care, requiring these components: an examination, including a	_	X*
	review of history and use of standardized tests and measur		Λ
7165	Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and	_	X*
	therapy history, which includes a brief history includin		Λ
7166	Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and	_	X*
	medical and therapy history, which includes a brief history incl		^
7167	Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and	_	X*
	therapy history, which includes a brief history includin		
7168	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes	_	X*
	in patient functional or medical status with revised plan		^`
/169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no	X	_
	comorbidities that affect phsical activity; an ex	- •	
/170	Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with	X	_
-1-1	no comorbidities that affect phsical activity; a	- •	
7171	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no	X	_
7.176	comorbidities that affect phsical activity; an e		
97172	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's	X	-
7500	current functional status when there is a documented chang	-	7/4
1530	Therapeutic activities	-	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	formation regarding	g immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
	Sensory integration	-	Х*
	Community/work reintegration	-	X*
	Wheelchair mngment training	-	X*
	Work hardening	X	-
	Work hardening add-on	X	-
	Physical medicine procedure	-	X
7810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	Χ	-
7811	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-
7813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	X	-
7814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-
8000	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.		
8001	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	X	-
	encounter for code selection, 30 minutes must be met or exceeded.		
8002	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.		
8003	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.		
8004	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.		
8005	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.		
8006	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.		
8007	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.		
8008	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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
	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	-
98014	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	-
98015	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	-
98940	Chiropractic manipulation	-	X*
	Chiropractic manipulation	-	X*
	Chiropractic manipulation	_	Χ*
	Chiropractic manipulation	Χ	-
98966	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	-
98968	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	Χ	-

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des Description	Not Covered	Preauthorization Required
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	j immunizations, injectable drugs, c
cialty medications and should be directed to the Pharmacy link option within the website.		
Hospital mandated on call service; out-of-hospital, each hour	X	-
9075 Medical testimony	X	-
Ocular function screen	X	-
9173 Visual acuity screen	X	-
Ocular photoscreening with interpretation and report, bilateral	X	-
Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis	X	-
Hyperbaric oxygen therapy	-	X
App topical fluoride varnish	X	-
9199 Special service/proc/report	-	X
Office consultation	Х	-
9242 Office consultation	Х	-
Office consultation	X	-
Office consultation	Х	-
Office consultation	X	-
P251 Initial inpatient consult	Х	-
2252 Initial inpatient consult	Х	-
9253 Initial inpatient consult	Х	-
9254 Initial inpatient consult	Х	-
2255 Initial 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)	X	-
9375 Home health care supervision	X	-
9378 Hospice care supervision	X	
Preventive counseling, indiv	X	-
Preventive counseling, indiv	X	
9403 Preventive counseling, indiv	X	
9404 Preventive counseling, indiv	X	
Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
-400   Alcohol and/or substance (other than tobacco) abuse structured screening (eg, addit, dast), and bher intervention (sb)	X	-
Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)		
r too is analy of capetanes (carer analy topics) apace of actioning (cg, addit, adds), and province (cp)	X	-
Preventive counseling, group	X	-
Preventive counseling, group	X	
Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)		-
155455 55255, 552 15 151 51105 51 54161 5444441611 4114 Harriagoment 561 11005)		

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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. Additio ecialty medications and should be directed to the Pharmacy link option within the website.	nally, these coding lists do not reflect information regarding in	nmunizations, injectable drugs,
9418 Prolonged inpatient or observation evaluation and management service(s) time with or witho	ut direct nationt contact	
beyond the required time of the primary service when the primary service level has been selections.	•	
each 15 minutes of total time (list separately in addition to the code of the inpatient and obse		-
· · · · ·	rvation evaluation and	
management service)	X	
9429 Unlisted preventive service		-
Telephone evaluation and management service provided by a physician to an established parameter of the provided by a physician to a physician	X	-
9442 Telephone evaluation and management service provided by a physician to an established pa	atient, parent, or quardian	
not o	X	-
9443 Telephone evaluation and management service provided by a physician to an established pa	atient, parent, or quardian	
not o	X	-
9450 Life/disability evaluation	X	-
9499 Unlisted e&m service	-	X
Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, a	nd diabetes monitoring X	-
9501 Home visit for postnatal assessment and follow-up care	Х	-
9502 Home visit for newborn care and assessment	X	-
Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory asses	ssment, apnea evaluation) X	-
9504 Home visit for mechanical ventilation care	X	-
9505 Home visit for stoma care and maintenance including colostomy and cystostomy	X	=
9506 Home visit for intramuscular injections	X	-
9507 Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	X	-
Home visit for assistance with activities of daily living and personal care	X	-
9510 Home visit for individual, family, or marriage counseling	X	-
9511 Home visit for fecal impaction management and enema administration	X	-
9512 Home visit for hemodialysis, per diem	X	-
9600 Unlisted home visit service or procedure	X	-
Medication therapy management service(s) provided by a pharmacist, individual, face-to-fac	e with patient, with	
assessmen	^	-
9606 Medication therapy management service(s) provided by a pharmacist, individual, face-to-fac	e with patient, with	
assessmen	^	-
Medication therapy management service(s) provided by a pharmacist, individual, face-to-fac	e with patient, with	
assessmen	^	<u> </u>
001A Adm sarscov2 30mcg/0.3ml 1st	X	-
001F Heart failure assessed (includes assessment of all the following components) (cad)	X	-
001U Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х
002A Adm sarscov2 30mcg/0.3ml 2nd	X	-
02M Liver disease, 10 biochem assays		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	formation regarding	immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.		
	Adm sarscov2 30mcg/0.3ml 3rd	Х	X
	Liver disease, 10 biochem assays	-	
	Onc ovarian assay 5 proteins serum alg scor	- V	X
	Adm sarscov2 30mcg/0.3ml bst	X	-
	Osteoarthritis assessed (oa)	Χ	
	Onco prst8 3 gene ur alg	-	X
U800	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	-
009U	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	-	X
2444	relatedness, per submitted isolate		
	Adm sarscov2 100mcg/0.5ml1st	Χ	-
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X
	Adm sarscov2 100mcg/0.5ml2nd	X	-
	Community acquired bacterial pneumonia assessed (cap)	Χ	<u>-</u>
	Onc mrna 5 genes ur alg risk urothelial cancer	-	X
)12U	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	X
013A	Adm sarscov2 100mcg/0.5ml3rd	Х	-
	Onc mrna 5 genes ur alg risk recr urothelial ca	-	Х
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	Х
014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	Х	-
014U	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	Х
015F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	Х	-
)16M	Onc bladder mrna 219 gen alg	-	Х
)16U	Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not	-	Х
)17M	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin	-	Х
)17U	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	-	Х
18M	Trnsplj rnl meas cd154+cll	Х	
	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	X	-

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	ription	Not Covered	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 reflect in an and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
-	blogy (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA	1 1	
	acted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass		Х
ехиа	icted from turnor tissue, diagnostic algoritim reported as probability of matching a reference turnor subclass	_	^
018U Onco	ology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm		X
repo	rted as a positive or negative result for moderate to	-	^
	ology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh	_ [	Х
	en tissue, predictive algorithm reported as potential		Λ
	ology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin,	l <u> </u>	X
	aip-1, csnk2a2), multiplexed immunoassay and flow		Λ
	ology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using	_	X
	onuclear cells, reported as detection or non-detection of flt3	_	
	thyr dna&mrna 112 genes fna ndul alg alys	-	X
027U Jak2	gene analysis trgt seq alys exons 12-15	-	Χ
	netab advrs rx rxn & rspse trgt seq alys	-	Χ
030U Rx m	netab warfarin rx response trgt seq alys	-	X
031U Cyp1	la2 gene analysis common variants	-	X
032U Com	t gene analysis c.472g>a variant	-	X
033U Htr2a	a htr2c gene analysis common variants	-	Χ
	t nudt15 gene analysis common variants	-	Х
0036U Exor	ne (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen,		Х
sequ	ence analyses	-	^
037U Trgt	gen seq alys sld orgn neo dna 324 genes	-	Χ
0040U Bcr/a	abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	-	Х
045U Onc	brst dux carc is mrna 12 genes alg rsk scor	-	Х
	(fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	Х
047U Onc	prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х
	sld org neo dna 468 cancer associated genes	-	Х
	1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	-	X
	eted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for		
	ence variants, copy number variants or rearrangements	-	X
	sarscv2 30mcg trs-sucr 1	Х	-
	sarscv2 30mcg trs-sucr 2	Х	-
	sarscv2 30mcg trs-sucr 3	X	-
	plogy (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen,		
	rithm reported as probability of higher tumor grade	-	X
	sarscv2 30mcg trs-sucr b	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 in becialty medications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs,
0054T   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
1056U 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	_	Λ
blood	X	-
064A Adm sarscov2 50mcg/0.25mlbst	Х	
070U Cyp2d6 gen com&slct rar vrnt	-	Х
071A Adm sarscv2 10mcg trs-sucr 1	Х	-
1071T Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc		
of	X	-
071U Cyp2d6 full gene sequence	_	Х
072A Adm sarscv2 10mcg trs-sucr 2	Х	-
072T Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc		
of	X	-
072U Cyp2d6 gen cyp2d6-2d7 hybrid	-	Х
073A Adm sarscv2 10mcg trs-sucr 3	Х	-
073U Cyp2d6 gen cyp2d7-2d6 hybrid	_	Х
074A Adm sarscv2 10mcg trs-sucr b	X	-
074U Cyp2d6 nonduplicated gene	-	X
075U Cyp2d6 5' gene dup/mlt	-	Х
076U Cyp2d6 3' gene dup/mlt	-	Χ
079U 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	Χ	-
082A Adm sarscv2 3mcg trs-sucr 2	Χ	-
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	_	X
antigens	_	
087U Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue,	<u> </u>	X
allograft rejection and injury algorithm reported as a pro	_	^
088U Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing	<u> </u>	Х
transplant biopsy tissue, algorithm reported as a probabil		^
Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive	<u> </u>	X
patch(es)		

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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 in	nmunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.		
090U Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9	_	X
housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit		
091A Adm sarscov2 50 mcg/.5 ml1st	Х	-
092A Adm sarscov2 50 mcg/.5 ml2nd	X	-
093A Adm sarscov2 50 mcg/.5 ml3rd	X	-
094A Adm sarscov2 50 mcg/.5 mlbst	X	-
094U 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	-
Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal	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 adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	Х
102T Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	Х	-
Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	Х
Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	-	Х
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	-
Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-
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	-
I11A Adm sarscov2 25mcg/0.25ml1st	Х	
111U Onc colon ca kras&nras alys	-	Х
112A Adm sarscov2 25mcg/0.25ml2nd	Х	-
12U ladi 16s&18s rrna genes	-	Χ
13A Adm sarscov2 25mcg/0.25ml3rd	Х	-
113U 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	t information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	T	
114U Gi barretts esoph vim&ccna1	X	<u>.</u>
115U Respir iadna 18 viral&2 bact	-	X
118U Trnsplj don-drv cll-fr dna	-	X
120U Onc b cll lymphm mrna 58 gen	-	X
129U Hered brst ca rltd do panel	-	X
130U Hered colon ca do mrna pnl	-	X
131U Hered brst ca rltd do pnl 13	-	X
132U Hered ova ca rltd do pnl 17	-	Χ
133U Hered prst8 ca rltd do 11	-	X
134U Hered pan ca mrna pnl 18 gen	-	X
135U Hered gyn ca mrna pnl 12 gen	-	X
136U Atm mrna seq alys	-	X
137U Palb2 mrna seq alys	-	X
138U Brca1 brca2 mrna seq alys	-	X
153U Onc breast mrna 101 genes	-	X
154U Fgfr3 gene analysis	-	Χ
155U Pik3ca gene analysis	-	Χ
157U Apc mrna seq alys	-	X
158U Mlh1 mrna seq alys	-	Χ
159U Msh2 mrna seq alys	-	Х
160U Msh6 mrna seq alys	-	Χ
161U Pms2 mrna seq alys	-	Χ
162U Hered colon ca trgt mrna pnl	-	Χ
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	-
171U 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	-	Х
178U Peanut allg asmt epi clin rx	-	Х
179U Onc nonsm cll lng ca alys 23	Х	-
180U Abo gnotyp abo 7 exons	Х	-
181U Co gnotyp agp1 exon 1	Х	-
182U 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	X	
	Gypb gnotyp ntrns 1 5 seux 3	X	
	In gnotyp cd44 exons 2 3 6	X	
	Jk gnotyp slc14a1 exon 9	X	_
	Jr gnotyp abcg2 exons 2-26	X	
	Kel gnotyp kel exon 8	X	
	Klf1 targeted sequencing	X	_
	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	
	Sc gnotyp ermap exons 4 12	X	-
	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de		
2001	Toronalist augmentation (easieplasty), unitational injection (e), molading the account a balloon of modianistic	X	-
200U	Xk gnotyp xk exons 1-3	Х	-
	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-
201U	Yt gnotyp ache exon 2	X	-
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin		
	, cotono, voltamen jamis(a) ammaphaasi, (a.g., haasi jamis[a] raphaasinin, maaanig rabatasanin, haaninina amma	X	-
204U	Onc thyr mrna xprsn alys 593	-	Х
	Oph amd alys 3 gene variants	-	X
	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
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Х	-
21411	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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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 pecialty medications and should be directed to the Pharmacy link option within the website.	information regarding im	munizations, injectable drugs, or
D215U Rare ds xom dna alys ea comp	T - T	X
O2165 Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)		X
	X	-
0216U Neuro inh ataxia dna 12 com	-	Χ
2217T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint (or nerves in	Х	-
0217U Neuro inh ataxia dna 51 gene	-	Х
218T Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint	Х	-
218U Neuro musc dys dmd seq alys	-	Х
D219T Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
D220T 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	-	Х
Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-
0222U Rhd&rhce gntyp next gnrj seq	- 1	Х
227U Rx asy prsmv 30+rx/metablt	Х	-
228U Onc prst8 ma molec prfl alg	-	Χ
229U Bcat1 promoter mthyltn alys	-	Χ
230U Ar full sequence analysis	-	Χ
231U Cacna1a full gene analysis	-	Χ
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	-	Χ
234T Trluml perip athrc renal art	X	-
234U Mecp2 full gene analysis	-	Χ
235T Trluml perip athrc visceral	Х	-
235U Pten full gene analysis	-	Χ
236T Trluml perip athrc abd aorta	Х	=
236U Smn1&smn2 full gene analysis	-	Χ
237T Trluml perip athrc brchiocph	Х	-
237U Car ion chnlpthy gen seq pnl	-	Х
238T Trluml perip athrc iliac art	Х	-
238U Onc Inch syn gen dna seq aly	-	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 in the control of the code of	information regarding	$immunizations, injectable\ drugs,$
pecialty medications and should be directed to the Pharmacy link option within the website.	T P	V
239U Trgt gen seq alys pnl 311+	-	X
Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes,	-	X
interrogation for sequence variants, gene copy number amplifications, and gene rearrangements		
Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants,		V
insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite	-	X
instability, utilizing formalin-fixed paraffinembedded tumor tissue		
Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next- generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	×
246U Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red	_	X
blood cell antigens		
250U Onc sld org neo dna 505 gene	-	X
252U FtI aneuploidy str alys dna	-	X
253T Insert aqueous drain device	X	-
253U Rprdtve med rna gen prfl 238	-	X
254U Reprdtve med alys 24 chrmsm	-	X
256U Tma/tmao prfl ms/ms ur alg	X	-
257U Vlcad leuk nzm actv whl bld	X	-
259U Neph ckd nuc mrs meas gfr	X	-
260U Rare ds id opt genome mapg	-	X
261U Onc clrct ca img alys w/ai	X	-
262U Onc sld tum rtpcr 7 gen	-	X
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	Х	-
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	-	Χ
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	Х	-
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	-	Χ
271U Hem cgen neutropenia 23 gen	-	X
272T Interrogation eval crtd sns brorflx actv sys	X	-
272U Hem genetic bld do 51 genes	-	X

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codes 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 reflect	t information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	1 7 1	
2273T Interrogation eval crtd sns brorflx w/progrmg	X	-
1273U Hem gen hyprfibrnlysis 8 gen	-	Χ
274T Perq lamot/lam any meth single/mlt lvl crv/thrc	X	-
1274U Hem gen pltlt do 43 genes	-	X
1275T Perq lamot/lam any meth single/mlt lvl lumbar	-	Χ
275U Hem heprn nduc trmbctpna srm	X	-
276U Hem inh thrombocytopenia 23	-	X
277U Hem gen pltlt funcj do 31	-	X
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 plsm	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 gen seq una		^ X
		X
299U Onc pan tum whl gen opt mapg 300U Onc pan tum whl gen seq&opt	-	X
	- V	
301U Adna bartonella ddpcr	X	-
302U Adna brtnla ddpcr flwg liq		-
303U Hem rbc ads whl bld hypoxic	X	-
304U Hem rbc ads whl bld normoxic	X	-
Hem rbc fnclty&dfrm shr strs	Х	-
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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des Description	Not Covered	Preauthorization Require
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 refle	ct information regarding	immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.		
312U Ai ds sle alys 8 igg autoant	X	-
Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array	X	_
and pulse generator		
313U Onc pncrs dna&mrna seq 74	-	X
314U Onc cutan mlnma mrna 35 gene	-	X
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	-	Χ
318U Ped whl gen mthyltn alys 50+	-	X
Neph rna pretrnspl perph bld	-	X
320U Neph rna psttrnspl perph bld	-	Х
321U ladna gu pthgn 20bct&fng org	Х	-
Neuro asd meas 14 acyl carn	Х	-
323U ladna cns pthgn next gen seq	X	-
324U Onc ovar sphrd cell 4 rx pnl	Х	-
325U Onc ovar sphrd cell parp	Х	-
326U Trgt gen seq alys pnl 83+	-	X
328U Drug assay 120+ rx&metablt	Х	=
329T Mntr io press 24hrs/> uni/bi	Х	=
329U Onc neo xome&trns seq alys	-	Х
330T Tear film img uni/bi w/i&r	Х	-
330U ladna vag pthgn panel 27 org	X	-
331T Heart symp image plnr	Х	-
331U Onc hI neo opt gen mapping	-	Х
332T Heart symp image plnr spect	X	-
332U Onc pan tum gen prflg 8 dna	-	Х
333T Visual ep acuity screen auto	X	-
333U Onc lvr surveilanc hcc cfdna	-	Х
334U Onc sld orgn tgsa dna 84/+	_	X
335T Extraosseous joint stblztion	Х	-
335U Rare ds whl gen seg fetal		X
336U Rare ds whi gen seq bld/siv		X
337U Onc plsm cell do & myeloma id	X	<u> </u>
338T Trnscth renal symp denry unl	X	<u> </u>
338U One sld tum ereg tum el slet	X	-
339T Trnscth renal symp denry bil	X	-
339U Onc prst8 mrna hoxc6 & dlx1	^	X

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



odes 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	e coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		V
340U Onc pan ca alys mrd plasma	-	X
341U FtI aneup dna seq cmpr alys	-	X
342T Thxp apheresis w/hdl delip	X	-
342U Onc pncrtc ca mult ia eclia	X	-
343U Onc prst8 xom aly 442 sncrna	-	X
344U Hep nafld semiq evl 28 lipid	X	-
346U Beta amyl aβ40 & aβ42 lc-ms/ms	X	-
347T Ins bone device for rsa	X	-
348T Rsa spine exam	X	-
349T Rsa upper extr exam	X	-
350T Rsa lower extr exam	X	-
351T Intraop oct brst/node spec	X	-
351U Nfct ds bct/viral trail ip10	X	-
352T Oct brst/node i&r per spec	X	-
353T Intraop oct breast cavity	X	-
353U ladna chlmyd & gonorr amp prb	X	-
354T Oct breast surg cavity i&r	X	-
354U Hpv hi rsk qual mrna e6/e7	X	-
355U Apol1 risk variants	-	Χ
356U Onc orop 17 dna ddpcr alg	-	X
357U Onc mlnma ai quan alys 142	X	-
358T Bia whole body	X	-
358U Neuro alys β-amyl 1-42&1-40	X	-
359U Onc prst8 ca alys all psa	X	-
361U Neurflmnt It chn dig ia quan	X	-
362T Expose behav assessment	Х	-
362U Onc pap thyr ca rna 82&10	-	Χ
363U Onc urthl mrna 5 gen alg	-	Χ
364U Onc hl neo gen seq alys alg	-	Х
368U Onc circt ca mut&mthyltn mrk	-	Х
369U ladna gi pthgn 31 org&21 arg	-	Х
370U ladna surg wnd pthgn 34&21	-	X
371U ladna gu pthgn semiq dna16&1	-	X
372U Nfct ds gu pthgn arg detcj	-	X
373T Exposure behavior treatment	X	-
373U ladna rsp tr nfct 17 8 13&16	-	Х
374U ladna gu pthgn 21 org&21arg	_	X
375U Onc ovrn bchm asy 7 prtn alg	<del>-   -  </del>	X
376U Onc prst8 ca img alys 128	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, or
	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	Х	-
	Tgsap sl or neo dna523&rna55	-	X
	Rx metb advrs trgt sq aly 20	-	X
	Maple syrup ur ds mntr quan	X	<u>-</u>
	Hyprphenylalninmia mntr quan	X	-
	Tyrosinemia typ i mntr quan	X	-
	Neph ckd rsk hi stg kdn ds	X	-
)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	Х	-
389U	Ped fbrl kd ifi27&mcemp1 rna	Х	-
)390U	Ob pe kdr eng&rbp4 ia alg	Х	-
	Onc sld tum dna&rna 437 gen	-	X
	Rx metab genrx ia 16 genes	-	Х
	Neu prksn msfl α-syncin prtn	Х	-
)394U	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	-	X
398U	Gi baret esph dna mthyln aly	Х	-
	Ob xpnd car scr 145 genes	-	Χ
	Crd c hrt ds 9 gen 12 vrnts	Х	-
	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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	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 in edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	-	Х
)417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder–associated genetic variants	-	X
419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	-	Х
403T	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	Х	-
408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-
410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when 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)	X	-
	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	X	-
	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	X	-
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	X	-
418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	Х	-
419T	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, extensive, greater than 100 neurofibromata	Х	-
120U	Oncology (urothelial), mrna expression profiling by real-time quantitative pcr of mdk, hoxa13, cdc2, igfbp5, and cxcr2 in combination with droplet digital pcr (ddpcr) analysis of 6 single-nucleotide polymorphisms (snps) genes tert and fgfr3, urine, algorithm reported as a risk score for urothelial carcinoma	-	Х
421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	х	-

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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.		
	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	X	-
)422U	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	_	X
	sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate		~
423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab,		V
	report including metabolizer status and risk of drug toxicity by condition	-	X
)424T	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	^	-
424U	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		
	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only	Χ	-
)425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator	_	X
	genome (eg, parents, siblings)	-	^
426T	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	Х
	Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only	Χ	-
	Monocyte distribution width, whole blood	X	-
428T	Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only	Х	-
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,	-	X
	microsatellite instability, and tumor mutation burden		
429T	Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only	Χ	-
430T	Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
431T	Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only	Х	-
431U	Glycine receptor alpha1 igg, serum or cerebrospinal fluid (csf), live cell-binding assay (lcba), qualitative	Χ	-
	Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only	Х	-
	Kelch-like protein 11 (klhl11) antibody, serum or cerebrospinal fluid (csf), cell-binding assay, qualitative	X	-
	Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only	X	-
	Oncology (prostate), 5 dna regulatory markers by quantitative pcr, whole blood, algorithm, including prostate-specific	V	
	antigen, reported as likelihood of cancer	Х	-
43 <u>4</u> T	Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea	Χ	-
	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	-	Х
435T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single	V	
	session	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 i edications and should be directed to the Pharmacy link option within the website.	nformation regarding i	mmunizations, injectable drugs, o
	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (cscs), from cultured cscs and primary tumor		
7-000	cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug	×	_
	combinations	^	-
1/36T	Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during		
74301	sleep study	X	-
M36LL	Oncology (lung), plasma analysis of 388 proteins, using aptamerbased proteomics technology, predictive algorithm		
74300	reported as clinical benefit from immune checkpoint inhibitor therapy	X	-
)437T	Impltj synth rnfcmt abdl wal	X	
	Psychiatry (anxiety disorders), mrna, gene expression profiling by rna sequencing of 15 biomarkers, whole blood,		-
4370	algorithm reported as predictive risk score	X	-
12011	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant		
4360		×	
	analysis of 33 genes, including deletion/duplication analysis of cyp2d6, including reported phenotypes and impacted	^	-
1420T	genedrug interactions	X	
	Myocrd contrast prfuj echo	X	-
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		
	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-
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		
441T	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	.,	
	plexus, pudendal nerve)	X	-
442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP),		
20	fingerstick whole blood specimen, each biomarker reported as present or absent	X	-
443T	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	<u> </u>
	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion,		<del>-</del>
7771	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	immunizations, 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	-	Χ
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	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	Х	-
0453U	Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)	х	-
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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	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 ir dications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
0456U / I	Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor	х	-
0457U I	TNFi) therapy Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by _C-MS/MS, plasma or serum, quantitative	Х	-
0458U (	Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Х	-
r	3-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	X	-
g	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes	Х	-
Ç	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported bhenotypes	X	-
	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary	Х	-
0463U (	Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker	Х	-
li	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, ncluding LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive ornegative result	Х	-
	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	-	Х
ı	Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease	Х	-
)467U	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	-
	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	х	-
	Rta polarize scan oc scr bi	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, or
-	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal	-	X
0470T	cell contamination Oct skn img acquisj i&r 1st	X	
		X	<u> </u>
0471T	Oct skn img acquisj i&r addl	Х	-
	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
)472T	Prgrmg io rta eltrd ra	Х	-
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	Х	-
)473T	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	Х	-
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	X
0475T	Rec ftl car sgl 3 ch i&r	Х	-
0475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	Х
	Rec ftl car sgl elec tr data	X	-
	Rx metab psyc 14gen&cyp2d6	Х	-
	Rec ftl car sgl xrtj alys	X	-
	Rx metab psy 14&cyp2d6 gn-rx	X	-
	Rec ftl car 3 ch rev i&r	Х	- V
14 / XL	Onc nsclc dna&rna dpcr 9gens	- X	X
	Fractional abl Isr fenestration first 100 sqcm		

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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 the codes are updated quarterly.	ionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, c
ecialty medications and should be directed to the Pharmacy link option within the website.		
480T Fractional abl Isr fenestration ea addl 100 sqcm	X	-
480U Nfct ds csf metag ngs alys	X	-
481T Njx autol wbc concentr inc img gdn hrv & prep	X	-
481U Idh1 idh2&tert promoter ngs	-	X
482U Ob pe biochem asy sflt1&plgf	X	-
483T Tmvi w/prosthetic valve percutaneous approach	X	-
483U Nfct ds ng gyra s91f pt mut	X	-
484T Tmvi w/prosthetic valve transthoracic exposure	Х	-
484U Nfct ds mgen 23s rrna pt mut	X	-
485T Oct middle ear with i&r unilateral	X	-
485U Onc sol tum cfdna&rna ngs gm j	-	Χ
486T Oct middle ear with i&r bilateral	X	-
486U Onc pan sol tum ngs cfctdn	X	-
487T Transvaginal biomechanical mapping w/report	X	-
487U Onc sol tum cfcdna tgsap 84	X	-
488T Diabetes prev online/electronic prgrm pr 30 days	X	-
488U Ob fetal ag nipt cfdna alys	-	X
489T Autol regn cell tx scleroderma hands	X	-
489U Ob sgnipt cfdna seq alys 1+	-	X
490T Autol regn cell tx scldr mlt inj one or both hands	X	-
490U Onc cutan/uveal mlnma cd146	X	-
491T Abl laser tx open wnd pr day 1st 20 sqcm or less	X	-
491U Onc sol tum ctc slct er prtn	Х	-
492T Abl laser tx open wnd pr day addl 20 sqcm	X	-
492U Onc sol tum ctc slctn pd-I1	Х	-
493T Near infrared spectroscpy studies low ext wounds	Х	-
493U Trnspl med quan dd-cfdna ngs	-	Х
494T Prep & cannulj cdvr don Ing orgn prfuj sys	Х	-
494U Rbc ag ftl rhd gene alys ngs	-	Х
495T Init & mntr cdvr don Ing orgn prfuj sys 1st 2 hr	X	-
495U Onc prst8 alys crcg plsm prt	X	-
496T Mntr cdvr don Ing orgn prfuj sys ea addl hr	X	-
496U Onc circt cfdna 8/7 genes	X	-
497T Xtrnl pt act ecg w/o attn mntr in-office conn	X	-
497U Onc prst8 mrna rt-pcr 6genes	-	Х
498T Xtrnl pt act ecg w/o attn mntr r&i pr 30 days	X	-
498U Onc circt ngs mut detc 43gen	<u> </u>	Х
499T Cysto w/dil & urtl rx del f/urtl strix/stenosis	X	-
499U Onc circt&ing dna ngs 8genes		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 project in the project is a service of the project in th	nformation regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	, v I	
0500U Autoinflam ds vexas synd dna	X	-
0501U Onc clrc bld quan meas cfdna	X	-
0502U Hpv e6/e7 mrk hirsk typ crv	X	-
0503U Neuro alz ds βamylτ prtn	X	-
504U Nfct ds uti id 17 path orgs	X	-
505U Nfct ds vag infctj id 32orgs	X	-
506U Gi barretts esophgl cell 89	X	-
507U Onc ovr dna whole gen w/5hmc	Х	-
508U Trnsplj med ddcfdna 40 snps	-	X
509U Trnsplj med ddcfdna	-	Χ
510U Onc pncrtc ca alg alys 16gen	Х	-
511U Onc sol tum 3dmicroenvir 36+	X	-
512U Onc prst8 alys dgtz img msi	X	-
513U Onc prst8 alg alys msi&hrd	X	-
514U Gi ibd ia quan deter adl lvl	Х	-
515U Gi ibd ia quan deter ifx lvl	X	-
516U Rx metab rxgenomic gnotyp 40	Х	-
517U Ther rx mntr 80+ psyactiv rx	Х	-
518U Ther rx mntr 90+ pn&mtl hlth	Х	-
519U Ther rx mntr meds p/d/a 110+	Х	-
520U Ther rx mntr 200+ rx/sbsts	Х	-
500F Initial prenatal care visit	Х	-
501F 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	Х	-
502T Cor ffr derived cta data prep & transmis	_	Х
503F Postpartum care visit2	Х	-
503T Cor ffr cta data alys & gnrj estimated ffr model	-	X
504T Cor ffr cta data review w/interpj & final report	_	X
505F Hemodialysis plan of care documented (esrd)	Х	-
505T Ev fempop artl revsc tcat plmt iv st grf & clsr	X	
506T Mac pgmt optical dns meas hfp uni/bi w/i&r	X	
507F Peritoneal dialysis plan of care documented (esrd)	X	
508T Pls echo us b1 dns meas indic axl b1 min dns tib	X	
1509F Urinary incontinence plan of care documented (ger)	X	-
510T Removal of sinus tarsi implant	X	<u> </u>
5101 Removal and reinsertion of sinus tarsi implant	X	-
15111 Removal and reinsertion of sinus tarst implant. 1512T Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing	^	-
care; initial wound	X	-
Care, miliai wound		

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	edications and should be directed to the Pharmacy link option within the website.	3 3	, , ,
513F	Elevated blood pressure plan of care documented (ckd)1	X	-
513T	Esw integ wnd hlg ea addl	X	-
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	-
515T	Insj wcs Iv compl sys	Х	-
516F	Anemia plan of care documented (esrd)1	Х	-
	Insj wcs Iv eltrd only	Х	-
	Glaucoma plan of care documented (ec)5	Х	-
517T	Insj wcs Iv pg compnt	Х	-
	Falls plan of care documented (ger)5	Х	-
518T	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	-
	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	-
	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 funcjl 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
524T	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	Х	-
	Insj/rplcmt compl ims	Х	-
	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	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,
	edications and should be directed to the Pharmacy link option within the website.		
	Subsequent visit for episode (bkp)2	Х	-
	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)	X	-
	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	X	-
	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,	Х	-
E21T	UGT1A1, VKORC1), reported as metabolizer status and transporter function		
UD41	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to liter a certain number of visits. Limits are dependent on plan and/or provider type.	Х	

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odes sclaimer:	<b>Description</b> 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	Not Covered formation regarding	Preauthorization Require immunizations, injectable drugs,
	edications and should be directed to the Pharmacy link option within the website.	3 3	, , , , , , , , , , , , , , , , , , , ,
534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using	Χ	=
)535F	Dyspnea management plan of care, documented (pall cr)	Χ	-
)535T	Cont rec mvmt do reprt cnfig	Χ	-
)535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative	X	-
536T	Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report	X	-
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	Χ	-
539U	Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation	Χ	-
540F	actionability reported as actionable variant	Х	-
540U	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of	-	X
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	X	-
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)	Χ	
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.	nformation regarding	immunizations, injectable drugs, or
	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live		
33400	cells, reported as positive or negative	X	-
0547T	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score	Х	
7547 I	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	X	<u>-</u>
)548U	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,		
70-700	diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	×	_
	diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract drothellar carcinoma (0100)	^	-
)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	X	-
	prostate cancer		
)550F	Cytopath report-nongyn spcmn	Х	-
)551F	Cytopath report non-routine	Х	-
)551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	Х	-
)552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other		
	qualified health care professional	X	=
)552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from		
	trophectoderm biopsy, linkage analysis of diseasecausing locus, and when possible, targeted mutation analysis for	-	X
	known familial variant, reported as low-risk or high-risk for familial genetic disorder		
)553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic		
	sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA		V
	score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy,	-	X
	trisomy, segmental aneuploidy, or mosaic, per embryo tested		
)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	X	-
	fracture risk and bone mineral density, interpretation and report		
)554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic		
	sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality		
	control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic,	-	Χ
	with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo		
	tested		
	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	Х	
	from a computed tomography scan; retrieval and transmission of the scan data	^	-

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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,
	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	-	X
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	Х	-
558T	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Х	-
558U	Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression	Х	-
559T	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Х	-
559U	Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression	Х	-
560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	Х	-
560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments	Х	-
561T	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-
561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	-	X
562T	Anatomic guide 3d-printed and designed from image data set(s); each additional anatomic guide (list separately in addition to code for primary procedure)	Х	-
62U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants	-	Х
63T	Evac meibomian glnd heat bi	Х	-
	Autol cell implt adps hrvg	Х	
565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cellfree DNA, plasma, algorithm reported as cancer signal detected or not detected	-	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 in	mmunizations, injectable drugs, c
	Autol cell implt adps njx	Х	
	Oncology (lung), qPCRbased analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A,	^	
	MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1 2, TRAP1, VWC2, ZNF781), pleural fluid,	_	X
	algorithm reported as a qualitative result		X
156711	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long		
3070	reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants,		
	duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial	-	Χ
	DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva,		
	amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants		
568U	Neurology (dementia), beta amyloid (Αβ40, Αβ42, Αβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217),		
	neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array	Х	
	detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	^	-
1560T	Ttvr perq appr 1st prosth	X	
	Oncology (solid tumor), nextgeneration sequencing analysis of tumor methylation markers (>20000 differentially		
13030	methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or	_	Х
	absence of ctDNA with tumor fraction, if appropriate	-	X
)570T	Ttvr perq ea addl prosth	Х	
	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxylterminal	^	-
13700		Х	
	hydrolase L1 (UCHL1), immunoassay, whole blood or plasma, individual components reported with the overall result of	^	-
	elevated or non-elevated based on threshold comparison Insj/rplcmt icds ss eltrd	Х	
	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-	^	-
37 10	nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as		X
	clinically actionable variants	-	^
572T	Insertion ss dfb electrode	Х	-
	Oncology (prostate), highthroughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported	^	-
3120	as risk of prostate cancer	-	X
573T	Removal ss dfb electrode	Х	
	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid,		-
	algorithm reported as categorical mucinous or non-mucinous	X	-
	Repos prev ss impl dfb eltrd	Х	
	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass		-
5/40		X	-
67EE	spectrometry (LC-MS		
	Hiv rna control plan of care, documented (hiv)	X	<u> </u>
	Prgrmg dev eval icds ss ip		-
	Interrog dev eval icds ss ip	X	-
) / / l	Ephys eval icds ss	Χ	-

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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 quarter	ly. Additionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	T v I	
578T Rem interrog dev icds phys	X	-
579T Rem interrog dev icds tech	X	-
580F Multidisciplinary care plan	X	-
580T Rmvl ss impl dfb pg only	X	-
581F Pt trnsfrd from anesth to cc	X	-
581T Abltj mal brst tum perq crtx	X	-
582F No trnsfr from anesth to cc	X	-
582T Trurl abltj mal prst8 tiss	X	-
583F Transfer care checklist used	X	-
583T Tmpst auto tube dlvr sys	X	-
584F No transfer care chklist used	X	-
584T Perq islet cell transplant	X	-
585T Laps islet cell transplant	X	-
586T Open islet cell transplant	X	-
587T   Perg impltj/rplcmt isdns ptn	X	-
588T Revision/removal isdns ptn	X	-
589T Elec alys smpl prgrmg iins	X	-
590T Elec alys cplx prgrmg iins	X	-
591T Hlth&wb coaching indiv 1st	X	-
592T Hlth&wb coaching indiv f-up	X	-
593T Hlth&wb coaching group	X	-
594T Osteot hum xtrnl Ingth dev	X	-
596T Temp fml iu vlv-pmp 1st insj	X	-
597T Temp fml iu valve-pmp rplcmt	X	-
598T Ncntc r-t fluor wnd img 1st	X	-
599T Ncntc r-t fluor wnd img ea	Х	-
600T Ire ablti 1+tum organ perg	X	-
601T Ire ablti 1+tumors open	X	-
602T Transdermal gfr measurements	X	-
603T Transdermal gfr monitoring	X	-
604T Rem oct rta dev setup&educaj	X	-
605T Rem oct rta techl sprt min 8	X	-
606T Rem oct rta phys/qhp ea 30d	X	-
607T Rem mntr pulm flu mntr setup	X	-
608T Rem mntr pulm flu mntr alys	X	
609T Mrs disc pain acquisi data	X	
610T Mrs disc pain transmis data	X	
611T Mrs disc pain transmis data	X	<u> </u>
612T Mrs discogenic pain i&r	X	<u> </u>

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



	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
	nedications and should be directed to the Pharmacy link option within the website.		
	Perq tcat intratrl septl sht	X	-
	Rmvl&rplcmt ss impl dfb pg	Х	-
	Eye mvmt alys w/o calbrj i&r	Х	-
	Cysto w/prst8 commissurotomy	Х	-
	Evasc ven artlz tibl/prnl vn	Х	-
	Trabeculostomy interno laser	Х	-
	Trabeculostomy int lsr w/scp	X	-
	Auto quantification c plaque	-	X
	Auto quan c plaq data prep	-	Χ
	Auto quan c plaq cptr alys	-	X
	Auto quan c plaq i&r	-	X
0627T	Perq njx algc fluor Imbr 1st	Χ	-
0628T	Perq njx algc fluor Imbr ea	X	-
0629T	Perq njx algc ct lmbr 1st	X	-
0630T	Perq njx algc ct lmbr ea	Χ	-
0631T	Tc vis lit hyperspectral img	Х	-
0632T	Perq tcat us abltj nrv p-art	Х	-
0633T	Ct breast w/3d uni c	Х	-
0634T	Ct breast w/3d uni c+	Х	-
0635T	Ct breast w/3d uni c-/c+	Х	-
0636T	Ct breast w/3d bi c	Х	-
0637T	Ct breast w/3d bi c+	Х	-
0638T	Ct breast w/3d bi c-/c+	Х	-
0639T	Wrls skn snr anisotropy meas	Х	-
0640T	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin,		
	oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound	X	-
	3 3 7 3 1 7 1 7 1		
0641T	Image acquisition only, each flap or wound	Х	-
0642T	Interpretation and report only, each flap or wound	Х	-
	Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left		
	ventriculography when performed, arterial approach	X	-
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum,		
	aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging	X	_
	guidance, when performed	~	
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart		
0043 I	catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and	x	_
	interpretation, when performed	^	-
	Interpretation, when performed		

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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 edications and should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, or
	Transcatheter tricuspid valve implantation/replacement (ttvi) with prosthetic valve, percutaneous approach, including		
00401	right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography,	X	_
	when performed	^	_
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image		
00471	documentation and report	X	-
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including		
30401	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	X	-
	lulagrostic fill examination of the same anatomy (eg. organ, gland, tissue, target structure) during the same session		
0649T	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	X	-
	primary procedure)		
0650T	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	X	-
	analysis, review and report by a physician or other qualified health care professional		
)651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of	.,	
	capsule, with interpretation and report	X	-
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or	· ·	
	washing, when performed (separate procedure)	Х	-
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	X	-
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	X	-
)655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused	V	
	images or other enhanced ultrasound imaging	Х	-
)656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-
)657T	Vertebral body tethering, anterior; 8 or more vertebral segments	X	-
)658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Х	-
)659T	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		
)660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-
)661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	X	-
)662T	Scalp cooling, mechanical; initial measurement and calibration of cap	X	-
)663T	Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	
)664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	
	Donor hysterectomy (including cold preservation); open, from cadaver donor  Donor hysterectomy (including cold preservation); open, from living donor	X	-
	Donor hysterectomy (including cold preservation); open, from living donor  Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	X	<del>-</del>

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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	g immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
0667T	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	Х	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-
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	X	-
	Laps insj nw/rpcmt prm isdss	Х	-
0675T	Laps insj nw/rpcmt isdss 1ld	Х	-
	Laps insj nw/rpcmt isdss ea	Х	-
	Laps repos lead isdss 1st ld	Х	-
	Laps repos lead isdss ea add	Х	-
679T	Laps rmvl lead isdss	Х	-
680T	Insj/rplcmt pg only isdss	Х	-
	RIcj pulse gen only isdss	Х	-
682T	Removal pulse gen only isdss	Х	-
	Prgrmg dev eval isdss ip	Х	-
	Peri-px dev eval isdss ip	Х	-
	Interrog dev eval isdss ip	Х	-
686T	Histotripsy mal hepatcel tis	Х	-
	Tx amblyopia dev setup 1st	Х	-
	Tx amblyopia assmt w/report	Х	-
	Quan us tis charac w/o dx us	Х	-
690T	Quan us tis charac w/dx us	X	-
691T	Auto alys xst ct std vrt fx	Х	-
692T	Therapeutic ultrafiltration	Х	=
	Compre ful bdy 3d mtn alys	Х	-
	3d vol img&rcnstj brst/ax	Х	-
	Bdy srf mpg pm/cvdfb tm impl	Х	-
	Bdy surf mapg pm/cvdfb f/up	Х	-
	Quan mr tis wo mri mlt orgn	Х	-
	Quan mr tiss w/mri mlt orgn	X	-
	Njx pst chmbr eye medication	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. Additi specialty medications and should be directed to the Pharmacy link option within the website.	ionally, these coding lists do not reflect information regarding	immunizations, injectable drugs, o
· · · · · · · · · · · · · · · · · · ·		
0700T Molec fluor img sus nev 1st	X	-
0701T Molec fluor img sus nev ea	X	-
7702T Rem ther mntr ol tech sprt	X	-
7703T Rem ther mntr ol cog bhv	X	-
7704T Rem tx amblyopia setup&edu	X	-
7705T Rem tx amblyopia tech sprt	X	-
0706T Rem tx amblyopia i&r phy/qhp	X	-
0707T Njx b1 sub mtrl sbchdrl dfct	X	-
0708T Id ca immntx prep & 1st njx	X	-
0709T Id ca immntx each addl njx	X	-
0710T N-invas artl plaq alys	X	-
7711T N-nvs artl plaq alys dat prp	X	-
712T N-nvs artl plaq alys quan	X	-
713T N-nvs artl plaq alys rvw i&r	X	-
0714T Tprnl lsr ablt b9 prst8 hypr	X	-
715T Perq trluml coronry lithotrp	X	-
716T Car acous wavfrm rec cad rsk	X	-
717T Adrc ther prtl rc tear	X	-
1718T Adrc ther prtl rc tear njx	Х	-
1719T Pst vrt jt rplcmt lmbr 1 sgm	Х	-
1720T Prg elc nrv stim cn wo implt	Х	-
721T Quan ct tiss charac w/o ct	X	-
722T Quan ct tiss charac w/ct	X	-
1723T Qmrcp w/o dx mri sm anat ses	X	-
0724T Qmrcp w/dx mri same anatomy	X	-
725T Vestibular dev implti uni	X	-
726T Rmvl implt vstibular dev uni	X	-
7727T Rmvl&rplcmt implt vstblr dev	X	-
7728T Dx alys vstblr implt uni 1st	X	_
1729T Dx alys vstblr implt uni sbq	X	_
1730T Trabeculotomy Isr w/oct gdn	X	-
1731T Augmnt ai-based fcl phnt a/r	X	
1732T Immntx admn electroporatn im	X	<u> </u>
1733T Rem bdy&lmb knmtc ther sply	X	<u> </u>
07331 Rem bdy&imb knimc ther spry	X	<u> </u>
, ,	X	
7735T Prep tum cav iort prim crnot	X	-
7736T Colonic lavage 35+l water		-
7737T   Xenograft impltj artclr surf	X	-
0738T   Tx pln mag fld abltj prst8	X	-

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odes Description		Not Covered	Preauthorization Required
	rage 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
,	be directed to the Pharmacy link option within the website.		
739T Abltj mal prst8		X	-
740T Rem auton alg		X	-
741T Rem auton alg		X	-
742T Aqmbf spect xe		X	-
743T B1 str & fx rsk		X	-
744T Insj bioprostc v		X	-
745T Car ablt rad arr		X	-
746T Car ablt rad arr		X	-
747T Car ablt rad arr		X	-
748T Njx stm cl prdc		X	-
749T B1 str&fx rsk a		X	-
750T B1 str&fx rsk a	smt dxrbmd1vw	X	-
751T Dgtz gls mcrsc	sld level ii	X	=
752T Dgtz gls mcrsc	sld Ivl iii	X	-
753T Dgtz gls mcrsc	sld level iv	X	-
754T Dgtz gls mcrsc	sld level v	X	-
755T Dgtz gls mcrsc	sld level vi	X	-
756T Dgtz gls mcrsc	sld spc grpi	Х	-
757T Dgtz gls mcrsc		X	-
758T Dgtz gls mcrsc		Х	-
759T Dgtz gls mcrsc		X	-
760T Dgtz gls mcrsc		Х	-
761T Dgtz gls mcrsc		Х	-
762T Dgtz gls mcrsc		X	-
763T Dgtz gls mcrsc		Х	-
764T Asstv alg ecg r		X	-
765T Asstv alg ecg r		X	-
766T Tc mag stimj p		X	-
767T Tc mag stimj p		X	-
768T Tc mag stimi p		X	-
769T Tc mag stimi p		X	-
770T Vr technology a		X	-
771T Vr px dissoc sv		X	
7711 Vr px dissoc sv	, ,	X	
773T Vr px dissoc sv		X	<u>-</u>
774T Vr px dissoc sv		X	<u>-</u>
775T Arthrd si jt prq		X	
776T Ther indcti ntra		X	<u> </u>
777T R-t prs sensing		X	<u> </u>

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Description	Not Covered	Preauthorization Required
	nformation regarding	immunizations, injectable drugs, or
	Х	
•		_
		_
		-
	X	-
	X	_
	X	-
	X	
	×	_
	^	
	Y	_
	^	-
Motor cognitive, semi immersive virtual reality, facilitated gait training, each 15 minutes (list senarately in addition to		
	X	-
	Y	
		-
	X	-
· · · · · · · · · · · · · · · · · · ·	X	-
other pathology results which have been previously interpreted and reported separately		
Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg. fluoroscopy		
	X	-
components)		
	Please note that coverage may vary by plen 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.  Smmg cnornt appl imu snr Gi myoelectrical actv study Instij fecal microbiota ssp Bmchsc rf distrj pulm nrv bi Brevision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator 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, parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters Electronic analysis with complex 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, parameters with professional professional professional, spinal cord or sacral nerve, 4 or more parameters. when performed by physician or other qualified health care professional cord or sacral	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 disclations and should be directed by the Pharmacy link option within the website.  Smmg cncmt appl imu snr  A Gi mycelectrical act v study  X Instiff fecal microbiota ssp  X Brnchsc of distry julm nrv bi  X Brc visual of group of percuraneous electrode array, spinal, with integrated neurostimulator, including imaging julidance, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters  Bectronic analysis with complex 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-selectab

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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 regardin	g immunizations, injectable drugs, or
	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	-
0797T	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	-
0798T	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	-
0799T	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	-
0800T	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	-
0801T	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	-
0802T	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	-
0803T	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 leadless pacemaker system)	Х	-
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	-

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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	formation regarding ir	nmunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.		
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	X	-
T808	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	X	_
	tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation,	^	-
	data review, interpretation and report		
809T	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance,	Х	
	placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)		-
810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Х	-
)811T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of	Х	
	equipment	^	-
812T	Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report	V	
	generation, up to 10 days	X	-
813T	Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon	Х	-
814T	Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging	Х	
	guidance, unilateral	^	-
)815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk	V	
	assessment, 1 or more sites, hips, pelvis, or spine	X	-
816T	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	X	-
	performed, posterior tibial nerve; subcutaneous		
817T	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	X	-
	performed, posterior tibial nerve; subfascial		
)818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming,		
	and imaging, when performed, posterior tibial nerve; subcutaneous	X	-
819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming,		
	and imaging, when performed, posterior tibial nerve; subfascial	X	-
820T	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	X	-
)821T	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	X	-
	procedure)		

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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	immunizations, injectable drugs, or
	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	-
0832T	Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)	Х	-
0833T	Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)	Х	-
0834T	Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)	Х	-
0835T	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 primary procedure)	Х	-

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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 ications and should be directed to the Pharmacy link option within the website.	information regarding	immunizations, injectable drugs, o
	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic		
		X	
	tudy to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in	^	-
	ddition to code for primary procedure)		
	Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report	X	-
	List separately in addition to code for primary procedure)		
	Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List	X	-
	eparately in addition to code for primary procedure)		
	Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides	X	_
	List separately in addition to code for primary procedure)	, ,	
	Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with	X	_
	eport on referred material (List separately in addition to code for primary procedure)	^	
	Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen	X	_
	ection(s), single specimen (List separately in addition to code for primary procedure)	^	<u>-</u>
	Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with	X	_
fı	ozen 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	
lp	reparation, 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		
р	reparation, 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	V	
	List separately in addition to code for primary procedure)	X	-
	Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain	.,	
	rocedure (List separately in addition to code for primary procedure)	X	-
	Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed)		
	ssue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary	X	_
	rocedure)		
	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain		
	rocedure (List separately in addition to code for primary procedure)	X	-
	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe		
	tain procedure (List separately in addition to code for primary procedure)	X	-
	Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain		
	rocedure (List separately in addition to code for primary procedure)	X	-
	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	emiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for	Х	
		_ ^	-
	rimary procedure)		
	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	emiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to	X	-
	ode for primary procedure) er a certain number of visits. Limits are dependent on plan and/or provider type		

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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
	Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or		
	semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for	X	-
	primary procedure)		
)854T	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	-
)855T	Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for	Х	
	primary procedure)	^	-
)856T	Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for	Х	
	primary procedure)	^	-
)857T	Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation,	Х	
	augmentative analysis and report (List separately in addition to code for primary procedure)	^	<u> </u>
0858T	Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with	Х	_
	automated report	Λ	
)859T	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	X	_
	additional anatomic site (List separately in addition to code for primary procedure)	^	
OGOT	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue		
)860T		Х	
	oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	^	-
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation		
70031	and programming; transmitter component only	X	-
)867T	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or		
,007 1	equal to 50 mL	Х	-
0868T	High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and		
,0001	report	Х	-
0869T	Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including	.,	
	intraoperative imaging guidance, when performed	Х	-
)870T	Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation,		
	insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and	X	-
	initial programming, when performed		
)871T	Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling	V	
	bladder and peritoneal catheters, including initial programming and imaging, when performed	Х	-
)872T	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	^_	<u>-</u>
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	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,
874T	Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters	Х	-
	Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional	Х	-
	Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)	Х	-
377T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	Х	-
378T	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	Х	-
379T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission	Х	-
380T	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	Х	-
381T	Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device	Х	-
382T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	Х	-
883T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)	Х	-
84T	Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed	Х	-
85T	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 performed	Х	-
86T	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	-
	End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)	Х	-
88T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	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 nedications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs,
	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	-
890T	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	-
891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	Х	-
892T	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	-
893T	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	-
897T	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	-
898T	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	-
399T	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	-
004T	Placement of bone marrow sampling port, including imaging guidance when performed after a certain number of visits. Limits are dependent on plan and/or provider type.	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 nedications and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drugs, o
	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	-
)909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Х	-
)910T	Removal of integrated neurostimulation system, vagus nerve	Х	-
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Х	-
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Х	-
)913T	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	-
)914T	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	-

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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 in edications and should be directed to the Pharmacy link option within the website.	formation regarding	immunizations, injectable drugs, or
	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic		
00171	guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or	X	_
	defibrillation) only	^	
0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic		
30 10 1	guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing	X	_
	and defibrillation) only	^	
0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only		
	Tromoval of a pormanont ourglas contracting modulation doublination by cloth component(o), pulse generator only	X	-
0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing		
	lead only	X	-
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous	.,	
	defibrillation lead only	Х	-
0922T	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	-
0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s),		
	including fluoroscopic guidance and programming of sensing and therapeutic parameters	X	-
	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Х	-
J926T	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	X	-
	cardiac contractility modulation-defibrillation system		
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and	X	_
	disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	^	
0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with	X	_
	interim analysis and report(s) by a physician or other qualified health care professional	^	
0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote		
	data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	Х	-
2000T			
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	X	_
	implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator		
0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold		
00011	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	X	-
	Implantation of replacement with testing of cardiac contractility modulation-defibriliator pulse generator		

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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.		
0932T	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	Х	-
)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 supervision and interpretation	Х	-
)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		
	paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other	X	-
	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	^	
0936T	Photobiomodulation therapy of retina, single session	Х	
	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
7557 1	storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified	Х	_
	health care professional	^	-
0938T	External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
J930 I		X	-
OOSOT	storage; recording (including connection and initial recording)  External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
บองอา		X	-
0940T	storage; scanning analysis with report  External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and		
J940 I		X	-
00 4 4 T	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	_
00 40 <del>T</del>	visualization		
	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	X	-
)943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	Х	-
)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	-
0946T	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	Х	_
	or extremity performed with paired views)	^`	
0947T	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier		
)UT1	disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target,	Х	_
	intracranial, including stereotactic navigation and frame placement, when performed	^	-
	Initiacianiai, including sterectactic navigation and frame placement, when performed		

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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 edications and should be directed to the Pharmacy link option within the website.	information regarding ir	mmunizations, injectable drugs,
	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis,	1	
9401	review and report(s) by a physician or other qualified health care professional	X	-
949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data	+	
3431	acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	X	-
950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound		
3301	quidance	X	-
951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and		
	attachment to sound processor	X	-
952T	revision or replacement, with mastoidectomy and replacement of sound processor	X	-
953T	revision or replacement, without mastoidectomy and replacement of sound processor	X	-
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	X	-
	guidance		
957T	Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including	V	
	imaging guidance	X	-
958T	Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral		
	electroencephalography monitoring system, including imaging guidance	X	-
959T	Removal or replacement of magnet from coil assembly that is connected to continuous bilateral	х	
	electroencephalography monitoring system, including imaging guidance	^	-
960T	Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for	х	
	continuous bilateral electroencephalography monitoring system, including imaging guidance	^	-
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)	X	-
962T	Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg,		
	reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other	X	-
	qualified health care professional		
	Anoscopy with directed submucosal injection of bulking agent into anal canal	X	-
964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial	X	-
	adjustment; single arch, without mandibular advancement mechanism		
	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	X	-
	dual arch, with additional mandibular advancement, fixed hinge mechanism	Х	-
967T	Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring	X	-
	component and flexible sheath connected to external vacuum source and monitoring system	1	
968T	Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with	X	-
2007	connection to electrode array		
1691	Removal of epicranial neurostimulator system	X	-

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970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	Х	-
971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	Х	-
972T	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	-
973T	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	Х	-
974T	each additional 100 sq cm (List separately in addition to code for primary procedure)	Х	-
)975T	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 sq cm	Х	-
976T	each additional 100 sq cm (List separately in addition to code for primary procedure)	Х	_
977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Х	-
_	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	X	-
	soft palate only	Х	-
	base of tongue and lingual tonsil only	Х	-
)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 venography, when performed	Х	-
982T	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	Х	-
983T	Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional	Х	-
984T	Intravascular 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; initial vessel (List separately in addition to code for primary procedure)	Х	-
985T	each additional vessel (List separately in addition to code for primary procedure)	X	-
986T	Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure)	Х	-
987T	each additional vessel (List separately in addition to code for primary procedure)	Х	-
123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	Х	-
124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (	Х	-

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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.	1 7 1	
1125F Pain severity quantified; pain present (onc)1	X	-
1126F Pain severity quantified; no pain present (onc)1	X	-
1127F New episode for condition (nma-no measure associated)	X	-
1128F 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	Х	-
134F Episode of back pain lasting 6 weeks or less (bkp)	X	-
135F Episode of back pain lasting longer than six weeks (bkp)2	X	-
136F Episode of back pain lasting 12 weeks or less (bkp)2	X	-
137F Episode of back pain lasting longer than 12 weeks (bkp)2	Х	-
150F Documentation that a patient has a substantial risk of death within 1 year (pall cr)	X	-
151F Documentation that a patient does not have a substantial risk of death within one year (pall cr)	X	-
152F Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	Х	-
153F Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)	Х	-
157F Advance care plan or similar legal document present in the medical record (coa)	Х	-
158F Advance care planning discussion documented in the medical record (coa)	Х	-
159F Medication list documented in medical record (coa)	Х	_
160F Rvw meds by rx/dr in rcrd	Х	-
170F Functional status assessed (coa) (ra)	Х	-
175F Functional status for dementia assessed and results reviewed (dem)	Х	-
180F All specified thromboembolic risk factors assessed (afib)	Х	-
181F Neuropsychiatric symptoms assessed and results reviewed (dem)	Х	-
182F Neuropsychiatric symptoms, one or more present (dem)	X	-
183F Neuropsychiatric symptoms, absent (dem)	X	-
200F Seizure type(s) and current seizure frequency(ies) documented (epi)	X	-
205F Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	X	-
220F Patient screened for depression (sud)	X	-
400F Prkns diag rviewed	X	-
450F Symptoms improved or remained consistent with treatment goals since last assessment (hf)	X	-
451F Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-
460F Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-
461F No qualifying cardiac event/diagnosis in previous 12 months (cad)	X	_
490F Dementia severity classified, mild (dem)	X	-
491F Dementia severity classified, moderate (dem)	X	
493F Dementia severity classified, noderate (dem)	X	<u> </u>
494F Cognition assessed and reviewed (dem)	X	
500F Symptom + sign symm polyneuro	X	<u> </u>
501F Not initial eval for cond	X	<u> </u>
502F Pt queried pain fxn w/instr	X	

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	Pt queried symp resp insufficient	Х	
	Pt has resp insufficiency	X	
	Pt has no resp insufficiency	X	
	Blood pressure measured (ckd)(dm)	X	_
	Weight recorded (pag)	X	-
	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	X	-
	Initial examination of the involved joint(s)	X	-
	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	X	_
	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	Х	-
	Asthma impairment assessed (asthma)	Х	-
	Asthma risk assessed (asthma)	X	-
	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	Х	-
	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or		
	hemmorrhage	Х	-
020F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	-
)21F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema	V	
	and level	Х	-
022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	Х	-
023F	Dilat rta xm w/o rtnopthy	Х	-
	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	X	-
)25F	F 7 fld rta photo w/o rtnopthy	Х	_
	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and		
J201	reviewed	Х	-
)27F	Optic nerve head evaluation performed (ec)	Х	-
	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and		
0.	pulse	Х	-
)29F	Complete physical skin exam performed (ml)	Х	-
	Hydration status documented, normally hydrated (pag)	X	-
	Hydration status documented, dehydrated (pag)	X	-
	Eye img valid w/o rtnopthy	X	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	X	-
)40F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	X	-
)44F	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	Х	-
050F	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	Х	-

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	edications and should be directed to the Pharmacy link option within the website.		
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	X	-
006F	Chext xray results documented and reviewed (cap)	Х	-
	Body mass index (bmi), documented (pv)	X	-
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)	Х	=
	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	-
018F	Including location of each polyp, size, number and gross morp	Х	-
	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	Х	-
	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	Х	-
021F	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular	Х	-
022F	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-
023F	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	-
	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood	Х	-
)35F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	Х	-
	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	Х	-
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	Х	-
	Functional expiratory volume (fev1) <40% of predicted value (copd)	X	-
	Functional expiratory volume (fev1) >=40% of predicted value (copd)	Х	-
)44F	Most recent hemoglobin a1c level <7.0% (dm)	X	-
	Hemoglobin a1c level > 9.0%	Х	-
48F	Most recent IdI-c less than 100 mg/dl (cad) (dm)	Х	-
)49F	Most recent IdI-c 100-129 mg/dl (cad) (dm)	Х	-
50F	Most recent Idl-c greater than or equal to 130 mg/dl (cad) (dm)	X	-
	Hg a1c>equal 7.0%<8.0%	X	-
)52F	Hg a1c>equal 8.0%	X	-
)55F	Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf)	Х	-
	Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
3060F Positive microalbuminuria test result documneted and reviewed (dm)	X	-
3061F Negative microalbuminuria test result documented and reviewed (dm)	Х	<u>-</u>
3062F Positive macroalbuminuria test result documented and reviewed (dm)	X	-
3066F Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	X	-
B072F Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	X	-
3073F Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen	Х	-
3074F Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-
3075F Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	Х	-
3077F Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	Х	-
3078F Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	_
3079F Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-
8080F Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	X	-
3082F Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	X	_
8083F Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-
8084F Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	X	-
8085F Suicide risk assessed (mdd)	X	-
8088F Major depressive disorder, mild (mdd)	X	-
8089F Major depressive disorder, moderate (mdd)	X	_
Major depressive disorder, severe without psychotic features (mdd)	Х	-
8091F Major depressive disorder, severe with psychotic features (mdd)	Х	-
8092F Major depressive disorder, in remission (mdd)	X	-
3093F Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	X	-
3095F Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	X	-
3096F Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	X	-
B100F Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	X	-
Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-
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	-
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)	Х	-
B117F Heart failure disease specific structured assessment tool completed (hf)	X	-
3118F New york heart association (nyha) class documented (hf)	Х	-
B119F No evaluation of level of activity or clinical symptoms (hf)	Х	-
3120F 12-lead ecg performed (em)	Х	_

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	ph bx rprt w/dyspl info	Х	
	er gastrointestinal endoscopy performed (gerd)	X	-
	umentation of referral for upper gastrointestinal endoscopy (gerd)	X	<del>-</del>
	er gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	X	-
	er gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd) er gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	X	-
	er gastronnestinal endoscopy report indicates no suspicion of parrett's esophagus (gerd) um swallow test ordered (gerd)	X	<del>-</del>
	ceps esophageal biopsy performed (gerd)	X	-
	pgenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	X	-
	umentation of iron stores prior to initiating erythropoietin therapy (hem)	X	-
	v cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	X	-
	um swallow test not ordered (gerd)	X	-
	un swallow lest not ordered (gerd) up a strep test performed (phar)	X	-
	ent has documented immunity to hepatitis a (hep-c)	X	-
	ent has documented immunity to hepatitis b (hep-c)	X	-
	testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep		-
2 IOF IKIIA	testing for nepatitis c documented as performed within six months prior to initiation of antiviral treatment for nep	Х	-
220F Hep	atitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-
	umentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	-
250F Spe	cimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	Х	-
260F Pt c (pa	ategory (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report	Х	-
265F Ribo	onucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-
	atitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-
267F Path	nology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	-
	state-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	X	-
269F Bon	e scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-
	e 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	-
	rmediate risk of recurrence, prostate cancer (prca)1	Х	=
	risk of recurrence, prostate cancer (prca)1	Х	-
	state cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	Х	-
	um levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	X	-
	noglobin level greater than or equal to 13 g/dl (ckd, esrd)1	X	-
	noglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	X	

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pecialty medications and should be directed to the Pharmacy link option within the website.	T V T	
3281F Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-
3284F Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5	X	-
3285F 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	X	<u>-</u>
290F Patient is d (rh) negative and unsensitized (prenatal)1	X	-
291F Patient is d (rh) positive or sensitized (prenatal)1	X	-
3292F Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	X	-
293F Abo and rh blood typing documented as performed (pre-cr)	Х	=
294F 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	-
Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1	Х	-
3315F Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-
316F Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-
B317F Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-
Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-
One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	-
None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	Х	-
321F Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	
322F Melanoma greater than ajcc stage 0 or ia (ml)	X	-
323F Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-
324F Mri or ct scan ordered, reviewed or requested (epi)	Х	-
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)	Х	-
330F Imaging study ordered (bkp)2	X	
331F Imaging study not ordered (bkp)2	X	-
340F Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	X	
341F Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	X	-
342F Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	X	
343F Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	X	_
344F Mammogram assessment category of "suspicious," documented (rad)	X	
345F Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	X	_

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	edications and should be directed to the Pharmacy link option within the website.		
	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	-
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	X	-
3352F	No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)	Х	-
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)	Х	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (	Х	-
3370F	Ajcc breast cancer stage 0, documented (onc)	Х	-
	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	Χ	-
	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-
3376F	Ajcc breast cancer stage ii, documented (onc)	Х	-
3378F	Ajcc breast cancer stage iii, documented (onc)	Х	-
3380F	Ajcc breast cancer stage iv, documented (onc)	Χ	-
3382F	Ajcc colon cancer, stage 0, documented (onc)	Х	-
3384F	Ajcc colon cancer, stage i, documented (onc)	Χ	-
3386F	Ajcc colon cancer, stage ii, documented (onc)	Χ	-
3388F	Ajcc colon cancer, stage iii, documented (onc)	Χ	-
3390F	Ajcc colon cancer, stage iv, documented (onc)	Χ	-
3394F	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	Х	-
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	-
	Dyspnea screened, moderate or severe dyspnea (pall cr)	Х	-
	Dyspnea not screened (pall cr)	Χ	-
	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra (ra)	Х	-
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	Χ	-
	Rheumatoid arthritis (ra) disease activity, high (ra)	X	-
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	Χ	-
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	Х	-
	History of aids-defining condition (hiv)	X	-
	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)	Х	_

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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	g immunizations, injectable drugs, or
	tions and should be directed to the Pharmacy link option within the website.		
	4+ cell count 200 - 499 cells/mm (hiv)	X	ı
	4+ cell count >=500 cells/mm (hiv)	X	-
	4+ cell percentage <15% (hiv)	X	-
	4+ cell percentage >=15% (hiv)	X	-
	4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-
	rna viral load below limits of quantification (hiv)	X	-
	rna viral load not below limits of quantification (hiv)	Χ	-
3510F Doc	cumentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X	-
511F Chl	amydia and gonorrhea screenings documented as performed (hiv)	X	•
512F Syp	philis screening documented as performed (hiv)	Х	-
513F He	patitis b screening documented as performed (hiv)	Х	-
514F Hep	patitis c screening documented as performed (hiv)	X	-
515F Pat	tient has documented immunity to hepatitis c (hiv)	X	-
	patitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf	V	
	mor necrosis factor) therapy (ibd)	X	-
	stridium difficile testing performed (ibd)	Х	-
	v risk for thromboembolism (afib)	Х	-
	ermediate risk for thromboembolism (afib)	X	-
	h risk for thromboembolism (afib)	X	-
	tient had international normalized ratio (inr) measurement performed (afib)	X	-
	al report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	X	-
572F Pat	tient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	_
	tient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	X	_
	ctroencephalogram (eeg) ordered, reviewed or requested (epi)	X	_
	/ch disorders assessed	X	
	gnit impairment assessed	X	<del>-</del>
	reening for depression performed (dem)	X	
	tient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)		-
		X	-
751F Ele	ctrodiag polyneuro6mon	Χ	-
752F No	electrodiag polyneuro6mon	X	-
753F Pt h	nas symp plus signs neuropathy	Х	-
754F Scr	reening tests dm done	Х	-
	g and behav imprmnt scrng done	Х	-
	/w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	
	w no pseudobulbar affect, sialorrhea or als rltd sysmptom	X	-
	ref pulmon fx test with peak flow	X	-
	scrn dysphag /wt loss/nutrition	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,
	dications and should be directed to the Pharmacy link option within the website.	V	
	Pt w/ dysphag /wt loss/nutr	X	-
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X	-
	Patient is dysarthric	X	-
	Patient is not dysarthric	Х	-
	Adenoma detected screening	Х	-
	Adenoma not detect screening	Х	-
	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	-
003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	Х	-
li	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), f 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)	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently	.,	
	being taken (cad, ckd, hf) (dm)	X	-
011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-
012F	Warfarin therapy prescribed (nma-no measure associated)	Х	-
	Statin therapy prescribed or currently being taken (cad)	Х	-
	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the	V	
	following components: activity level, diet, discharge medica	X	-
	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no		
	measure associated) (note: there are no medical exclusio	Х	-
	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		<u> </u>
	pocumentation of receipt of counseling on exercise and either both calcium and vitamin d use of counseling regarding	X	-
	Inhaled bronchodilator prescribed (copd)	Х	
		X	-
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)		<u> </u>
	Pulmonary rehabilitation exercise training recommended (copd)	X	-
	nfluenza immunization recommended (copd)(ibd)	X	-
	Influenza immunization ordered or administered (copd, pv)	X	-
	Pneumococcal vaccine administer or previously received (copd) (pv)	X	-
	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Х	-
MOL	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	X	

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	redications and should be directed to the Pharmacy link option within the website.		T
1043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Χ	-
044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	Х	-
045F	Appropriate empiric antibio0	Х	-
	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	Х	-
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	-
049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	Х	-
050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	Х	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	Х	-
	Hemodialysis via catheter (esrd)	Х	-
055F	Patient receiving peritoneal dialysis (esrd)	Χ	-
056F	Appropriate oral rehydration solution recommended (pag)	Х	-
058F	Pediatric gastroenteritis education provided to caregiver (pag)	Х	-
060F	Psychotherapy services provided (mdd)	Х	-
	Patient referral for psychotherapy documented (mdd)	Х	-
063F	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Х	-
	Antidepressant pharmacotherapy prescribed (mdd)	Х	-
065F	Antipsychotic pharmacotherapy prescribed (mdd)	Х	-
066F	Electroconvulsive therapy (ect) provided (mdd)	X	-
067F	Patient referral for electroconvulsive therapy (ect) documented (mdd)	X	-
069F	Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-
070F	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	-
	Oral antiplatelet therapy prescribed at discharge (str)	X	-
075F	Anticoagulant therapy prescribed at discharge (str)	Х	-
	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	X	-
079F	Documentation that rehabilitation services were considered (str)	Х	-
	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-
086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-
	Patient receiving erythropoietin therapy (hem)	Х	-
	Patient not receiving erythropoietin therapy (hem)	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	information regarding im	munizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1 v 1	
4100F Bisphosphonate therapy, intravenous, ordered or received (hem)	X	-
4110F Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	X	-
Heta blocker administered within 24 hours prior to surgical incision (cabg)	X	-
4120F Antibiotic prescribed or dispensed (uri, phar)	X	-
1124F Antibiotic neither prescribed nor dispensed (uri, phar)	X	-
1130F Topical preparations (including otc) prescribed for acute otitis externa (aoe)	X	-
1131F Systemic antimicrobial therapy prescribed (aoe)	X	-
1132F Systemic antimicrobial therapy not prescribed (aoe)	X	-
133F Antihistamines or decongestants prescribed or recommended (ome)	X	-
Antihistamines or decongestants neither prescribed nor recommended (ome)	X	-
135F Systemic corticosteroids prescribed (ome)	X	-
136F Systemic corticosteroids not prescribed (ome)	X	-
Inhaled corticosteroids prescribed (asthma)	X	-
1142F Corticosteroid sparing therapy prescribed (ibd)	Х	-
144F Alternative long-term control medication prescribed (asthma)	Х	=
145F Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	Х	-
148F Hepatitis a vaccine injection administered or previously received (hep-c)	Х	-
Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Х	-
150F Patient receiving antiviral treatment for hepatitis c (hep-c)	X	_
H151F Patient not receiving antiviral treatment for hepatitis c (hep-c)	X	-
H153F Combination peginterferon and ribavirin therapy prescribed (hep-c)	X	_
H155F Hepatitis a vaccine series previously received (hep-c)	X	
Hepatitis b vaccine series previously received (hep-c)	X	
Patient counseled about risks of alcohol use (hep-c)	X	
159F Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	X	
Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	X	-
Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-
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	_
Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1	Х	-
169F 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	_
H172F Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	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 in cations and should be directed to the Pharmacy link option within the website.	formation regardin	g immunizations, injectable drugs,
	, · ·		Ι
174F C	counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	X	-
175F B	est-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-
176F C	ounseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	X	-
	ounseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing rogr	Х	-
178F A	nti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-
	amoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-
180F A	djuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-
	onformal radiation therapy received (onc)1	Х	-
	onformal radiation therapy not received (onc)1	Х	-
185F C	continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received ger	Х	-
	o continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra)	Х	-
	isease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	_
188F A	ppropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test	X	-
	ppropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-
	ppropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-
	ppropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	Х	-
	atient not receiving glucocorticoid therapy (ra)	X	-
193F P	atient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less nan 6 months (ra)	Х	-
194F P	atient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in isease activity (ra)	Х	-
	atient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-
	atient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	X	-
200F E	xternal beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)	Х	-
01F E	xternal beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	Х	-
	ngiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more mm)2	Х	-
	igoxin medication therapy for 6 months or more (mm)2	Х	-
	iuretic medication therapy for 6 months or more (mm)2	X	-
	nticonvulsant medication therapy for 6 months or more (mm)2	X	_

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	edications and should be directed to the Pharmacy link option within the website.	1	
240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-
242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-
245F	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	-
250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	Х	-
255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-
256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	Х	-
260F	Wound surface culture technique used (cwc)	Х	-
261F	Tech other than surfc cultr	Х	-
265F	Use of wet to dry dressings prescribed or recommended (cwc)	Х	-
266F	Use of wet to dry dressings neither prescribed nor recommended (cwc)	X	-
	Compression therapy prescribed (cwc)	X	=
268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	Х	-
269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	Х	-
	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h	Х	-
274F	Influenza immunization administered or previously received (hiv)	Х	-
	Potent antiretroviral therapy prescribed (hiv)	X	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	Х	-
	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	-
	Patient screened for high-risk sexual behavior (hiv)	Х	-
	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	Х	-
	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	Х	-
	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	Х	-
	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	
	Pt queried prkns complic	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.		
4325F Med txmnt options rvwd w/pt	X	-
4326F Pt asked re symp auto dysfxn	X	<u>-</u>
4328F Pt asked re sleep disturb	X	-
4330F Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	X	-
4340F Counseling for women of childbearing potential with epilepsy (epi)	X	-
4350F Counseling provided on symptom management, end of life decisions, and palliation (dem)	Х	-
4400F Rehab thxpy options w/pt	Х	-
4450F   Self-care education provided to patient (hf)	Х	-
4470F Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Х	-
4480F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	Х	-
4481F Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	Х	-
4500F Referred to an outpatient cardiac rehabilitation program (cad)	Х	-
4510F Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	Х	-
4525F Neuropsychiatric intervention ordered (dem)	Х	-
4526F Neuropsychiatric intervention received (dem)	Х	-
4540F Disease modified pharmacothxpy	Х	-
4541F Pt offered tx for pseudobulb	Х	-
4550F Noninvas resp support talk	Х	-
4551F Nutritional support offered	Х	-
4552F Pt ref for speech lang path	Х	-
4553F Pt asst re end life issues	Х	-
4554F Pt recvd inhal anesthetic	Х	-
4555F Pt recvd no inhal anesthic	Х	_
4556F Ptw/3+ post-op nausea and vommiting	X	-
4557F Pt w/o 3+ pot-op nausea and vommiting	X	-
4558F Pt recvd 2 rx anti-emetagnts	Х	_
4559F 1 bodytemp >=35.5 cw/in 30 mins	X	_
4560F Anesth w/o general or neurax anesth	X	_
4561F Pt w/ cornonary artery stent	X	-
4562F Patient does not have coronary artery stent	X	_
4563F Pt recvd aspirin w/in 24 hours	X	_
5005F Patient counseled on self - examination for new or changing moles (ml)	X	-
5010F Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	X	-
5015F Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for		
oste	X	-
5020F Treatment summary report communicated to physician(s) managing continuing care and to the patient within one	Х	
month of co		
5050F Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	X	<u>-</u>

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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 acidity medications and should be directed to the Pharmacy link option within the website.	ct information regarding	immunizations, injectable drugs
Findings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business days of e	S X	-
Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	Х	-
Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	Х	-
COOF Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	Х	-
250F Asthma discharge plan present (asthma)	Х	-
05F Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	X	-
10F Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	Х	-
Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Х	-
20F Npo (nothing by mouth) ordered (str)	X	-
All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a	X	-
Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen	Х	-
45F Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	Х	-
70F Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	Х	-
80F Pt/caregiver queried falls	Х	-
190F Pt/caregiver counsel safety	Х	=
00F Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	Х	-
01F Safety counsel dementia prov	Х	-
02F Safety counsel dementia ord	Х	-
10F Counsel risks driving and alternatives	Х	-
50F Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Х	-
Patient information entered into a recall system that includes: target date for the next exam specified and a process to	X	-
20F Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow fo	x X	-
25F Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	Х	-
01F Immunohisto antibod add slid	Х	-
02F Aortic aneurysm 5-5.4cm diam	Х	-
03F Aortic anrysm5.5-5.9cm diam	Х	-
04F Aortic anrysm 6/> cm diam	Х	-
05F Asympt carot/vrtbrbas sten	Х	-
06F Sympt sten-tia/strk<120days	Х	-
07F Other carot sten 120 days/>	Х	-
0021 Outside state ambulance serv	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
Noninterest escort in non er	X	-
0090 Interest escort in non er	X	-
0100 Nonemergency transport taxi	X	-
0110 Nonemergency transport bus	X	-
Noner transport mini-bus	Х	-
Noner transport wheelch van	X	-
NO140 Nonemergency transport air	X	-
Noner transport case worker	X	-
Noner transport parking fees	X	-
Noner transport lodgng recip	X	-
Noner transport meals recip	X	-
Noner transport lodgng escrt	X	-
Noner transport meals escort	X	-
0225 Neonatal emergency transport	X	-
.0380 Basic life support mileage	X	-
.0382 Basic support routine suppls	X	-
.0384 Bls defibrillation supplies	X	-
0390 Advanced life support mileag	Х	-
.0392 Als defibrillation supplies	X	-
0394 Als iv drug therapy supplies	Х	-
.0396 Als esophageal intub suppls	Х	-
.0398 Als routine disposble suppls	Х	-
0422 Ambulance 02 life sustaining	X	_
0428 Bls	-	Х
Noncovered ambulance mileage	X	-
2001 Innovamatrix ac, per sq cm	X	-
2002 Mirragen adv wnd mat per sq	X	-
2003 Bio-connekt wound matrix	X	-
2004 Xcellistem, 1 mg	X	
2005 Microlyte matrix, per sq cm	X	-
2006 Novosorb synpath per sq cm	X	-
2007 Restrata, per sq cm	X	-
12008 Theragenesis, per sq cm	X	-
12009 Symphony, per sq cm	X	-
2010 Apis, per square centimeter	X	<u>-</u>
12010   Supra sdrm, per square com	X	-
2012 Suprathel, per sq cm	X	
12012   Supratite, per sq cm 12013   Innovamatrix fs, per sq cm	X	<u> </u>
12013 Innovaments, per sq cm 12014 Omeza collag per 100 mg	X	-

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oisclaimer: 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, or
pecialty medications and should be directed to the Pharmacy link option within the website.		
A2015 Phoenix wnd mtrx, per sq cm	X	-
A2016 Permeaderm b, per sq cm	X	-
A2017 Permeaderm glove, each	X	-
A2018 Permeaderm c, per sq cm	X	-
A2019 Kerecis omega3 marigen shield, per square centimeter	X	-
A2020 Ac5 advanced wound system (ac5)	X	-
A2021 Neomatrix, per square centimeter	X	-
A2022 Innovaburn or innovamatrix xl, per square centimeter	X	-
A2023 Innovamatrix pd, 1 mg	X	-
A2024 Resolve matrix, per square centimeter	X	-
A2025 Miro3d, per cubic centimeter	X	<del>-</del>
A2027 Matriderm, per square centimeter	X	-
A2028 Micromatrix flex, per mg	X	-
A2029 Mirotract wound matrix sheet, per cubic centimeter	X	-
A2030 Miro3d fibers, per mg	Х	-
A2031 Mirodry, per sq cm	Х	-
A2032 Myriad matrix, per sq cm	Х	-
A2033 Myriad morcells, 4 mg	Х	-
A2034 Found drs solo, per sq cm	X	-
A2035 Corpl p therac p allac p mg	Х	-
A4100 Skin sub fda clrd as dev nos	Х	-
A4210 Nonneedle injection device	Х	-
A4232 Syringe w/needle insulin 3cc	Х	-
A4238 Adju cgm supply allowance	-	Х
A4239 Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and		
accessories, 1 month supply = 1 unit of service	-	X
A4250 Urine reagent strips/tablets	Х	_
A4252 Blood ketone test or reagent strip, each	X	_
A4261 Cervical cap contraceptive	X	_
A4262 Temporary tear duct plug	-	X
A4264 Permanent implantable contraceptive intratubal occlusion device(s) and delivery system	Х	-
N4266 Diaphragm for contraceptive use	X	
A4267 Contraceptive supply, condom, male, each	X	
N4268 Contraceptive supply, condom, fmale, each	X	<u> </u>
N4266   Contraceptive supply, condom, remaie, each	X	<u> </u>
		-
A4287 Disposable collection and storage bag for breast milk, any size, any type, each	X	-
A4305 Drug delivery system >=50 ml		<u>-</u>
A4306 Drug delivery system <= 5 ml	X	-
A4457 Enema tube, with or without adapter, any type, replacement only, each	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	1	
A4465 Non-elastic extremity binder	X	-
A4467 Belt strap sleev grmnt cover	X	-
A4468 Exsufflation belt, includes all supplies and accessories	X	-
A4490 Above knee surgical stocking	X	-
A4495 Thigh length surg stocking	Х	-
A4500 Below knee surgical stocking	X	-
A4510 Full length surg stocking	X	-
A4520 Incontinence garment anytype	X	-
A4540 Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	X	-
A4543 Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Х	-
A4544 Electrode for external lower extremity nerve stimulator for restless legs syndrome	X	-
Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month	Х	-
Nondisp underpads, all sizes	Х	-
N4554 Disposable underpads	Х	-
A4555 Ca tx e-stim electr/transduc	Х	-
A4560 Neuromuscular electrical stimulator (nmes), disposable, replacement only	Х	-
A4566 Should sling/vest/abrestrain	X	-
A4570   Splint	X	_
A4575 Hyperbaric o2 chamber disps	X	-
A4580 Cast supplies (plaster)	X	-
A4590 Special casting material	X	_
4596 Ces system monthly supp	X	-
4606 Oxygen probe for use with oximeter device, replacement	X	
4611 Heavy duty battery	X	_
4612 Battery cables	X	_
A4613 Battery charger	X	-
A4627 Spacer bag/reservoir	X	
A4649 Surgical supplies		X
A4670 Auto blood pressure monitor	X	
A5508 Diabetic deluxe shoe	X	<u> </u>
Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	X	<u> </u>
A6025 Silicone gel sheet, each	Х	-
A6250 Skin seal protect moisturizr	X	-
N6260 Wound cleanser any type/size	Х	-
A6413 Adhesive bandage, first-aid type, any size, each	Х	-
N6544 Gradient compression stocking, garter belt	Х	-
N6549 Gradient compression stocking/sleeve, not otherwise specified	_	Χ

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ecialty medications and should be directed to the Pharmacy link option within the website.		
06550 Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	X
Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-
17025 High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	X
A7049 Expiratory positive airway pressure intranasal resistance valve	X	-
9152 Single vitamin nos	X	-
9153 Multi-vitamin nos	Х	-
9154 Artificial saliva, 1 ml	X	-
N9156 Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml	X	-
9180 Naturopaths	X	-
9268 Programmer for transient, orally ingested capsule	X	-
9269 Programable, transient, orally ingested capsule, for use with external programmer, per month	X	-
9270 Non-covered item or service	X	=
.9272 Disp wound suct, drsg/access	Х	-
9273 Hot/cold h2obot/cap/col/wrap	Х	-
9274 External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	Х	-
9275 Home glucose disposable monitor, includes test strips	Х	-
9276 Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one	Х	-
un		
9277 Transmitter; external, for use with interstitial continuous glucose monitoring system	X	-
9278 Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	Х	-
Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	Х	-
9280 Alert or alarm device, not otherwise classified	Х	-
9281 Reaching/grabbing device, any type, any length, each	Х	-
9282 Wig, any type, each	X	-
9283 Foot pressure off loading/supportive device, any type, each	X	-
9286 Any hygienic item, device	X	_
9291 Pres digital behav thera fda	X	_
9292 Prescription digital visual therapy, software-only, fda cleared, per course of treatment	X	_
9293 Fertility cycl tracking soft	X	_
9300 Exercise equipment	X	
9574 Air poly intrauterine foam	X	
9586 Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	X	
9590   Iodine i-131 iobenguane 1mci		X
9699 Supply of radiopharmaceutical therapeutic imaging agent, not otherwiseclassified	-	X
9900 Supply/accessory/service	-	X
	-	X
9999 Miscellaneous dme supply or accessory, not otherwise specified	-	λ
4100 Food thickener, administered orally, per ounce	X	- V
Parenteral supp not othrws c	-	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Closure device, vascular (implantable/ insertable)	-	X
	Prothesis, breast (implantable)	-	X
	Prothesis, penile, inflatable	-	Χ
	Integrated keratoprosthesis	-	X
1825	Gen, neuro, carot sinus baro	-	Χ
1832	Auto cell process sys	X	-
C1834	Pressure sensor system, im	-	Χ
1840	Lens, intraocular (telescopic)	-	Χ
1886	Catheter, extravascular tissue ablation, any modality (insertable)	-	Χ
2613	Lung bx plug w/deliv sys	-	Χ
2616	Brachytherapy seed, yttrium-90	-	Х
2622	Prothesis, penile, non-inflatable	-	Х
2624	Wireless pressure sensor	-	X
7504	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
7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional		
	cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х
7507	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,	-	X
	kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance		
7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral bodies, including		
	cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg,	-	X
	kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance		
	Placement of endorectal intracavitary applicator for high intensity brachytherapy	-	X
9751	Microwave bronch, 3d, ebus	-	X
	Cardiac mri seg dys strain	-	Χ
9763	Cardiac mri seg dys stress	-	Χ
9784	Endo sleeve gastro w/tube	Х	-
9785	Endo outlet restrict w/tube	Х	-
9788	Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination	Х	-
9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance	Х	

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specialty medications and should be directed to the Pharmacy link option within the website.	Г	
C9792 Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure;		
transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging	V	
necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound,	X	-
fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)		
D0120 Periodic oral examination	Х	-
D0140 Limited oral evaluation - problem-focused	Χ	-
D0145 Oral evaluation for a patient under three years of age and counseling with primary caregiver	X	-
D0150 Comprehensive oral evaluation	X	-
D0160 Detailed and extensive oral evaluation - problem-focused, by report	X	-
D0170 Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-
D0171 Re-evaluation- post operative office visit	X	-
D0180 Comprehensive periodontal evaluation - new or established patient	X	-
D0190 A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	Х	-
D0191 A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or	Х	
injury, and the potential need for referral for diagno	^	-
D0210 Intraoral- complete series of radiographic images	Х	-
D0220 Intraoral- periapical first radiographic image	Х	-
D0230 Intraoral- periapical each additional radiographic image	X	-
D0240 Intraoral- occlusal radiographic image	-	X
D0250 Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	Х	-
D0251 Extra-oral posterior dental radiographic image	Х	-
D0270 Bitewing- single radiographic image	X	-
D0272 Bitewings- two radiographic images	Х	-
D0273 Bitewings- three radiographic images	X	-
D0274 Bitewings- four radiographic images	-	X
D0277 Vertical bitewings- 7 to 8 radiographic images	Χ	-
D0310 Sialography	X	-
D0320 Temporomandibular joint arthrogram, including injection	Χ	-
D0321 Other temporomandibular joint radiographic images, by report	Х	-
D0322 Tomographic survey	X	-
D0330 Panoramic radiographic image	X	-
D0340 2d cephalometric radiographic image-acquisition, measurement and analysis	Х	-
D0350 2d oral/facial photographic image obtained intra-orally or extra-orally	Х	-
D0351 3d photographic image	Х	-
D0364 Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-
D0365 Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Х	-

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cclaimer: 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,
ecialty medications and should be directed to the Pharmacy link option within the website.		
O366 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	Х	=
0371   Sialoendoscopy capture and interpretation	Х	=
0372 Intraoral tomosynthesis - comprehensive seris of rediographic images	Х	-
0373 Intraoral tomosynthesis - bitewing radiographic image	Х	-
0374 Intraoral tomosynthesis - periapical radiographic image	Х	-
O380 Cone beam ct image capture with limited field of view- less than one whole jaw	Х	-
O381 Cone beam ct image capture with field of view of one full dental arch-mandilbe	Х	-
O382 Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-
O383 Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-
O384 Cone beam ct image capture for tmj series including two or more exposures	Х	-
0385 Maxillofacial mri image capture	Х	-
0386 Maxillofacial ultrasound image capture	Х	-
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	-
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	X	-
0396 3D printing of a 3D dental surface scan to obtain a physical model.	Х	-
0411 Hba1c in-office point of service testing	Х	-
0412 Blood glucose level test-in-office using a glucose meter	Х	-
Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	of X	-
0415 Bacteriologic studies for determination of pathologic agents	Х	
0416 Viral culture	X	-
0417 Collection and preparation of saliva sample for laboratory diagnostic testing	X	-
0418 Analysis of saliva sample	X	-
0419 Assessment of salivary flow by measurement	X	-
0422 Collection and preparation of genetic sample material for laboratory analysis and report	X	_
0423 Genetic test for susceptibility to diseases- specimen analysis	X	_
0425 Caries susceptibility tests	X	_
0431 Diag tst detect mucos abnorm	X	-
0460 Pulp vitality tests	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D0470 Diagnostic casts	X	-
D0472 Accession of tissue gross examination prep/transmission of written report	X	-
00473 Accession of tissue gross and microscopic examination prep/trans of report	X	-
00474 Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	X	-
0475 Decalcification procedure	X	-
0476 Spec stains for microorganis	X	-
0477 Spec stains not for microorg	X	-
00478 Immunohistochemical stains	X	-
0479 Tissue in-situ hybridization	Х	-
00480 Processing and interpretation of cytologic smears incl the prep/trans of written report	X	-
0481 Electron microscopy	Х	-
0482 Direct immunofluorescence	X	-
0483 Indirect immunofluorescence	Х	-
0484 Consult slides prep elsewher	Х	-
0485 Consult inc prep of slides	Х	-
0486 Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of		
written report	X	-
00502 Other oral pathology procedures, by report	Х	-
0600 Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel,		
dentin, and cementum	X	-
0601 Caries risk assessment and documentation, with a finding of low risk	X	-
0602 Caries risk assessment and documentation, with a finding of moderate risk	X	-
0603 Caries risk assessment and documentation, with a finding of high risk	X	_
0636 Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	X	_
10701 Panoramic radiographic image – image capture only	X	_
0702 2-d cephalometric radiographic image – image capture only	X	
0703 2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	_
0704 3-d photographic image – image capture only	X	
0705 Extra-oral posterior dental radiographic image – image capture only	X	
0706 Intraoral – occlusal radiographic image – image capture only	X	
0700 Intraoral – occidsal radiographic image – image capture only	X	<u> </u>
0707 Intraoral – bitewing radiographic image – image capture only	X	<u> </u>
0709 Intraoral – complete series of radiographic images – image capture only	X	-
0709 Intraoral – complete series of radiographic images – image capture only 0801   3d dental surface scan -direct	X	-
0802   3d dental surface scan - indirect	+	-
	X	-
0803 3d facial surface scan - direct	X	-
0804 3d facial surface scan - indirect	X	-
0999 Unspecified diagnostic procedure, by report	X	-
1110 Prophylaxis-adult	X	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
01120 Prophylaxis-child	X	-
D1206 Topical application of fluoride varnish	X	-
01208 Topical application of fluoride- excluding varnish	Х	-
01301 3D printing of a 3D dental surface scan to obtain a physical model.	Х	-
01310 Nutritional counseling for the control of dental disease	X	-
01320 Tobacco counseling for the control and prevention of oral disease	Х	-
01321 Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-	V	
risk substance use	Х	-
01330 Oral hygiene instruction	Х	-
01351 Sealant-per tooth	Х	-
1352 Prev resin rest, perm tooth	Х	-
1353 Sealant repair- per tooth	Х	-
1354 Interim caries arresting medicament application-per tooth	Х	-
1355 Caries preventive medicament application – per tooth	Х	-
01510 Space maintainer-fixed unilateral	Х	-
1516 Space maintainer-fixed-bilateral, maxillary	Х	-
1517 Space maintainer-fixed-bilateral, mandibular	Х	-
1520 Space maintainer-removable unilateral	Х	-
1526 Space maintainer -removable-bilateral, maxillary	Х	-
1527 Space maintainer -removable-bilateral, mandibular	Х	-
1551 Re-cement or re-bond bilateral space maintainer-maxillary	Х	-
1552 Re-cement or re-bond bilateral space maintainer-mandibular	Х	-
1553 Re-cement or re-bond unilateral space maintainer-per quadrant	X	-
1556 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	-
1575 Distal shoe space maintainer-fixed-unilateral	X	_
1781 Vaccine administration - human papillomavisrus - dose 1	Х	-
01782 Vaccine administration - human papillomavisrus - dose 2	X	-
01783 Vaccine administration - human papillomavisrus - dose 3	X	-
1999 Unspecified preventive procedure, by report	X	_
22140 Amalgam-one surface, permanent	X	_
2150 Amalgam-two surfaces, permanent	X	_
22160 Amalgam-three surfaces, permanent	X	_
22161 Amalgam-fouror more surfaces, permanent	X	-
2330 Resin-one surface, anterior	X	-
22331 Resin-two surfaces, anterior	X	_
12332 Resin-three surfaces, anterior	X	_
2335 Resin-fouror more surfacesor involving incisal angle (anterior)	X	
2000 p. Court Tourier Maria Garia Good Introtting Intological Grigor (Articology)	Λ.	

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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.		,a.iii_aaaoiio, ii,jootaaaio ai age, oi
D2390	Resin-based composite crown, anterior	X	-
D2391	Resin-based composite - one surface, posterior	Х	-
D2392	Resin-based composite - two surfaces, posterior	Х	-
D2393	Resin-based composite - three surfaces, posterior	Х	-
D2394	Resin-based composite - four or more surfaces, posterior	Х	-
D2410	Gold foil-one surface	Х	-
D2420	Gold foil-two surfaces	Х	-
D2430	Gold foil-three surfaces	Х	-
D2510	Inlay-metallic-one surface	X	-
D2520	Inlay-metallic-two surfaces	Х	-
D2530	Inlay-metallic-three surfaces	X	-
D2542	Onlay - metallic - two surfaces	Х	-
D2543	Onlay - metallic - three surfaces	Х	-
D2544	Onlay - metallic - four or more surfaces	X	-
D2610	Inlay-porcelain/ceramic-one surface	Х	-
D2620	Inlay-porcelain/ceramic-two surfaces	X	-
D2630	Inlay-porcelain/ceramic-three surfaces	Х	-
D2642	Onlay - porcelain/ceramic - two surfaces	Х	-
D2643	Onlay - porcelain/ceramic - three surfaces	X	-
D2644	Onlay - porcelain/ceramic - four or more surfaces	X	1
D2650	Inlay-composite/resin-one surface (laboratory processed)	X	-
D2651	Inlay-composite/resin-two surfaces (laboratory processed)	X	1
D2652	Inlay-composite/resin-three surfaces (laboratory processed)	X	1
D2662	Onlay - composite/resin - two surfaces (laboratory processed)	X	-
D2663	Onlay - composite/resin - three surfaces (laboratory processed)	X	1
D2664	Onlay - composite/resin - four or more surfaces (laboratory processed)	X	-
D2710	Crown resin (laboratory)	X	1
D2712	Crown 3/4 resin-based compos	X	1
D2720	Crown-resin with high noble metal	X	ı
D2721	Crown-resin with predominantly base metal	X	1
D2722	Crown-resin with noble metal	X	1
	Crown-porcelain/ceramic	X	1
D2750	Crown-porcelain fused to high noble metal	X	1
	Crown-procelain fused to predominantly base metal	Х	1
	Crown-porcelain fused to noble metal	X	1
D2753	Crown-porcelain fused to titanium and titanium alloys	Х	1
	Crown - 3/4 cast high noble metal	Х	1
	Crown - 3/4 cast predominately base metal	Х	-
D2782	Crown - 3/4 cast noble metal	Х	-

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D2783   Crown - 344 porcelain/ceramic	ectable drugs, or
DZ790   Crown-full cast high noble metal   X	
	•
DZ792   Crown-full cast noble metal	•
Crown-titanium   X	
Provisional crown-further treatment or completion of diagnosis necessary prior to final impression   X   - 1	-
Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration  X - 29215 Re-cement or re-bond indirectly fabricated or prefabricated post and core  X - 29207 Re-cement or re-bond indirectly fabricated or prefabricated post and core  X - 29208 Re-cement or re-bond crown  X - 29218 Reattachment of tooth fragment, incisal edge or cusp  X - 29229 Prefabricated porcelain/ceramic crown – permanent tooth  X - 29229 Prefabricated porcelain/ceramic crown- permanent tooth  X - 29230 Prefabricated stainless steel crown-primary tooth  X - 29231 Prefabricated stainless steel crown-primary tooth  X - 29232 Prefabricated stainless steel crown-primary tooth  X - 29233 Prefabricated stainless steel crown-primary tooth  X - 29234 Prefabricated stainless steel crown primary  Prefabricated stainless steel crown with resin window  X - 29234 Prefabricated stainless steel crown with resin window  X - 29234 Prefabricated stainless steel crown with resin window  X - 29240 Protective restoration  X - 29240 Protective restoration  X - 29241 Interim therapeutic restoration-primary dentition  X - 29240 Restorative foundation for an indirect restoration  X - 29250 Core buildup, including any pins when required  X - 29251 Pin rentention-per tooth, in addition to restoration  X - 29251 Pin rentention-per tooth, in addition to restoration  X - 29252 Cast post and core in addition to crown  X - 29255 Post removal  20256 removal of an indirect restoration on a natural tooth  X - 29256 removal of an indirect restoration on a natural tooth  X - 29257 Each additional prefabricated post - same tooth  X - 29256 removal of an indirect restoration on a natural tooth  X - 29257 Coping  Aband, 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.	-
Re-cement or re-bond indirectly fabricated or prefabricated post and core   X   -	-
Reattachment of rooth fragment, incisal edge or cusp	-
Reatrachment of tooth fragment, incisal edge or cusp   X	-
Perfabricated porcelain/ceramic crown – permanent tooth	-
Prefabricated porcelain/ceramic crown- primary tooth  Prefabricated stainless steel crown-primary tooth  X -2930 Prefabricated stainless steel crown-premanent tooth  X -2931 Prefabricated resin crown Prefabricated resin crown Prefabricated stainless steel crown with resin window X -2932 Prefabricated stainless steel crown with resin window X -2933 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown primary X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown primary X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown with resin window X -2934 Prefabricated stainless steel crown with resin window X -2935 Prefabricated post and core in indirect restoration X -2935 Prefabricated post and core in addition to restoration X -2935 Prefabricated post and core in addition to crown X -2935 Prefabricated post and core in addition to crown X -2935 Prefabricated post and core in addition to crown X -2935 Prefabricated post and core in addition to crown X -2936 Prefabricated post and core in addition to crown X -2936 Prefabricated post and core in addition to crown X -2936 Prefabricated post and core in addition to crown X -2937 Prefabricated post and core in addition to crown X -2936 Prefabricated post and core in addition to crown X -2937 Prefabricated post and core in addition to crown X -2937 Prefabricated post and core in addition to crown X -2937 Prefabricated post and core in addition to crown X -2936 Prefabricated post and core in addition to crown X -2937 Prefabricated post and core in addition to crown X -2938 Prefabricated post and core in addition to crown X -2939 Prefabricated post and core in addition to crown X -2939 Prefabricated post and core in addition to crown X -2930 Pref	-
Prefabricated stainless steel crown-primary tooth Prefabricated stainless steel crown-permanent tooth Prefabricated stainless steel crown-permanent tooth Prefabricated stainless steel crown-permanent tooth Prefabricated stainless steel crown with resin window Prefabricated stainless steel crown with resin window Prefab steel crown primary X - D2933 Prefabricated stainless steel crown with resin window X - Prefab steel crown primary X - D2940 Protective restoration X - D2941 Interim therapeutic restoration-primary dentition X - D2942 Restorative foundation for an indirect restoration X - D2943 Restorative foundation for an indirect restoration X - D2954 Core buildup, including any pins when required X - D2955 Cast post and core in addition to restoration X - D2956 Cast post and core in addition to crown X - D2957 Prefabricated post and core in addition to crown X - D2958 Prefabricated post and core in addition to crown X - D2959 Prefabricated post and core in addition to crown X - D2950 Post removal X - D2951 Pin redindiped restoration on a natural tooth X - D2951 Prefabricated post - same tooth X - D2952 D2960 Labial veneer (laminate)-chairside X - D2961 Labial veneer (resin laminate)-laboratory X - D2971 Add proc construct new crown X - D2975 Coping X - D2976 Coping X - D2980 Crown repair necessitated by restorative material failure X - D2980 D2980 Crown repair necessitated by restorative material failure X - D2980 D2980 Crown repair necessitated by restorative material failure	-
Prefabricated stainless steel crown-permanent tooth  X - 29331 Prefabricated resin crown  X - 2934 Prefabricated resin crown  X - 2935 Prefabricated stainless steel crown with resin window  X - 2936 Prefabricated stainless steel crown with resin window  X - 2937 Prefabricated stainless steel crown with resin window  X - 2939 Prefabricated stainless steel crown with resin window  X - 2939 Prefabricated stainless steel crown with resin window  X - 2939 Prefabricated stainless steel crown with resin window  X - 2939 Prefabricated stainless steel crown with resin window  X - 2939 Prefabricated restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect restoration on ensoration  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on a natural tooth  X - 2939 Restorative foundation for an indirect restoration on an natural tooth  X - 2939 Restorative foundation for an indirect restoration  X - 2939 Restorative foundation for an indirect resto	-
Prefabricated resin crown  X -22932 Prefabricated stainless steel crown with resin window  X -22934 Prefabricated stainless steel crown with resin window  X -22934 Prefabricated stainless steel crown primary  X -22934 Protective restoration  X -22940 Protective restoration  X -22941 Interim therapeutic restoration-primary dentition  X -22941 Restorative foundation for an indirect restoration  X -22950 Core buildup, including any pins when required  X -22951 Pin retention-per tooth, in addition to restoration  X -22952 Cast post and core in addition to crown  X -22953 Each additional cast post - same tooth  X -22954 Prefabricated post and core in addition to crown  X -22955 Post removal  X -22956 Premoval of an indirect restoration on a natural tooth  X -22957 Each additional prefabricated post - same tooth  X -22958 Labial veneer (laminate)-chairside  X -22960 Labial veneer (porcelain laminate)-laboratory  X -22971 Add proc construct new crown  X -22975 Coping  X -22980 Crown repair necessitated by restorative material failure  X -22980 Crown repair necessitated by restorative material failure  X -22980 Crown repair necessitated by restorative material failure	-
Prefab steel crown primary  X  - 22933 Prefab steel crown primary  X  - 22940 Protective restoration  X  - 22941 Interim therapeutic restoration- primary dentition  X  - 22949 Restorative foundation for an indirect restoration  X  - 22949 Restorative foundation for an indirect restoration  X  - 22940 Core buildup, including any pins when required  X  - 22951 Pin retention-per tooth, in addition to restoration  X  - 22952 Cast post and core in addition to crown  X  - 22953 Each additional cast post - same tooth  X  - 22954 Prefabricated post and core in addition to crown  X  - 22955 Post removal  22956 Post removal  22956 Post removal of an indirect restoration on a natural tooth  X  - 22957 Each additional prefabricated post - same tooth  X  - 22958 Labial veneer (laminate)-chairside  X  - 22961 Labial veneer (porcelain laminate)-laboratory  X  - 22962 Labial veneer (porcelain laminate)-laboratory  X  - 22963 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.	-
Prefab steel crown primary   X	-
Prefab steel crown primary   X	-
Protective restoration   X   -0.22941   Interim therapeutic restoration-primary dentition   X   -0.22949   Restorative foundation for an indirect restoration   X   -0.22949   Restorative foundation for an indirect restoration   X   -0.22950   Core buildup, including any pins when required   X   -0.22951   Pin retention-per tooth, in addition to restoration   X   -0.22952   Cast post and core in addition to crown   X   -0.22953   Each additional cast post - same tooth   X   -0.22954   Prefabricated post and core in addition to crown   X   -0.22955   Post removal   X   -0.22956   Post removal   X   -0.22956   removal of an indirect restoration on a natural tooth   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22956   Labial veneer (Iaminate)-chairside   X   -0.22956   Labial veneer (resin laminate)-laboratory   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22956   Eabial veneer (resin laminate)-laboratory   X   -0.22957   Each additional prefabricated post - same tooth   X   -0.22956   Eabial veneer (porcelain laminate)-laboratory   X   -0.22957   Each additional prefabricated post - same 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.	-
Interim therapeutic restoration- primary dentition	-
Description	-
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  Prefabricated post and core in addition to crown  X - D2956 Post removal  Fenoval of an indirect restoration on a natural tooth  X - D2957 Each additional prefabricated post - same tooth  X - D2958 Labial veneer (laminate)-chairside  X - D2960 Labial veneer (resin laminate)-laboratory  X - D2961 Labial veneer (porcelain laminate)-laboratory  X - D2962 Labial veneer (porcelain laminate)-laboratory  X - D2963 Coping  X - D2964 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.	-
Pin retention-per tooth, in addition to restoration  Cast post and core in addition to crown  Cast post post post and core in addition to crown  Cast post post post post post post post po	-
Cast post and core in addition to crown   X   -	-
Description	
Prefabricated post and core in addition to crown  Prefabricated post and core in addition to crown  Prefabricated post and core in addition to crown  X  -  Description of an indirect restoration on a natural tooth  Prefabricated post and core in addition to crown  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an indirect restoration on a natural tooth  X  -  Description of an in	
D2955 Post removal D2956 removal of an indirect restoration on a natural tooth D2957 Each additional prefabricated post - same tooth D2958 Labial veneer (laminate)-chairside D2959 Labial veneer (resin laminate)-laboratory D2960 Labial veneer (porcelain laminate)-laboratory D2961 Labial veneer (porcelain laminate)-laboratory D2962 Labial veneer (porcelain laminate)-laboratory D2975 Coping D2976 Add proc construct new crown 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. D2980 Crown repair necessitated by restorative material failure  X -	
22956 removal of an indirect restoration on a natural tooth 22957 Each additional prefabricated post - same tooth 22958 Labial veneer (laminate)-chairside 22950 Labial veneer (resin laminate)-laboratory 22951 Labial veneer (porcelain laminate)-laboratory 22952 Labial veneer (porcelain laminate)-laboratory 22953 Coping 22955 Coping 22956 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. 22950 Crown repair necessitated by restorative material failure 22960 X 25060 Crown repair necessitated by restorative material failure 25070 X 25070 Crown repair necessitated by restorative material failure 25070 Crown repair necessitated by restorative material failure	
Each additional prefabricated post - same tooth   X   - 2000   Labial veneer (laminate)-chairside   X   - 2000   Labial veneer (resin laminate)-laboratory   X   - 2000   Labial veneer (porcelain laminate)-laboratory   X   - 2000   Labial veneer (porcelain laminate)-laboratory   X   - 2000   Add proc construct new crown   X   - 2000   X   -	
Day 1	
D2961 Labial veneer (resin laminate)-laboratory  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.  D2980 Crown repair necessitated by restorative material failure  X -	
D2962 Labial veneer (porcelain laminate)-laboratory  X - D2971 Add proc construct new crown  X - D2975 Coping  CO2976 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.  CO2980 Crown repair necessitated by restorative material failure  X - D2976 A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and X  - CO2976 Crown repair necessitated by restorative material failure	
D2971 Add proc construct new crown D2975 Coping 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. D2980 Crown repair necessitated by restorative material failure  X - X - X - X - X - X - X - X - X - X	
D2975 Coping  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.  D2980 Crown repair necessitated by restorative material failure  X  -	<u>-</u>
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.  Crown repair necessitated by restorative material failure  X -	
resistance to fracture until a patient is ready for the full cuspal coverage restoration.  Crown repair necessitated by restorative material failure  X -	-
D2980 Crown repair necessitated by restorative material failure X -	-
	-
22981 Inlay repair necessitated by restorative material failure  X -	-
D2982 Onlay repair necessitated by restorative material failure X - D2983 Veneer repair necessitated by restorative material failure X -	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
D2989 Excavation of a tooth resulting in the determination of non-restorability	X	-
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)	X	-
D3220 Therapeutic pulpotomy (excluding final restoration)	X	-
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	X	-
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	Х	-
D3351 Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Х	-
D3352 Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Х	-
D3353 Apexification/recalcification-final visit (includes completed root can	X	_
D3355 Pulpal regeneration- initial visit	X	_
D3356 Pulpal regeneration- interim medication replacement	X	_
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	X	_
D3432 Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	X	_
D3450 Root amputation-per root	X	_

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	edications and should be directed to the Pharmacy link option within the website.  Endodontic endosseous implant	X	
		X	-
	Intentional replantation (including necessary splinting)	X	-
	Surgical repair of root resorption - anterior		-
	Surgical repair of root resorption – premolar	X	-
	Surgical repair of root resorption – molar	X	<del>-</del>
	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior		-
	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	X	<u>-</u>
	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	X	<del>-</del>
	Surgical procedure for isolation of tooth with rubber dam	X	<del>-</del>
	Intraorifice barrier	X	-
	Hemisection (including any root removal), not including root canal the	X	-
	Decoronation or submergence of an erupted tooth	X	-
	Canal preparation and fitting of preformed dowelor post	X	-
	Unspecified endodontic procedure, by report	X	-
	Gingivectomyor gingivoplasty-per quadrant	X	-
	Gingivectomyor gingivoplasty-per tooth	X	-
	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	Х	-
	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	X	-
	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	X	-
	Gingival flap procedure, including root planing-per quadrant	X	-
	Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	-
	Apically positioned flap	Х	-
	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	X	_
	bounded spaces per quadrant	^	<u>-</u>
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth	X	
	bounded spaces per quadrant	^	-
04263	Bone replacement graft - retained natural tooth - first site in quadrant	X	-
	Bone replacement graft - retained natural tooth - each additional site in quadrant	X	-
04265	Biologic materials to aid in soft and osseous tissue regeneration	X	=
04266	Guided tissue regeneration - resorbable barrier, per site, per tooth	Х	-
04267	Guided tissue regeneration - non-resorbable barrier, per site, per too	Х	-
	Surgical revision procedure per tooth	Х	-
	Pedicle soft tissue graft procedure	Х	-
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	Х	-
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	Х	-

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	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous		
D4213	tooth position in graft	X	-
D4276	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		<u> </u>
D4211	position in graft	X	-
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant		
D-1210	or edentulous tooth position in same graft site	X	-
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous		
5 1200	tooth, implant or edentulous tooth position in same gra	X	-
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each		
	additional contiguous tooth, implant or edentulous tooth position	X	-
D4286	Removal of non-resorbable barrier	Х	-
	Provisional splinting-intracoronal	X	-
	Provisional splinting-extracoronal	Х	-
	Splint - intra-coronal; natural teeth or prosthetic crowns	Х	=
	Splint - extra-coronal; natural teeth or prosthetic crowns	Х	-
	Periodontal scaling and root planing-per quadrant	Х	=
	Periodontal scaling and root planing - one to three teeth, per quadrant	Х	-
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Х	-
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	-	Χ
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Х	-
D4910	Periodontal maintenance procedures (following active therapy)	Х	_
	Unscheduled dressing change (by someone other than treating dentist)	X	-
	Gingival irrigation- per quadrant	Х	=
	Unspecified periodontal procedure, by report	Х	-
D5110	Complete upper	Х	-
05120	Complete lower	Х	-
05130	Immediate upper	Х	-
D5140	Immediate lower	Х	-
05211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	Х	-
05212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	X	-
	Upper partial-cast metal base with resin saddles (including any conven	Х	-
05214	Lower partial-cast metal base with resin saddles (including any conven	Х	-
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-
05222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	X	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	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 process of the proce	t information regarding in	mmunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	<del>                                     </del>	
15224 Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional	X	-
clasps, rests and teeth	V	
05225 Maxillary part denture flex	X	-
05226 Mandibular part denture flex	X	-
15227 Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)		-
15228 Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	X	<u>-</u>
Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	X	-
Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular	X	-
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)	X	-
5611 Repair resin partial denture base, mandibular	X	-
5612 Repair resin partial denture base, maxillary	X	-
5621 Repair cast partial framework, mandibular	X	-
5622 Repair cast partial framework, maxillary	X	-
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	Х	-
5660 Add clasp to existing partial denture- per tooth	X	-
5670 Replace all teeth and acrylic on cast metal framework (maxillary)	Х	-
5671 Replace all teeth and acrylic on cast metal framework (mandibular)	Х	-
5710 Rebase complete upper denture	Х	-
5711 Rebase complete lower denture	Х	-
5720 Rebase upper partial denture	Х	-
5721 Rebase lower partial denture	Х	-
5725 Rebase hybrid prosthesis	Х	-
5730 Reline upper complete denture (chairside)	Х	-
5731 Reline lower complete denture (chairside)	X	-
5740 Reline upper partial denture (chairside)	X	-
5741 Reline lower partial denture (chairside)	Х	-
5750 Reline upper complete denture (laboratory)	X	-
5751 Reline lower complete denture (laboratory)	X	-
5760 Reline upper partial denture (laboratory)	X	-

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des Description	Not Covered	Preauthorization Require
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cialty medications and should be directed to the Pharmacy link option within the website.		
Reline lower partial denture (laboratory)	X	-
Soft liner for complete or partial removable denture - indirect	X	-
5810 Interim complete denture (upper)	X	-
5811 Interim complete denture (lower)	X	-
5820 Interim partial denture (upper)	X	-
5821 Interim partial denture (lower)	X	-
5850 Tissue conditioning, upper-per denture unit	X	-
5851 Tissue conditioning, lower-per denture unit	X	-
5862 Precision attachment, by report	X	-
5863 Overdenture- complete maxillary	X	-
5864 Overdenture- partial maxillary	X	-
5865 Overdenture- complete mandibular	X	-
5866 Overdenture- partial mandibular	X	-
Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-
5875 Modification of removable prosthesis following implant surgery	-	Х
5876 Add metal substructure to acrylic full denture (per arch)	X	-
5899 Unspecified removable prosthodontic procedure, by report	X	-
5911 Facial moulage (sectional)	Х	-
5912 Facial moulage (complete)	X	-
5913 Nasal prosthesis	Х	-
5914 Auricular prosthesis	Х	-
5915 Orbital prosthesis	Х	-
5916 Ocular prosthesis	Х	-
5919 Facial prosthesis	Х	-
5922 Nasal septal prosthesis	Х	-
5923 Ocular prosthesis, interim	X	-
5924 Cranial prosthesis	X	-
5925 Facial augmentation implant prosthesis	X	-
5926 Nasal prosthesis, replacement	X	-
5927 Auricular prosthesis, replacement	X	-
5928 Orbital prosthesis, replacement	X	-
5929 Facial prosthesis, replacement	X	_
5931 Obturator prosthesis, surgical	X	_
5932 Obturator prosthesis, definitive	X	
5933 Obturator prosthesis, modification	X	
5934 Mandibular resection prosthesis with guide flange	X	
5935 Mandibular resection prosthesis with guide flange	X	<u> </u>
5936 Obturator/prosthesis, interim	X	<u> </u>
5937 Trismus appliance (not for tm treatment)	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.	,	, ,
D5951 Feeding aid	X	-
D5952 Speech aid prosthesis, pediatric	X	-
D5953 Speech aid prosthesis, adult	X	-
D5954 Palatal augmentation prosthesis	Х	-
D5955 Palatal lift prosthesis, definitive	X	-
D5958 Palatal lift prosthesis, interim	X	-
D5959 Palatal lift prosthesis, modification	Х	-
D5960 Speech aid prosthesis, modification	X	-
D5982 Surgical stent	X	-
D5983 Radiation carrier	Х	-
D5984 Radiation shield	X	-
D5985 Radiation cone locator	X	-
D5986 Fluoride gel carrier	Х	-
D5987 Commissure splint	X	-
D5988 Surgical splint	Х	-
D5991 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	Х	-
D6010 Surgical placement of implant body: endosteal implant. see also 21248	X	-
D6011 Second stage implant surgery	X	-
D6012 Surgical placement of interim implant body for transitional prosthesis: endosteal implant	Х	-
D6013 Surgical placement of mini implant	X	-
D6040 Subperiosteal implant	Х	-
D6050 Transosseous implant	X	-
D6051 Includes placement and removal. a healing cap is not an interim abutment	X	-
D6055 Implant connecting bar	Х	-
D6056 Prefabricated abutment- includes modification and placement	X	-
D6057 Custom fabricated abutment- includes placement	Х	-
D6058 Abutment supported porcelain/ceramic crown	X	-
D6059 Abutment supported porcelain fused to metal crown (high noble metal)	X	-
D6060 Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-
D6061 Abutment supported porcelain fused to metal crown (noble metal)	X	-
D6062 Abutment supported cast metal crown (high noble metal)	X	-
D6063 Abutment supported cast metal crown (predominantly base metal)	X	-
D6064 Abutment supported cast metal crown (noble metal)	X	-
D6065 Implant supported porcelain/ceramic crown	X	-
20000 Jimpiant Supported porceiani/ceramic Grown		<u>-</u>

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	dications and should be directed to the Pharmacy link option within the website.	V	
	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X	<del>-</del>
	Implant supported metal crown (titanium/alloy high noble metal)	X	<u>-</u>
	Abutment supported retainer for porcelain/ceramic fpd	X	<u>-</u>
	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	<del>-</del>
	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	<u>-</u>
	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	X	<u>-</u>
	Abutment supported retainer for cast metal fpd (high noble metal)	X	-
	Abutment supported retainer for cast metal fpd (predominately base metal)	X	-
	Abutment supported retainer for cast metal fpd (noble metal)	X	-
	Implant supported retainer for ceramic fpd	X	-
	Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	X	-
	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	X	-
	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and	Χ	-
	abutments Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the		
		X	-
	implant surfaces, without flap entry and closure	V	
	Implant supported crown-porcelain fused to predominantly base alloys	X	<u>-</u>
	Implant supported crown-porcelain fused to noble alloys	X	-
	Implant supported crown-porcelain fused to titanium and titanium alloys	X	<u> </u>
	Provisional implant crown	X	<u> </u>
	Implant supported crown-predominantly base alloys	X	<u>-</u>
	Implant supported crown-noble alloys	X	-
	Implant supported crown-titanium and titanium alloys	X	-
	Accessing and retorquing loose implant screw - per screw	X	-
	Repair implant, by report	Х	-
	Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesi	X	-
D6092	Re-cement or re-bond implant/abutment supported crown	Х	-
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Х	-
	Abut support crown titanium	Х	-
	Repair implant abutment, by report. see also code 21299	Х	-
	Remove broken implant retaining screw	Х	-
	Abutment supported crown-porcelain fused to titanium and titanium alloys	Х	-
	Implant supported retainer-porcelain fused to predominantly base alloys	X	-
	Implant supported retainer for fpd-porcelain fused to noble alloys	X	-
	Implant removal, by report	X	-
	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed	X	

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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 ecialty medications and should be directed to the Pharmacy link option within the website.	information regarding im	munizations, injectable drugs,
6102 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		-
6103 Bone graft for repair of peri-implant defect- does not include flap entry and closure.	Х	-
6104 Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	Х	-
6105 Removal of implant body not requiring bone removal nor flap elevation	Х	-
6106 Guided tissue regeneration - resorbable barrier, per implant	Х	-
6107 Guided tissue regeneration - non-resorbable barrier, per implant	Х	-
6110 Implant/abutment supported removable denture for edentulous arch-maxillary	X	-
6111 Implant/ abutment supported removable denture for edentulous arch- mandibular	X	_
6112 Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Х	-
6113 Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Х	-
6114 Implant/ abutment supported fixed denture for edentulous arch- maxillary	Х	-
6115 Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-
6116 Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	Х	-
6117 Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	-
6118 Implant/abutment supported interim fixed denture for edentulous arch , mandibular	X	-
6119 Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	X	-
6120 Implant supported retainer -porcelain fused to titanium and titanium alloys	X	-
6121 Implant supported retainer for metal fpd -predominantly base alloys	X	-
6122 Implant supported retainer for metal fpd -noble alloys	X	-
6123 Implant supported retainer for metal fpd -titanium and titanium alloys	Х	-
6180 implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	X	-
6190 Radio/surgical implant index	Х	-
6191 Semi-precision abutment – placement	X	-
6192 Semi-precision attachment – placement	X	-
6193 replacement of an implant screw	X	-
6194 Abut support retainer titani	X	-
6195 Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	-
6197 Replacement of restorative material used to close an access opening of a screw-retained implant supported		
prosthesis, per implant	X	-
6198 Remove interim implant component	Х	-
6199 Unspecified implant procedure, by report	X	-
6205 Pontic-indirect resin based	X	-
6210 Pontic-cast high noble metal	X	-
6211 Pontic-cast predominantly base metal	X	-
6212 Pontic-cast noble metal	X	-
6214 Pontic titanium	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.	I v I	
D6240   Pontic-porcelain fused to high noble metal	X	-
D6241 Pontic-porcelain fused to predominantly base metal	X	-
D6242 Pontic-porcelain fused to noble metal	X	-
D6243 Pontic-porcelain fused to titanium and titanium alloys	X	-
D6245 Pontic - porcelain/ceramic	X	-
D6250 Pontic-resin with high noble metal	X	-
D6251 Pontic-resin with predominantly base metal	X	-
D6252 Pontic-resin with noble metal	X	-
D6253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression	X	-
D6545 Retainer-cast metal for acid etched fixed prosthesis	X	-
D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis	X	-
D6549 Resin retainer- for resin bonded fixed prosthesis	X	-
D6600 Retainer inlay-porcelain/ceramic, two surfaces	X	=
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces	Х	=
D6602 Retainer inlay - cast high noble metal, two surfaces	X	-
06603 Retainer inlay - cast high noble metal, three or more surfaces	X	-
06604 Retainer inlay - cast predominantly base metal, two surfaces	X	-
06605 Retainer inlay - cast predominantly base metal, three or more surfaces	Х	-
06606 Retainer inlay - cast noble metal, two surfaces	Х	=
06607 Retainer inlay - cast noble metal, three or more surfaces	Х	-
06608 Retainer onlay - porcelain/ceramic, two surfaces	Х	-
06609 Retainer onlay - porcelain/ceramic, three or more surfaces	X	_
06610 Retainer onlay - cast high noble metal, two surfaces	X	-
D6611 Retainer onlay - cast high noble metal, three or more surfaces	X	_
D6612 Retainer onlay - cast predominantly base metal, two surfaces	X	_
06613 Retainer onlay - cast predominantly base metal, three or more surfaces	X	_
06614 Retainer onlay - cast noble metal, two surfaces	X	
D6615 Retainer onlay - cast noble metal, three or more surfaces	X	_
D6624 Retainer inlay titanium	X	
D6634 Retainer onlay titanium	X	
06710 Retainer crown-indirect resin based composite	X	
D6720 Retainer crown-resin with high noble metal	X	
06721 Retainer crown-resin with predominantly base metal	X	<u> </u>
D6722 Retainer crown-resin with noble metal	X	<u> </u>
D6742 Retainer crown - porcelain/ceramic	X	<u> </u>
	X	
06750 Retainer crown-porcelain fused to high noble metal		-
D6751 Retainer crown-porcelain fused to predominantly base metal	X	-
D6752 Retainer crown-porcelain fused to noble metal	X	-
D6753 Retainer crown-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.		
D6780 Retainer crown-3/4 cast high noble metal	X	-
D6781 Retainer crown - 3/4 cast predominately based metal	X	-
D6782 Retainer crown - 3/4 cast noble metal	X	-
D6783 Retainer crown - 3/4 porcelain/ceramic	Х	-
D6784 Retainer crown 3/4-titanium and titanium alloys	Х	-
06790 Retainer crown-full cast high noble metal	X	-
06791 Retainer crown-full cast predominantly base metal	Х	-
06792 Retainer crown-full cast noble metal	X	-
06793 Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	X	-
06794 Retainer crown titanium	X	-
06920 Connector bar	X	-
06930 Re-cement or re-bond fixed partial denture	X	-
06940 Stress breaker	Х	-
06950 Precision attachment	X	-
06980 Fixed partial denture repair, necessitated by restorative material failure	X	-
06985 Pediatric partial denture, fixed	X	-
06999 Unspecified fixed prosthodontic procedure, by report	X	-
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.	^	
07220 Removal of impacted tooth-soft tissue	X	-
77230 Removal of impacted tooth-partially bony	X	-
07240 Removal of impacted tooth-completely bony	X	-
77241 Removal of impacted tooth-completely bony, with unusual surgical compl	X	=
07250 Removal of residual tooth roots (cutting procedure)	X	=
77251 Coronectomy	X	-
77252 partial extraction for immediate implant placement	X	-
7259 nerve dissection	X	-
7260 Oral antral fistula closure	X	-
07261 Primary closure of a sinus perforation	X	-
7270 Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-
7272 Tooth transplantation	Х	-
07280 Exposure of an unerupted tooth	X	-
07282 Mobilization of erupted or malpositioned tooth to aid eruption	X	-
77283 Place device impacted tooth	X	-
07284 Excisional biopsy of minor salivary glands	X	-
07285 Incisional biopsy of oral tissue-hard (bone, tooth)	X	-
17286 Incisional biopsy of oral tissue-soft	Х	-

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Ity medications and should be directed to the Pharmacy link option within the website.	0 0	, ,
287 Cytology sample collection	Х	-
88 Brush biopsy	Х	-
90 Surgical repositioning of teeth	Х	-
P1 Transseptal fiberotomy	Х	-
Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	Х	-
Placement of temporary anchorage device requiring flap; includes device removal	Х	-
Placement of temporary anchorage device without flap; includes device removal	Х	-
95 Bone harvest,auto graft proc	Х	-
296 Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	Х	-
297 Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	Х	-
Removal of temporary anchorage device (screw retained plate), requiring flap	Х	-
Removal of temporary anchorage device, requiring flap	Х	-
Removal of temporary anchorage device without flap	Х	-
Alveoloplasty in conjunction with extractions - per quadrant	Х	-
Alveoloplasty w/extract 1-3	Х	-
20 Alveoloplasty not in conjunction with extractions - per quadrant	Х	-
21 Alveoloplasty not w/extracts	Х	-
Vestibuloplasty-ridge extension (second epithelialization)	Х	-
Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	Х	-
10 Radical excision-lesion diameter up to 1.25 cm	Х	-
11 Excision of benign lesion greater than 1.25 cm	Х	-
12 Excision of benign lesion, complicated	Х	-
13 Excision of malignant lesion up to 1.25 cm	Х	-
14 Excision of malignant lesion greater than 1.25 cm	Х	-
15 Excision of malignant lesion, complicated	Х	-
40 Excision of malignant tumor-lesion diameter up to 1.25 cm	Х	-
41 Excision of malignant tumor-lesion diameter greater than 1.25 cm	Х	-
Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm	Х	-
51 Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	Х	-
Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-
Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	Х	-
Destruction of lesion(s) by physicalor chemical methods, by report	Х	-
71 Removal of exostosis - per site	Х	-
72 Removal of torus palatinus	Х	-
73 Removal of torus mandibularis	Х	-
85 Reduction of osseous tuberosity	Х	-
90 Radical resection of mandible with bone graft	X	-
Marsupialization of odontogenic cyst	Х	-
10 Incision and drainage of abscess-intraoral soft tissue	Х	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
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	-
D7560 Maxillary sinusotomy for removal of tooth fragmentor foreign body	X	-
D7610 Maxilla-open reduction (teeth immobilized if present)	X	-
D7620 Maxilla-closed reduction (teeth immobilized if present)	X	-
D7630 Mandible-open reduction (teeth immobilized if present)	X	-
D7640 Mandible-closed reduction (teeth immobilized if present)	X	-
D7650 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	Х	-
D7750 Malar and/or zygomatic arch-open reduction	X	-
D7760 Malar and/or zygomatic arch-closed reduction	X	-
07770 Alveolus-stabilization of teeth, open reduction splinting	X	_
07771 Alveolus, closed reduction stabilization of teeth	X	_
D7780 Facial bones - complicated reduction with fixation and multiple approaches	X	
07810 Open reduction of dislocation	X	
07820 Closed reduction of dislocation	X	<u>-</u>
07830 Manipulation under anesthesia	X	<u> </u>
D7840 Condylectomy	X	<u> </u>
07850 Surgical discectomy; with/without implant	X	<u> </u>
D7852 Disc repair		
	X	-
07854 Synovectomy	X	-
07856 Myotomy	X	-
D7858 Joint reconstruction	X	-
D7860 Arthrotomy	X	-
07865 Arthroplasty	X	-
D7870 Arthrocentesis	X	-
D7871 Non-arthroscopic lysis and lavage	X	=
D7872 Arthroscopy-diagnosis, withor without biopsy	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
D7873 Arthroscopy: lavage and lysis of adhesions	X	-
D7874 Arthroscopy: disc repositioning and stabilizationo	X	-
D7875 Arthroscopy: synovectomy	Х	-
D7876 Arthroscopy: discectomy	X	-
D7877 Arthroscopy: debridement	X	-
Orali Occlusal orthotic appliance	X	-
07881 Oclussal orthotic device adjustment	X	-
D7899 Unspecified tmd therapy, by report	X	-
D7910 Suture of recent small wounds up to 5 cm	X	-
D7911 Complicated suture-up to 5 cm	X	-
07912 Complicated suture-greater than 5 cm	X	-
07920 Skin grafts (identify defect covered, location, and type of graft)	X	-
07921 Collection and application of autologous blood concentrate product	X	-
07922 Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-
07939 A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-
07940 Osteoplasty-for orthognathic deformities	Х	-
07941 Osteotomy-ramus, closed	Х	-
07943 Osteotomy-ramus, open with bone graft	Х	-
D7944 Osteotomy-segmentedor subapical-per sextantor quadrant	Х	-
07945 Osteotomy-body of mandible	Х	-
07946 Lefort i (maxilla-total)	Х	-
07947 Lefort i (maxilla-segmented)	X	-
07948 Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	X	-
07949 Lefort iior lefort iii-with bone graft	X	-
07950 Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	X	_
07951 Sinus augmentation with bone or bone substitutes via a lateral open approach	X	_
77952 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	-
07953 Bone replacement graft	Х	
07955 Repair of maxillofacial soft and hard tissue defects	X	
07956 Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	
07957   Guided tissue regeneration, edentulous area - resorbable barrier, per site	X	<u>-</u>
07961 Buccal / labial frenectomy (frenulectomy)	X	-
D7961   Buccar / lablar frenectomy (frenulectomy)  D7962   Lingual frenectomy (frenulectomy)	X	<u> </u>
07963 Frenuloplasty	X	<u> </u>
	X	
07970 Excision of hyperplastic tissue-per arch		-
07971 Excision of pericoronal gingiva	X	-
07972 Surgical reduction of fibrous tuberosity	X	-
07979 Non surgical sialolithotomy	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.		
D7980 Surgical sialolithotomy	X	-
D7981 Excision of salivary gland	X	-
D7982 Sialodochoplasty	X	-
D7983 Closure of salivary fistula	X	-
D7990 Emergency tracheotomy	X	-
D7991 Coronoidectomy	X	-
D7993 Surgical placement of craniofacial implant – extra oral	X	-
D7994 Surgical placement: zygomatic implant	X	-
07995 Synthetic graft - mandible or facial bones, by report	X	-
D7996 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	_
8210 Removable appliance therapy	X	_
08220 Fixed appliance therapy	X	
08660 Pre-orthodintic treatment examination to monitor growth and development	X	
18670 Periodic orthodontic treatment visit (as part of contract)	X	
08671 periodic orthodontic treatment visit associated with orthognathic surgery	X	
08680 Orthodontic retention (removal of appliances, construction and placem	X	
08681 Removable orthodontic retainer adjustment	X	
08690 Orthodontic treatment (alternative billing to a contract fee)	X	
18695 Removal of fixed orthodontic appliances for reasons other than completion of treatment	X	
18696 Repair of orthodontic appliance-maxillary	X	-
08697 Repair of orthodontic appliance-maxillary	X	<u> </u>
08698 Re-cement or re-bond fixed retainer-maxillary		
08699 Re-cement or re-bond fixed retainer-maxiliary	X	-
		-
08701 Repair of fixed retainer, includes reattachment-maxillary	X	-
08702 Repair of fixed retainer, includes reattachment-mandibular	X	-
08703 Replacement of lost or broken retainer-maxillary	X	-

<sup>\*</sup>Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.

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



Deschairer Pease note that overage may vary by that type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable specially medications and should be directed to the Pharmacy list option. Which is a process of the proces	orization Required	Not Covered F		Description
D8794   Replacement of lost or broken retainer-mandibular	•		updated quarterly. Additionally, these coding lists do not refle	Please note that coverage may vary by plan type and may not follow the listed services. These codes
D8999   Unspecified orthodontic procedure, by report				
D9110   Palliative (emergency) treatment of dental pain-minor procedures   X	-			Replacement of lost or broken retainer-mandibular
D9120   Fixed partial denture sectioning	-	X		Unspecified orthodontic procedure, by report
D9130 Temporomandibular joint dysfunction-non-invasive physical therapies  D9210 Local anesthesia n0t in conjunction with operativeor surgical procedu  X -D9211 Trigeminal division block anesthesia  X -D9212 Trigeminal division block anesthesia  X -D9215 Lcl ansthsa w oprtv or srgcl prodrs  X -D9219 Evaluation for moderate sedation, deep sedation or general anesthesia  X -D9219 Evaluation for moderate sedation, deep sedation or general anesthesia  X -D9220 Deep sedation/general anesthesia ¿ first 15 minutes  X -D9231 Deep sedation/general anesthesia-each subsequent 15 minute increment  X -D9230 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes  X -D9231 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes  X -D9241 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment  X -D9248 Non-intravenous conscious sedation  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 -D9430 Office visit for observation (during regularly scheduled hours)  D9440 Office visit for observation (during regularly scheduled hours)  D9451 Therapeutic drug injection, by report  D9611 Therapeutic drug injection, by report  D9612 Therapeutic parenteral drugs, two or more administrations, different medications  X -D9613 Infilitation of sustained release therapeutic drug-single or multiple sites  X -D9614 Opplication of desensitizing resin for cervical and/or root surface per tooth  X -D9911 Application of desensitizing resin for cervical and/or root surface per tooth  X -D9911 Application of desensitizing resin for cervical and/or root surface per tooth  X -D9913 administration of neuromodulators  X -D9914 Administration of neuromodulators	-	X		Palliative (emergency) treatment of dental pain-minor procedures
D9210   Local anesthesia n0t in conjunction with operativeor surgical procedu	-	Χ		Fixed partial denture sectioning
D9211   Regional block anesthesia	-	X		Temporomandibular joint dysfunction-non-invasive physical therapies
D9212 Trigeminal division block anesthesia       X       -         D9215 Lcl ansthsa w oprtv or srgcl prodrs       X       -         D9219 Evaluation for moderate sedation, deep sedation or general anesthesia       X       -         D9222 Deep sedation/general anesthesia ¿ first 15 minutes       X       -         D9230 Inhtn ntrs oxd/anlgsa, anxlyss       X       -         D9231 Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes       X       -         D9243 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment       X       -         D9243 Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment       X       -         D9244 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       -         D9430 Office visit-after regularly scheduled hours       X       -         D9440 Office visit-after regularly scheduled made extensive treatment planning       X       -	-	Х		Local anesthesia n0t in conjunction with operativeor surgical procedu
D9215   Lcl ansthsa w oprtv or srgcl prcdrs	-	Х		Regional block anesthesia
D9219   Evaluation for moderate sedation, deep sedation or general anesthesia   X   - D9220   Deep sedation/general anesthesia   Irist 15 minutes   X   - D9223   Deep sedation/general anesthesia-each subsequent 15 minute increment   X   - D9230   Inhitrn thro scd/anigsa, anxlyss   X   - D9230   Inhitrn thro scd/anigsa, anxlyss   X   - D9230   Intravenous moderate (conscious) sedation/analgesia   Irist 15 minutes   X   - D9231   Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment   X   - D9248   Non-intravenous conscious sedation   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   - 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   X   - D9450   Case presentation, detailed and extensive treatment planning   X   - D9610   Therapeutic drug injection, by report   X   - D9611   Therapeutic drug injection, by report   X   - D9612   Therapeutic drug injection, by report   X   - D9613   Infiltration of sustained release therapeutic drug-single or multiple sites   X   - D9910   Application of desensitizing medicaments   X   - D9911   Application of desensitizing medicaments   X   - D9911   Application of desensitizing medicaments   X   - D9912   Pre-visit patient screening   X   - D9913   administration of neuromodulators   X   - D9914   administration of dermal fillers   X   - D9914   Administration of dermal fillers	-	Х		Trigeminal division block anesthesia
Deep sedation/general anesthesia ¿ first 15 minutes	-	Х		Lcl ansthsa w oprtv or srgcl prcdrs
Deep sedation/general anesthesia ¿ first 15 minutes	-	Х		Evaluation for moderate sedation, deep sedation or general anesthesia
D9230 InhItn ntrs oxd/anlgsa, anxlyss  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  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  D9430 Office visit for observation (during regularly scheduled hours) no oth  X  D9440 Office visit-after regularly scheduled hours  D9450 Case presentation, detailed and extensive treatment planning  X  D9610 Therapeutic drug injection, by report  D9611 Therapeutic drug injection, by report  D9612 Therapeutic parenteral drugs, two or more administrations, different medications  X  D9630 Drugs or medicaments dispensed in the office for home use  X  D9910 Application of desensitizing medicaments  X  D9911 Application of desensitizing medicaments  X  D9912 Pre-visit patient screening  D9913 administration of neuromodulators  X  D9914 administration of dermal fillers	-	X		
D9239   Intravenous moderate (conscious) sedation/analgesia , first 15 minutes	_	X		Deep sedation/general anesthesia-each subsequent 15 minute increme
D9243   Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	-	X		Inhltn ntrs oxd/anlgsa, anxlyss
D9243   Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	-	X		Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes
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       X       -         D9450 Case presentation, detailed and extensive treatment planning       X       -         D9450 Therapeutic drug injection, by report       X       -         D9610 Therapeutic parenteral drugs, two or more administrations, different medications       X       -         D9612 Therapeutic parenteral drugs, two or more administrations, different medications       X       -         D9613 Infiltration of sustained release therapeutic drug-single or multiple sites       X       -         D9910 Application of desensitizing medicaments       X       -         D9911 Application of desensitizing medicaments       X       -         D9912 Pre-visit patient screening       X       -         D9913 administration of neuromodulators       X       -         D9914 administration of dermal fillers	-	Х	5 minute increment	
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       X       -         D9440 Case presentation, detailed and extensive treatment planning       X       -         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       -         D9911 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       -         D9913 administration of neuromodulators       X       -         D9914	_			
D9311 Consultation with a medical health care professional  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  X  D9450 Case presentation, detailed and extensive treatment planning  X  D9610 Therapeutic drug injection, by report  X  D9611 Infiltration of sustained release therapeutic drug-single or multiple sites  D9613 Infiltration of sustained release therapeutic drug-single or multiple sites  X  D9610 Application of desensitizing medicaments  D9611 Application of desensitizing resin for cervical and/or root surface per tooth  D9612 Pre-visit patient screening  X  D9913 administration of neuromodulators  X  D9914 administration of dermal fillers	-			
D9410 House call  D9420 Hsptl or asc call  D9430 Office visit for observation (during regularly scheduled hours) no oth  X  D9440 Office visit-after regularly scheduled hours  D9450 Case presentation, detailed and extensive treatment planning  X  D9610 Therapeutic drug injection, by report  D9612 Therapeutic parenteral drugs, two or more administrations, different medications  D9613 Infiltration of sustained release therapeutic drug-single or multiple sites  X  D9610 Drugs or medicaments dispensed in the office for home use  D9611 Application of desensitizing medicaments  D9612 Therapeutic parenteral drugs, two or more administrations, different medications  X  D9613 Infiltration of sustained release therapeutic drug-single or multiple sites  X  D9610 Pre-visit patient screening  X  D9710 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  D9913 administration of neuromodulators  X  D9914 administration of dermal fillers	-	Х		, <u> </u>
D9420Hsptl or asc callX-D9430Office visit for observation (during regularly scheduled hours) no othX-D9440Office visit-after regularly scheduled hoursX-D9450Case presentation, detailed and extensive treatment planningX-D9610Therapeutic drug injection, by reportX-D9612Therapeutic parenteral drugs, two or more administrations, different medicationsX-D9613Infiltration of sustained release therapeutic drug-single or multiple sitesX-D9630Drugs or medicaments dispensed in the office for home useX-D9910Application of desensitizing medicamentsX-D9911Application of desensitizing resin for cervical and/or root surface per toothX-D9912Pre-visit patient screeningX-D9913administration of neuromodulatorsX-D9914administration of dermal fillersX-	-			
D9430Office visit for observation (during regularly scheduled hours) no othX-D9440Office visit-after regularly scheduled hoursX-D9450Case presentation, detailed and extensive treatment planningX-D9610Therapeutic drug injection, by reportX-D9612Therapeutic parenteral drugs, two or more administrations, different medicationsX-D9613Infiltration of sustained release therapeutic drug-single or multiple sitesX-D9630Drugs or medicaments dispensed in the office for home useX-D9910Application of desensitizing medicamentsX-D9911Application of desensitizing resin for cervical and/or root surface per toothX-D9912Pre-visit patient screeningX-D9913administration of neuromodulatorsX-D9914administration of dermal fillersX-	-			Hsptl or asc call
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D9450Case presentation, detailed and extensive treatment planningX-D9610Therapeutic drug injection, by reportX-D9612Therapeutic parenteral drugs, two or more administrations, different medicationsX-D9613Infiltration of sustained release therapeutic drug-single or multiple sitesX-D9630Drugs or medicaments dispensed in the office for home useX-D9910Application of desensitizing medicamentsX-D9911Application of desensitizing resin for cervical and/or root surface per toothX-D9912Pre-visit patient screeningX-D9913administration of neuromodulatorsX-D9914administration of dermal fillersX-	-			
D9610Therapeutic drug injection, by reportX-D9612Therapeutic parenteral drugs, two or more administrations, different medicationsX-D9613Infiltration of sustained release therapeutic drug-single or multiple sitesX-D9630Drugs or medicaments dispensed in the office for home useX-D9910Application of desensitizing medicamentsX-D9911Application of desensitizing resin for cervical and/or root surface per toothX-D9912Pre-visit patient screeningX-D9913administration of neuromodulatorsX-D9914administration of dermal fillersX-	-	Х		
D9612Therapeutic parenteral drugs, two or more administrations, different medicationsXD9613Infiltration of sustained release therapeutic drug-single or multiple sitesXD9630Drugs or medicaments dispensed in the office for home useXD9910Application of desensitizing medicamentsXD9911Application of desensitizing resin for cervical and/or root surface per toothXD9912Pre-visit patient screeningXD9913administration of neuromodulatorsXD9914administration of dermal fillersX	-			
D9613Infiltration of sustained release therapeutic drug-single or multiple sitesXD9630Drugs or medicaments dispensed in the office for home useXD9910Application of desensitizing medicamentsXD9911Application of desensitizing resin for cervical and/or root surface per toothXD9912Pre-visit patient screeningXD9913administration of neuromodulatorsXD9914administration of dermal fillersX	-		cations	
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       -         D9913       administration of neuromodulators       X       -         D9914       administration of dermal fillers       X       -	-	Х		· · · · · · · · · · · · · · · · · · ·
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       -         D9913 administration of neuromodulators       X       -         D9914 administration of dermal fillers       X       -	-			
D9911 Application of desensitizing resin for cervical and/or root surface per tooth  D9912 Pre-visit patient screening  D9913 administration of neuromodulators  D9914 administration of dermal fillers  X  -  X  -  X  -  X  -  X  -  X  -  D9914 administration of dermal fillers	-			
D9912 Pre-visit patient screening       X       -         D9913 administration of neuromodulators       X       -         D9914 administration of dermal fillers       X       -	-	Х		Application of desensitizing resin for cervical and/or root surface per too
D9913 administration of neuromodulators  D9914 administration of dermal fillers  X -	-	Х		
D9914 administration of dermal fillers X -	-	Х		U
	-			
D9920 Behavior management, by report	-	Х		
D9930 Treatment of complications (postsurgical) - unusual circumstances, by				
D9932 Cleaning and inspection of removable complete denture, maxillary  X				
D9933 Cleaning and inspection of removable complete denture, mandibular X -	_			, ,
D9934 Cleaning and inspection of removable partial denture, maxillary  X -	_			<u> </u>
D9935 Cleaning and inspection of removable partial denture, mandibular  X -	_			
D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance X -	_		ance	

<sup>\*</sup>Preauth after a certain number of visits. Limits are dependent on plan and/or provider type.

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



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	Placement of a custom removable clear plastic temporary aesthetic appliance	Х	_
	Fabrication of athletic mouthquards	X	<u> </u>
	Repair/reline occlusal guard	X	-
	Occlusal guard adjustment	X	
	Occlusal guard-hard appliance, full arch	X	
	Occlusal guard-soft appliance, full arch	X	
	Occlusal guard-hard appliance, partial arch	X	-
	Custom sleep apnea appliance fabrication and placement	X	-
	Adjustment of custom sleep apnea appliance	X	-
	Repair of custom sleep apnea appliance	X	-
	Occlusion analysis-mounted case	X	_
	Occlusal adjustment-limited	X	-
	Occlusal adjustment-complete	X	_
	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.	Х	-
9955	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.	Х	-
9956	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.	X	-
9957	Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-		
	related breathing disorders.	X	-
9959	unspecified sleep apnea services procedure, by report	Х	-
9961	Duplicate/copy patient's records	Х	-
	Enamel microabrasion	Х	-
	Odontoplasty 1-2 teeth; includes removal of enamel projections	Х	-
	External bleaching- per arch- perfmored in offic	X	ı
	External bleaching - per tooth	Х	ı
	Internal bleaching - per tooth	X	•
	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Х	•
	Sales tax	X	-
9986	Missed appointment	Х	-
	Cancelled appointment	X	-
	Certified translation or sign-certified translation or sign-language services per visit	Х	-
	Dental case management- addressing appointment compliance barriers	Х	-
	Dental case management- care coordination	Х	-
	Dental case management- motivational interviewing	Х	=
	Dental case management- patient education to improve oral health literacy	X	

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ecialty medications and should be directed to the Pharmacy link option within the website.		
9995 Teledentistry ¿ synchronous; real-time encounter	X	-
9996 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	X	-
9997 Dental case management-patients with special health care needs	X	-
9999 Unspecified adjunctive procedure, by report	X	-
0117 Crutch, underarm, articulating, spring assisted, each	X	-
0144 Enclosed walker w rear seat	X	-
0152 Walker, battery power wheels	X	-
0172  Seat lift mechanism placed over or on top of toilet, any type	X	-
0181 Press pad alternating w/ pum	-	Χ
0182 Pressure pad alternating pum	-	Χ
0183 Press underlay alter w/pump	-	Χ
0191 Protector heel or elbow	Х	-
0193 Powered air flotation bed	-	X
0194 Air fluidized bed	-	Х
0203 Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-
0217 Water circ heat pad w pump	X	-
0218 Water circ cold pad w pump	X	-
0221 Infrared heating pad system	X	-
Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	Х	-
0232 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	-
0243 Toilet rail	Х	-
0244 Toilet seat raised	Х	-
0245 Tub stool or bench	Х	-
0246 Transfer tub rail attachment	Х	-
0247 Transfer bench for tub or toilet with or without commode opening	X	_
0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	_
0250 Hosp bed fixed ht w/ mattres	<del>                                     </del>	Х
0251 Hosp bed fixed ht w/o mattres	_	X
0255 Hospital bed var ht w/ mattr	_	X
0256 Hospital bed var ht w/o matt	<del>  _  </del>	X
0260 Hospital Bed Val Ht W/o Hatt	<del> </del> _	X
0261 Hosp bed semi-electr w/o mat	<del>  _  </del>	X
0265 Hosp bed total electr w/ mat	<del>                                     </del>	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	<u> </u>	V
60266 Hosp bed total elec w/o matt	-	X
60270 Hospital bed institutional t	X	-
0273 Bed board	X	-
0274 Over-bed table	X	-
0277 Powered pres-redu air mattrs	-	X
E0280 Bed cradle	-	X
E0290 Hosp bed fx ht w/o rails w/m	-	X
0291 Hosp bed fx ht w/o rail w/o	-	X
0292 Hosp bed var ht w/o rail w/o	-	X
E0293 Hosp bed var ht w/o rail w/	-	X
0294 Hosp bed semi-elect w/ mattr	-	X
0295 Hosp bed semi-elect w/o matt	-	X
0296 Hosp bed total elect w/ matt	-	X
0297 Hosp bed total elect w/o mat	-	Χ
0300 Pediatric crib, hospital grade, fully enclosed	-	X
0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	X
O302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	X
O304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	X
0305 Rails bed side half length	_	X
0310 Rails bed side full length	-	Х
E0315 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
0350 Control unit bowel system	Х	-
0352 Disposable pack w/bowel syst	Х	=
0370 Air elevator for heel	Х	-
0371 Nonpower mattress overlay	-	Х
0372 Powered air mattress overlay	_	Х
0373 Nonpowered pressure mattress	- 1	X
0445 Oximeter device for measuring blood oxygen levels non-invasively	X	-
E0446 Topical ox deliver sys, nos	X	-
0457 Schest shell	X	-
E0459 Chest wrap	X	-
E0462 Rocking bed w/ or w/o side r	-	Х
0465 Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	_	X
10466 Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	_	X
0467 Home vent multi-function		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
	edications and should be directed to the Pharmacy link option within the website.		V
	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	X
	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**
	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**
	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**
	Intrapulmonary percussive ventilation system and related accessories	X	-
	Cough stimulating device, alternating positive and negative airway pressure	-	X
	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	X
0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	X	-
0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	-	Х
0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Х	-
0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply	Х	-
0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Х	-
0561	Humidifier, non-heated, used with positive airway pressure device	_	X**
	Humidifier, heated, used with positive airway pressure device	_	X**
	Cont airway pressure device	_	X**
	Patient lift electric	_	X
	Multipositional patient support system, with integrated lift, patientaccessible controls	_	X
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Х	-
0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	X	-
0641	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	Х	-
0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Х	-
	Pneum compressor segmental	-	Х
	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
0010	Pressure pneum appl full leg	-	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,
ecialty medications and should be directed to the Pharmacy link option within the website.		
20672 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 Intermittent 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	-	X
0700 Safety equipment, device or accessory, any type	X	-
0710 Restraints any type	X	-
0711 Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion	Х	-
0715 Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-
O716 Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-
0721 Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Х	-
0732 Cranial electrotherapy stimulation (ces) system, any type	Х	-
0737 Transcutaneous tibial nerve stimulator, controlled by phone application	Х	-
0738 Upper extremity rehab	Х	-
0739 Rehab sys active assist rt	Х	_
0743 External lower extremity nerve stimulator for restless legs syndrome, each	Х	_
0746 Electromyograph biofeedback	Х	-
0747 Elec osteogen stim not spine	_	Х
0748 Elec osteogen stim spinal	-	Х
0749 Elec osteogen stim implanted	_	Х
0755 Electronic salivary reflex s	Х	-
0760 Osteogen ultrasound stimltor	-	Х
0761 Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	Х	-
7762 Transcutaneous electrical joint stimulation device system, includes all accessories	X	-
0764 Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used		Х
for		X
D766 Electrical stimulation device used for cancer treatment, includes all accessories, any type	-	
Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer	X	-
treatment, includes all accessories		
0782 Non-programble infusion pump	-	X
Programmable infusion pump	-	X
2784 Ext amb infusn pump insulin	-	X
0785 Replacement impl pump cathet	-	X
0786 Implantable pump replacement	-	X
0830 Ambulatory traction device	X	-
7840 Tract frame attach headboard	X	-
0850 Traction stand free standing	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	T V T	
E0856 Cervical traction device, cervical collar with inflatable air bladder	X	-
E0920 Fracture frame attached to b	-	X
E0936 Continuous passive motion exercise device for use other than knee	Х	-
E0970 Wheelchair no. 2 footplates	Х	-
E0983 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
0984 Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized	-	X
E0985 Wheelchair accessory, seat lift mechanism	-	Χ
E0988 Manual wheelchair accessory, lever-activated, wheel drive, pair	-	Χ
1003 Wheelchair accessory, power seating system, recline only, without shear	-	Χ
1004 Wheelchair accessory, power seating system, recline only, with mechanical shear	-	Χ
1005 Wheelchair accessory, power seatng system, recline only, with power shear	-	X
1006 Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	Х
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)	-	X
1017 Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair,each	- 1	Х
1018 Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair,each	_	Х
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	X	_
1086 Hemi-wheelchair detachable a	Х	-
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	_	X
1239 Ped power wheelchair nos	<u> </u>	X
1250 Wheelchair lightwt fixed arm	Х	-
1260 Wheelchair lightwt foot rest	X	
1285 Wheelchair heavy duty fixed	X	
1290 Wheelchair heavy duty fixed	X	-
		-
1300 Whirlpool portable	X	-
1301 Whirlpool tub, walk-in, portable	X	- V
1310 Whirlpool non-portable	-	X
1399 Durable medical equipment mi	-	X
1699 Dialysis equipment unspecifi	-	Χ

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pecialty medications and should be directed to the Pharmacy link option within the website.		V
E1802 Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	X
E1840 Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	X
E1841 Static str shldr dev rom adj	-	X
E1905 Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	X	- V
E2102 Adjunctive continuous glucose monitor or receiver	-	X
E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	X
E2120 Pulse generator system for tympanic treatment of inner ear endolymphatic fluid	-	X
E2298 Pwr seat elev sys for crt	-	X
E2301 Power wheelchair accessory, power standing system	Х	-
E2322 Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X
E2324 Power wheelchair accessory, chin cup for chin control interface	-	X
Power wheelchair accessory, sip and puff interface, nonproportional	-	X
E2329 Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	X
E2330 Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	X
E2331 Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Χ
E2340 Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Χ
E2341 Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Χ
E2342 Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	Х
E2343 Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	Χ
E2351 Power wheelchair accessory, electronic interface to operate speech generating device	-	Χ
E2371 Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	Х
E2381 Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	X
2382 Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Х
Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	Х
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	Х
E2504 Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	_	X
2506 Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	_	X
E2508 Speech generating device, synthesized speech, requiring message formulation by spelling	_	X
2510 Speech generating device, synthesized speech, permitting multiple methods	_	X
2511 Speech generating software program, for personal computer or personal digital assistant	_	X
2512 Accessory for speech generating device, mounting system	_	X
E2513 Accessory for speech generating device, rectromyographic sensor	X	- X
E2599 Accessory for speech generating device, not otherwise classified	-	X
E2610 Powered w/c cushion	X	
E3000 Speech volume modulation system, any type, including all components and accessories	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 the control of the code of	ect information regarding	immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.	1	
E3200 Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and	X	-
accessories, prescription only		
E8000 Posterior gait trainer	X	-
E8001 Upright gait trainer	X	-
E8002 Anterior gait trainer	X	-
G0028 Doc med rsn no scr tob G0029 No tob scr/cess int	X	-
G0030 Pt scr tob & cess int	X	-
	X	-
G0031 Pall serv during meas	X	-
G0032 2+ antipsy schiz	X	-
G0033 2+ benzo seiz	X	-
G0034 Pall serv during meas	X	-
G0035 Pt ed pos 23	X	-
G0036 Pt/ptn decln assess	X	-
G0037 Pt not able to participate	X	-
G0038 Clin pt no ref	X	-
G0039 Pt no ref, rn spec	X	-
G0040 Pt phys/occ therapy	X	-
G0041 Pt/ptn decln referral	X	-
G0042 Ref to therapy	X	-
G0043 Pt mech pros ht valv	X	-
G0044 Pt mitral stenosis	X	-
G0045 Mrs 90 days post stk	X	-
G0046 No mrs 90 days post stk	X	-
90047 Ped blunt hd traum	X	-
G0048 Pall serv during meas	Х	-
G0049 Main hemo in-cntr	X	=
G0050 Pt w/ Imted life expec	Х	-
90051 Pt hospice mnth	Х	-
90052 Pt peri dialysis dur mo	Х	-
Adv rheum pt care mvp	Х	-
60054 Strk cr prev pos outcme mvp	Х	-
G0055 Adv care heart dx mvp	X	-
G0056 Opt chronic dx mang mvp	X	-
Best pct pt safety em mvp	Х	-
G0058 Imprv care le int repr mvp	Х	-
G0059 Pt sfty pos exp w aneth mvp	Х	-
G0060 Allergy/immunology ss	X	-
G0061 Anesthesiology ss	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.	<del></del>	
G0062 Audiology ss	X	-
G0063 Cardiology ss	X	-
G0064 Cert nurse midwife ss	X	-
G0065 Chiropractic ss	X	-
G0066 Clinical social work ss	X	-
G0067 Dentistry ss	X	-
G0068 Adm of infusion drug in home	-	X
G0069 Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	X
G0070 Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	Х
G0076 Care manag h vst new pt 20 m	X	
G0077 Care manag h vst new pt 20 m	X	-
G0078 Care manag h vst new pt 30 m	X	<u> </u>
G0079 Care manag h vst new pt 45 m	X	<u> </u>
G0080 Care manag h vst new pt 75 m	X	<u> </u>
G0080   Care man h v ext pt 20 mi	X	<u>-</u>
G0082 Care man h v ext pt 30 m	X	<u> </u>
G0082   Care man h v ext pt 45 m	X	<u> </u>
G0084 Care man h v ext pt 60 m	X	<u> </u>
G0085 Care man h v ext pt 75 m	X	<u>-</u>
G0086 Care man home care plan 30 m	X	
G0087 Care man home care plan 60 m	X	<u> </u>
G0088 Adm iv drug 1st home visit	-	X
G0089 Adm subq drug 1st home visit	-	X
G0090 Adm iv chemo 1st home visit	-	X
G0122 Colon ca scrn; barium enema	X	-
G0129 Partial hosp prog service		X*
30151 Hhcp-serv of pt,ea 15 min	-	X
G0152 Hhcp-serv of ot,ea 15 min	<del>-</del> -	X
30152   Hitch-selv of ot,ea 15 min	-	X
	-	X
G0155 Services of clinical social worker in home health or hospice settings, each 15 minutes G0157 Hhc pt assistant ea 15	-	X X*
G0158 Hhc ot assistant ea 15	-	X*
	-	
G0159 Hhc pt maint ea 15 min	-	X
G0160 Hhc occup therapy ea 15	-	X
G0219 Pet img wholebody melanoma nonco	X	-
G0235 Pet imaging, any site, not otherwise specified	X	-

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cclaimer: 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,
0238 Therapeutic procedures to improve respiratory function, other than described by g0237, one on one, face to face, per	1	
10236 The apeutic procedures to improve respiratory function, other than described by gozs7, one on one, race to race, per	-	X
0249 Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets		Х
med	-	^
Pet imaging, full and partial-ring pet scanners only, for initial diagnosis ofbreast cancer and/or surgical planning for	X	-
0255 Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	Х	-
0276 Pild/placebo control clin tr	-	X
0277 Hbot, full body chamber, 30m	-	Х
0282 Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281	X	-
0283 Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy	-	X*
0293 Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day	Х	-
0294 Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day	Х	-
0295 Electromagnetic stimulation, to one or more areas	Х	_
O302 Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services	X	-
0303 Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services	Х	
0304 Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services	X	_
0305 Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services	X	_
0310 Immunize counsel 5-15 min	X	_
0311 Immunize counsel 16-30 mins	X	_
0312 Immunize couns < 21yr 5-15 m	Х	-
0313 Immunize couns < 21yr 6-30 m	X	-
0314 Counsel immune <21 16-30 m	Х	-
0315 Counsel immune <21 5-15 m	X	
0330 Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	Х
O339 Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	Х
0340 Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	Х
0428 Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	Х	
0426 Molecular pathology procedure; physician interpretation and report	^	X
0452 Molecular pathology procedure, physician interpretation and report  0453 Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per	<del>                                     </del>	^
patient, (attention directed exclusively to one patient) each 15	-	X
0490 Home visit rn, lpn by rhc/fq	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 in		
	edications and should be directed to the Pharmacy link option within the website.		
	Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model	X	-
	Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	X	-
	Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model	X	-
	Management of a new patient with dementia, low complexity, for use in cmmi model	X	-
	Management of a new patient with dementia, moderate to high complexity, for use in cmmi model	X	-
G0524	Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model	Χ	-
G0525	Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model	Х	-
G0526	Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model	Х	-
G0527	Management of established patient with dementia, low complexity, for use in cmmi model	Х	-
G0528	Management of established patient with dementia, moderate to high complexity, for use in cmmi model	X	-
G0529	In-home respite care, 4-hour unit, for use in cmmi model	Х	-
G0530	Adult day center, 8-hour unit, for use in cmmi model	Х	-
	Facility-based respite, 24-hour unit, for use in cmmi model	Х	-
	Take-home supply of nasal nalmefene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of		
	the services by a medicare-enrolled opioid treatment program);( list separately in addition to each primary code)	X	-
G0563	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
G0566	13d bn img algor dryd fr mri	Х	-
	3d bn img algor drvd fr mri Pt mnth 1 mcp prov	X	-
G1025	Pt mnth 1 mcp prov	Х	
G1025 G1026	Pt mnth 1 mcp prov Pt hemo > 3mo	X	- - -
G1025 G1026 G1027	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo	X X X	-
G1025 G1026 G1027 G1028	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1	X X X X	
G1025 G1026 G1027 G1028 G2001	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m	X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002	Pt mnth 1 mcp prov Pt hemo > 3mo Pt hemo < 3mo Take home supply 8mg per 0.1 Post d/c h vst new pt 20 m Post-d/c h vst new pt 30 m	X X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m	X X X X X	- - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m	X X X X X X X	- - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m  Post-d/c h vst new pt 75 m	X X X X X X X X	- - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m  Post-d/c h vst new pt 75 m  Post-d/c h vst ext pt 20 m	X X X X X X X X X	- - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m  Post-d/c h vst new pt 75 m  Post-d/c h vst ext pt 20 m  Post-d/c h vst ext pt 20 m	X X X X X X X X X	- - - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m  Post-d/c h vst new pt 75 m  Post-d/c h vst ext pt 20 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 45 m	X X X X X X X X X X	- - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008 G2009	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 75 m  Post-d/c h vst ext pt 20 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 45 m  Post-d/c h vst ext pt 45 m  Post-d/c h vst ext pt 45 m  Post-d/c h vst ext pt 60 m	X X X X X X X X X X X	- - - - - - - - -
G1025 G1026 G1027 G1028 G2001 G2002 G2003 G2004 G2005 G2006 G2007 G2008 G2009 G2013	Pt mnth 1 mcp prov  Pt hemo > 3mo  Pt hemo < 3mo  Take home supply 8mg per 0.1  Post d/c h vst new pt 20 m  Post-d/c h vst new pt 30 m  Post-d/c h vst new pt 45 m  Post-d/c h vst new pt 60 m  Post-d/c h vst new pt 75 m  Post-d/c h vst ext pt 20 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 30 m  Post-d/c h vst ext pt 45 m	X X X X X X X X X 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 reflected to the Pharmacy link option within the website.	ect information regarding im	munizations, injectable drugs,
Second 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)	X	-
2081 Pt 66+ snp or ltc pos > 90d	X	-
S2082 Visit esketamine 56m or less	-	Χ
2083 Visit esketamine, > 56m	-	Χ
2090 Pt 66+ frailty and med dem	X	-
62091 Pt 66+ frailty and adv ill	X	-
2092 Ace arb arni	X	-
2093 Med doc rsn no ace arn arni	X	-
2094 Pt rsn no ace arn arni	X	=
2095 Sys rsn no ace arn arni	X	-
2096 No rsn ace arb arni	X	-
2097 Child dx uri 3d of other dx	X	=
2098 Pt 66+ frailty and med dem	X	-
2099 Pt 66+ frailty and adv ill	X	-
2100 Pt 66+ frailty and med dem	X	-
2101 Pt 66+ frailty and adv ill	X	-
2105 Pt 66+ It ints > 90	X	-
2106 Pt 66+ It ints > 90	X	-
2107 Pt 66+ frailty and adv ill	X	-
2108 Pt 66+ It ints > 90	X	=
2109 Pt 66+ frailty and med dem	X	-
2110 Pt 66+ frailty and adv ill	X	-
2112 Pred<=5 mg ra glu <6m	X	-
2113 Pred>5 mg >6m, no chg da	X	-
2115 Pt 66+ frailty and med dem	X	-
2116 Pt 66+ frailty and adv ill	X	-
2118 Pt 81+ frailty	Х	-
2121 Psy dep anx ap and icd asse	X	=
2122 Psy/dep/anx/apandicd noasse	X	-
2125 Pt 81+ frailty	X	-
2126 Pt 66+ frailty adv ill	X	-
2127 Pt 66+ frailty med dem	Х	-
2128 No aspirin med rsn	Х	-
2129 No bp outpt	X	-
2136 Bk pain vas 6-20wk = 3	Х	-
2137 Bk pain vas 6-20wk > 3	X	-
2138 Bk pain vas 9-15mo = 3	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 refle	ct information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
62139 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	-
S2143 Fs odi 9-15mo > 22	X	-
S2144 Fs odi 6-20wk postop > 22	X	-
G2145 Fsodi 6-20wk >22 or chg 30pt	X	-
G2146 Leg pain vas 9-15mo <= 3	X	-
2147 Leg pain vas 9-15mo > 3	X	-
S2148 Mpm used	X	-
2149 No mpm med rsn	X	-
2150 No mpm	X	-
2151 Dx degen neuro	X	-
i2152 Res change sc =0	Х	-
S2167 Res change sc < 0	Х	-
62168 Svs by pt in home health	-	X*
2169 Svs by ot in home health	-	Χ*
22172 All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment	.,	
services furnished for the demonstration project	X	-
22173 Uri w comorb 12m oth dx	Х	_
32174 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	
22177 Prondr w ix drings cod 22178 Pt not elig low neuro ex	X	
2179 Med doc rsn no low ex	X	<u>-</u>
i2179 Net doc isi no low ex i2180 Inelig footwr eval	X	<u> </u>
2181 Bmi not doc medrsn ptref	X	<u>-</u>
i2182 Pt 1st biolog antirheum	X	<u> </u>
2183 Doc pt unable comm	X	
i2184 No caregiver		-
	X	-
2185 Caregiver dem trained	X	-
2186 Pt ref app rsrcs	X	-
52187 Clin ind img hd trauma	X	-
22188 Pt 50 yrs w/clin ind hd	X	-
2189 Img hd abnml neuro exam	X	-
2190 Ind img hd rad neck	X	-
2191 Ind img hd pos hd ache	X	-
32192 >55 yrs temp hd ache	X	-

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	at 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	•	
	should be directed to the Pharmacy link option within the website.	mormation regarding	, minumizations, injectable drugs, or
G2193 <6yr new	onset hd ache	Х	-
G2194 New hdad		Х	-
G2195 Occip hda		X	-
G2196 Screen ur		Х	-
G2197 Screen hl		X	-
G2198 Med rsn r		X	-
G2199 Not scrn e		Х	-
G2200 Unhlthy e		X	-
G2201 Med rsn r		Х	-
G2202 No rsn no		Х	-
G2203 Med rsn r		X	-
G2204 Pt 50-85 v		Х	-
G2205 Preg drng		Х	-
G2206 Adjv trtmt		Х	-
G2207 Rsn no trt		Х	-
G2208 No trtmt o		X	-
G2209 Refused t		Х	-
G2210 No neck f		Х	-
G4000 Dermatolo		Х	-
G4001 Diagnosti		Х	-
G4002 Ep cardio		Х	-
G4003 Emergend		Х	-
G4004 Endocrino		Х	-
G4005 Family me	edicine ss	Х	-
G4006 Gastroent		Х	-
G4007 General s	urgery ss	Х	-
G4008 Geriatrics		Х	-
G4009 Hospitalis	ts ss	Х	-
G4010 Infectious	disease ss	Х	-
G4011 Internal m	edicine ss	Х	-
G4012 Intervention	onal rad ss	Х	-
G4013 Mentl/beh	av health ss	Х	-
G4014 Nephrolog	ly ss	Х	-
G4015 Neurology	'SS	Х	-
G4016 Neurosur		Х	-
G4017 Nutrition/o	lietician ss	X	-
G4018 Ob/gyn ss		Х	-
G4019 Oncology	hema ss	Х	-
G4020 Ophthalm		Х	

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	dications and should be directed to the Pharmacy link option within the website.	T v	
	Orthopedic surgery ss	X	-
	Otolaryngology ss	X	-
	Pathology ss	X	-
	Pediatric ss	X	-
	Physical medicine ss	Х	-
	Phys/occ therapy ss	Х	-
	Plastic surgery ss	Х	-
	Podiatry ss	X	<u> </u>
	Preventive medicine ss	X	-
	Pulmonology ss	X	-
	Radiation oncology ss	X	-
	Rheumatology ss	X	-
	Skilled nursing facility ss	X	-
34034	Speech language path ss	X	•
34035	Thoracic surgery ss	Х	-
34036	Urgent care ss	Х	-
G4037	Urology ss	Х	-
34038	Vascular surgery ss	Х	-
G8395	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	Х	-
38396	Left ventricular ejection fraction (lvef) not performed or documented	Х	-
	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera	Х	-
38404	Lower extremity neurological exam performed and documented	Х	-
	Lower extremity neurological exam not performed	X	-
	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	_
	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	_
	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	X	-
	Bmi < 30 and >= 22 was calculated and documented	X	
	Bmi not calculated	X	<del>-</del>
	Doc cur meds by prov	X	
	boo our mode by prov	_ ^	-

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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 ir edications and should be directed to the Pharmacy link option within the website.	nformation regarding in	mmunizations, injectable drugs,
	Documentation that patient is not eligible for medication assessment	Х	_
	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	^	-
30431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	X	-
	No documentation of clinical depression screening using an age appropriate standardized tool	Х	-
38433	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	Х	-
38450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	Х	-
G8451	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever	Х	-
8452	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	-
	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	-
G8475	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not	Х	-
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	Х	-
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-
38478	Blood pressure measurement not performed or documented, reason not specified	Х	=
	Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	=
	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	Х	-
	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	Х	-
8535	No documentation of an elder maltreatment screen, patient not eligible	Х	-
	No documentation of an elder maltreatment screen, reason not specified	Х	-
8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	Х	-
8540	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	Х	-
8542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	Х	-
8543	Documentation of a current functional outcome assessment using a standardized tool; no documentationof a care plan, reas	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	formation regarding	immunizations, injectable drugs, or
	edications and should be directed to the Pharmacy link option within the website.	•	
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	X	-
	Patient has a history of active drainage from the ear within the previous 90 days	Χ	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	Х	-
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	-
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	Х	-
	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	Х	-
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	Х	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	Х	-
G8569	Prolonged intubation (>24 hrs) required	Х	-
G8570	Prolonged intubation (>24 hrs) not required	Χ	-
	Developed postoperative renal failure or required dialysis	Χ	-
G8576	No postoperative renal failure/dialysis not required	X	-
	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-
	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-
G8598	Aspirin or another antithrombotic therapy used	Х	-
G8599	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	Χ	-
G8601	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	Х	-
G8602	lv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	Х	-
G8633	Pharm ther osteo rx	Χ	=
G8635	No pharm ther osteo rx	Χ	-
	Fun stat score knee >= 0	Х	-
	Fun stat score knee < 0	X	-
	Rafs crs ki no scor no surv	Х	-
	Fun stat score hip >= 0	Χ	-
	Fun stat score hip < 0	Χ	-
	Rafs crs hi no scor no surv	Х	-
G8655	Fun stat score le >= 0	Χ	-

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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	nformation regardin	ng immunizations, injectable drugs, or
pecialty medications and should be directed to the Pharmacy link option within the website.		T
G8656 Fun stat score le < 0	Х	-
G8658 Fun stat score le not done	Х	-
G8659 Fun stat score Is >= 0	X	-
G8660 Fun stat score Is < 0	X	-
G8661 Fun stat score Is pt no elg	X	-
S8662 Rafs crs lbi no scor no surv	Х	-
S8663 Fun stat score shdl >=0	X	-
G8664 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	-
88670 Rafs crs ewh no scor no surv	Х	-
S8694 Left ventricular ejection fraction (lvef) < 40%	Х	-
88708 Patient not prescribed or dispensed antibiotic	Х	-
88709 Patient prescribed or dispensed antibiotic for documented medical reason(s)	Х	_
88710 Patient prescribed or dispensed antibiotic	X	-
68711 Prescribed or dispensed antibiotic	X	_
68712 Antibiotic not prescribed or dispensed	X	_
Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	X	-
G8722 Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	Х	-
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	X	-
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	X	_
88735 Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	X	_
Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp		-
88752 Most recent systolic blood pressure < 140 mmhg	Х	_
88753 Most recent systolic blood pressure >= 140 mmhg	X	-
	X	-
8754 Most recent diastolic blood pressure < 90 mmhg	X	-
88755 Most recent diastolic blood pressure >= 90 mmhg		-
88756 No documentation of blood pressure measurement, reason not otherwise specified	X	-
88783 Blood pressure screening performed as recommended by the defined screening interval	Х	-
Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	Х	-
S8797 Specimen site other than anatomic location of esophagus	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 ir cations and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or
	pecimen site other than anatomic location of prostate	Х	
	erformance of transabdominal or transvaginal ultrasound	X	-
	ransabdominal or transvaginal ultrasound not performed for reasons documented by clinician	X	-
	erformance of transabdominal or transvaginal ultrasound not ordered, reason not specified	X	-
	tatin therapy not prescribed for documented reasons	X	-
	tatin medication prescribed at discharge	X	-
		X	-
	tatin therapy not prescribed at discharge, reason not specified		-
	atient discharge to home no later than postoperative day #7	X	-
	atient not discharged to home by postoperative day #7	X	-
	atient discharge to home no later than postoperative day #2 following evar	X	-
	atient not discharge to home by postoperative day #2 following evar	Х	-
	atient discharged to home no later than postoperative day #2 following cea	X	•
	atient not discharged to home by postoperative day #2	X	-
	leep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	X	-
	ocumentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient didn't have initial	X	_
da	aytime sleepiness, patient visits between initial testing and	Λ	_
G8841 S	leep apnea symptoms not assessed, reason not otherwise specified	X	1
G8842 A	pnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	Х	1
	ocumentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi)	Х	_
	t the time of initial diagnosis	Λ	<u>-</u>
	pnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason	Х	_
n	ot specified		_
	ositive airway pressure therapy prescribed	X	-
G8846 M	loderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or	Х	
gı	reater)	^	ı
G8849 D	ocumentation of reason(s) for not prescribing positive airway pressure therapy	X	-
	ositive airway pressure therapy not prescribed, reason not otherwise specified	Х	-
G8851 O	bjective measurement of adherence to positive airway pressure therapy, documented	Х	_
G8852 P	ositive airway pressure therapy prescribed	Х	-
	ocumentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	Х	-
	bjective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise		
	pecified	Х	-
	eferral to a physician for an otologic evaluation performed	Х	-
	atient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a		
	hysician for acute or chronic dizziness)	Х	-
	eferral to a physician for an otologic evaluation not performed, reason not specified	Х	_
	atients not assessed for risk of bone loss, reason not otherwise specified	X	_
	neumococcal vaccine administered or previously received	X	<u>-</u>

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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 pecialty medications and should be directed to the Pharmacy link option within the website.	information regarding i	mmunizations, injectable drugs, o
G8865 Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient		
allergic reaction, potential adverse drug reaction)	X	-
G8866 Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient		
refusal)	X	-
G8867 Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	
B8869 Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	X	
G8875 Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	X	
G8876 Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively		
book blockmentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	X	-
G8877 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	-
S8881 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	Х	-
Biopsy results not reviewed, communicated, tracked or documented	Х	-
B8907 Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the		
facility; wrong site/side/patient/procedure/implant event;	X	-
B8908 Patient documented to have received a burn prior to discharge	Х	-
68909 Patient documented not to have received a burn prior to discharge	Х	_
B8910 Patient documented to have experienced a fall within asc	X	-
B8911 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		
levent	X	-
B8913 Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong		
limplant event	X	-
Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	X	_
B8915 Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc		
1 allone december to the te have experienced a mospital transfer of mospital admission apon algorithm as	X	-
B8916 Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic initiated on time	V	
	X	-
B8917 Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic not initiated on time	х	
	^	<u>-</u>
68918 Patient without preoperative order for iv antibiotic surgical site infection ( ssi ) prophylaxis	Х	-
G8923 Left ventricular ejection fraction (Ivef) < 40% or documentation of moderately or severely depressed left ventricular	х	
systolic function	^	-

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	dications and should be directed to the Pharmacy link option within the website.		
38924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	X	-
:	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely depressed left ventricular systolic function	Х	1
8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	X	-
	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	Х	-
38937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	Х	-
	Elder maltreatment screen documented, patient not eligible for follow-up	Х	-
	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-
	Ajcc melanoma cancer stage 0 through iic melanoma	Χ	-
38946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	=
8952	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-
	Most recent assessment of adequacy of volume management	Х	_
	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Х	-
	Assessment of adequacy of volume management not documented, reason not given	Х	-
8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Х	-
8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	Х	-
	Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years	Х	-
8964	Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had poi wthin 2 years (e.g., symptomatic patient, patient grea	Х	-
	Warfarin or another oral anticoagulant that is fda approved prescribed	Х	-
8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	X	-
8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	Х	-
	No risk factors or one moderate risk factor for thromboembolism	Χ	-
	Mccd, initial rate	X	-
	Mccd,maintenance rate	X	-
	Mccd, risk adj hi, initial	X	-
	Mccd, risk adj lo, initial	X	-
	Mccd, risk adj, maintenance	X	_

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9006	Mccd, home monitoring	Х	-
	Mccd, sch team conf	Х	-
9008	Mccd,phys coor-care ovrsght	Х	-
	Coordinated care fee, risk adjusted maintenance, level 3	Х	-
9010	Coordinated care fee, risk adjusted maintenance, level 4	Х	-
9011	Coordinated care fee, risk adjusted maintenance , level 5	Х	-
9012	Other specified case mgmt	Х	-
9013	Esrd demo basic bundle level i	Х	-
9014	Esrd demo expanded bundle including venous access and related services	X	-
	Demo-smoking cessation coun	Х	-
9050	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	X	-
9051	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-
9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	Х	-
9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Х	-
	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	X	-
	Oncology; primary focus of visit; other, unspecified service not otherwise listed	X	-
	Oncology; practice guidelines; management adheres to guidelines	Х	_
	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-
9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	Х	-
9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	Х	-
9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	Х	-
	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-
	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	Х	-
9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	Х	-
9065	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	Х	-
	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	X	-
	Oncology; disease status; limited to small cell and combined small cell/non small cell	X	-
	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	Х	-

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X	Preauthorization Required number in the first state of the first state
X	nmunizations, injectable drugs, or
	-
Х	-
X	-
X	-
X	-
Х	-
X	-
Х	-
Х	-
Х	-
Х	-
Х	-
х	-
х	-
X	
Х	
Х	-
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X	
X	-
	-
	X X X X X X X X X X X X X X X X X X X

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	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in		•
	edications and should be directed to the Pharmacy link option within the website.	3	, , ,
G9099	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-
<b>39100</b>	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9101	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9102	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9103	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9104	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9105	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	Х	-
G9106	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma	Х	-
G9107	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis	Х	-
G9108	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	Х	-
G9109	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous	Х	-
	cell		
G9110	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	X	-
G9111	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-
G9112	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous	Х	-
C0112	Cell		
	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	X	<u> </u>
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	X	<del>-</del>
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv		-
	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	Х	-
9126 و	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	X	-
39128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl	Х	-
20120	μ	X	
	Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown		-
ונופכ	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	Χ	-
39132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	Х	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	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. Thes ecialty medications and should be directed to the Pharmacy link option within the website.	e codes are updated quarterly. Additionally, these coding lists do not reflect in	ormation regarding	immunizations, injectable drugs,
	plansification, store i ii at diamancia maturalamandu.	ı	
G9134 Oncology; disease status; non-hodgkin's lymphoma, any cellular	classification; stage i, ii at diagnosis, not relapsed, n	Х	-
Oncology; disease status; non-hodgkin's lymphoma, any cellular	classification; stage iii, iv, not relapsed, not refracto	Х	-
Oncology; disease status; non-hodgkin's lymphoma, transformed clas	from original cellular diagnosis to a second cellular	Х	-
G9137 Oncology; disease status; non-hodgkin's lymphoma, any cellular omedicar	classification; relapsed/refractory (for use in a	Х	-
G9138 Oncology; disease status; non-hodgkin's lymphoma, any cellular determin	classification; diagnostic evaluation, stage not	Х	-
Oncology; disease status; chronic myelogenous leukemia, limited posit		Х	-
Equal to or greater than 4 hours; weather or other conditions mus	t prevent transfer or the case falls into a category of	Х	-
99143 Wayfarin responsiveness testing by genetic technique using any	method, any number of specimen(s)	-	X
Outpatient intravenous insulin treatment (oivit) either pulsatile or 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		X	-
9150 National committee for quality assurance - level 3 medical home		X	-
9151 Mapcp demonstration - state provided services		X	-
9152 Mapcp demonstration - community health teams		Х	-
9153 Mapcp demonstration - physician incentive pool		X	-
9157 Transesophageal doppler used for cardiac monitoring		Х	-
9187 Bpci home visit		Х	_
9188 Beta not given no reason		Х	-
9189 Beta pres or already taking		Х	_
9190 Medical reason for no beta		Х	-
9191 Pt reason for no beta		Х	-
9192 System reason for no beta		Х	-
9196 Med reason for no ceph		Х	-
9197 Order for ceph		Х	-
9198 No order for ceph no reason		Х	-
9212 Doc of dsm-iv init eval		X	-
9213 No doc of dsm-iv		X	_
9223 Pjp proph ordered cd4 low		X	-
9225 Norsn no foot exam		X	-
9226 3 comp foot exam completed		X	-
9227 Docrsn no care plan		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, the	nese coding lists do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
9228 Gc chl syp documented	X	-
9229 Ptrsn no gc chl syp test	X	-
9230 Norsn for gc chl syp test	X	-
9231 Doc esrd dia trans preg	X	-
9242 Doc viral load >=200	X	-
9243 Doc viral load <200	X	-
9246 No med visit in 24mo	X	-
9247 1 med visit in 24mo	X	-
9250 Doc of pain comfort 48hr	X	-
9251 Doc no pain comfort 48hr	X	-
9254 Doc pt dischg >2d	X	-
9255 Doc pt dischg <=2d	Х	-
9273 Sys<140 and dia<90	X	-
9274 Bp out of nrml limits	X	-
9275 Doc of non tobacco user	X	-
9276 Doc of tobacco user	X	-
9277 Doc daily aspirin or contra	X	-
9278 Doc no daily aspirin	X	-
9279 Pne scrn done doc vac done	X	-
9280 Pne not given norsn	X	-
9281 Pne scrn done doc not ind	X	-
9282 Doc medrsn no histo type	X	-
9283 Hist type doc on report	X	-
9284 No hist type doc on report	Х	-
9285 Site not small cell lung ca	Х	-
9286 Doc antibio order w in 7d	Х	_
9287 No doc antibio order w in 7d	Х	-
9288 Doc medrsn no hist type rpt	X	-
9289 Doc type nsm lung ca	Х	-
9290 No doc type nsm lung ca	X	-
9291 Not nsm lung ca	X	-
9292 Medrsn no pt category	X	-
9293 No pt category on report	X	-
9294 Pt cat and thick on report	X	_
9295 Non cutaneous loc	X	
9296 Doc share dec prior proc	X	
9297 No doc share dec prior proc	X	<u> </u>
9298 Eval risk vte card 30d prior	X	<u> </u>
9299 No eval risk vte card prior	X	<u> </u>

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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. A	additionally, these coding lists do not reflect information regarding	g immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
G9305 No interv req for leak	X	ı
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	-
G9314 Norsn not first line amox	X	-
G9315 Doc first line amox	X	•
G9316 Doc comm risk calc	X	•
S9317 No doc comm risk calc	X	•
G9318 Image std nomenclature	X	-
G9319 Image not std nomenclature	X	-
99321 Doc count of ct in 12mo	X	-
99322 No doc count of ct in 12mo	X	-
Sign System Syst	X	-
S9342 No srch for ct in 12mo norsn	X	-
Sysrsn no dicom srch	X	-
99345 Follow up pulm nod	X	=
99347 No follow up pulm nod norsn	X	-
39351 Doc >1 sinus ct w 90d dx	X	=
9352 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	-
G9355 No early ind/delivery	X	-
9356 Early ind/delivery	X	-
G9357 Pp eval/edu perf	X	-
G9358 Pp eval/edu not perf	X	-
G9359 Neg mgd pos tb notact	X	1
G9360 No doc of neg or man pos tb	X	-
G9361 Medical indication for elective delivery or early induction	X	-
69364 Sinus caus bac inx	X	-
G9367 2high risk med ord	X	-
G9368 2high risk no ord	X	-
G9380 Off assis eol iss	X	_
G9382 No off assis eol	X	
99383 Recd scrn hcv infec	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	<u>.                                      </u>	•
	edications and should be directed to the Pharmacy link option within the website.		·
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	Х	-
G9409	No card tamp e/in 30d	Х	-
G9410	Admit w/in 180d req remov	Х	-
G9411	No admit w/in 180d req remov	Х	-
G9412	Admit w/in 180d req surg rev	Х	-
G9413	No admit req surg rev	Х	-
G9414	1dose menig vac btwn 11 & 13	Х	-
G9415	No 1dose meni vac btwn 11&13	Х	-
G9416	Tdap or td or 1tet/dipth	Х	-
G9417	No tdap or td or 1tet/dipth	Х	-
G9418	Lungcx bx rpt docs class	Х	-
G9419	Med reas no rpt histo type	Х	-
G9420	Spec site no lung	Х	-
G9421	Lung cx bx rpt no doc class	Х	-
G9422	Rpt doc class histo type	Х	-
G9423	Med reas rpt no histo type	Х	-
G9424	Site no lung or lung cx	Х	-
G9425	Spec rpt no doc class histo	Х	-
G9426	Impr med time edarr pain med	Х	-
G9427	No impro med time pain med	Х	-
G9428	Rpt pt cat and pt1	X	-
G9429	Doc med reas no pt cat	Х	-
G9430	Spec site no cutaneous	X	-
G9431	No pt cat and pt1	Х	-
	Asth controlled	Х	-
G9434	Asth not controlled	Х	-
G9451	1x scrn hcv infect	Х	-
G9452	Doc med reas no scrn hcv	Х	-
G9453	Pt reas no hcv infect	Х	-
G9454	No hcv infect srn	Х	-
G9455	Abd imag w/us, ct or mri	Х	-
G9456	Doc med pt reas no hcc scrn	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 the control of the	ect information regarding i	mmunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
G9457 No abd imag w/o reason	X	-
G9468 No recd cortico>=10mg/d >60d	X	-
G9470 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	-
Services performed by dietary counselor in the hospice setting, each 15 minutes	X	-
G9475 Services performed by other counselor in the hospice setting, each 15 minutes	X	-
G9476 Services performed by volunteer in the hospice setting, each 15 minutes	X	-
G9477 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	X	-
S9479 Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-
9480 Admission to medicare care choice model program (mccm)	Х	-
99481 Remote e/m new pt 10mins	Х	-
S9482 Remote e/m new pt 20mins	Х	-
Remote e/m new pt 30mins	X	-
S9484 Remote e/m new pt 45mins	Х	=
G9485 Remote e/m new pt 60mins	Х	-
G9486 Remote e/m est. pt 10mins	Х	-
G9487 Remote e/m est. pt 15mins	X	-
G9488 Remote e/m est. pt 25mins	X	-
G9489 Remote e/m est. pt 40mins	X	_
G9490 Joint replac mod home visit	X	
G9497 Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	
99498 Antibiotic regimen prescribed	X	
G9500 Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using		
fluoroscopy, documented	X	-
99501 Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for	<del>-    </del>	
procedure using fluoroscopy, reason not given	X	-
	X	
Med reas no perf foot exam		-
99504 Doc reas no hbv status	X	-
Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	X	-
Biologic immune response modifier prescribed	X	-
99507 Doc reas on statin or contra	X	-
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	-
G9510 Remis12m not phq-9 score <5	X	-
G9511 Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	X	-
G9512 Individual had a pdc of 0.8 or greater	X	-
G9513 Individual did not have a pdc of 0.8 or greater	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.	V	
	Patient required a return to the operating room within 90 days of surgery	X	
	Patient did not require a return to the operating room within 90 days of surgery		-
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Х	-
	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Х	-
	Documentation of active injection drug use	X	-
9519	Final ref +/- 1.0 w/in 90d	X	-
9520	Refract not +/- 1.0 w/in 90d	X	-
9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Х	-
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	-
	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	X	-
9530	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	X	-
	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	Х	_
9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	Х	-
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	Х	-
	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	X	_
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	X	-
9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted	Х	-

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9580	Door to puncture time of less than 2 hours	Χ	-
	Door to puncture time of greater than 2 hours, no reason given	Х	-
	Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules	Х	-
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	-
	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	-
	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	-
9604	Patient survey results not available	Χ	-
9605	Patient survey score did not improve from baseline following treatment	Х	-
9606	Intraoperative cystoscopy performed to evaluate for lower tract injury	Χ	-
9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-
9608	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-
	Documentation of an order for anti-platelet agents or p2y12 antagonists	Х	-
	Doc md rsn no antipla/p2y12	Х	=
	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Χ	-
	Photodocumentation of one or more cecal landmarks to establish a complete examination	Х	=
	Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)	Х	=
	No photodocumentation of cecal landmarks to establish a complete examination	Χ	-
9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Х	-
	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	-
9624	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-
	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Х	_

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cclaimer: 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.		
9626 Pt not elig	X	-
9627 Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
9628 Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
9629 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	-
9632 Pt not elig	X	-
9633 Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery	X	-
9637 Doc >1 dose reduc tech	X	-
9638 No doc >1 dose reduc tech	Х	-
9642 Current cigarette smokers	X	-
9643 Elective surgery	Х	-
9644 Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Х	-
9645 Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Х	-
9646 Patients with 90 day mrs score of 0 to 2	Х	-
9648 Patients with 90 day mrs score greater than 2	Х	-
9649 Psori tool doc w/benchmk	Х	-
9651 Psori tool doc/no bnchmk met	Х	-
9654 Monitored anesthesia care (mac)	Х	-
9655 A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Х	-
9656 Patient transferred directly from anesthetizing location to pacu	Х	-
9658 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	Х	-
9660 Doc med rsn scope pt >85y	Х	-
9661 >85y scope othr rsn	Х	-
9662 Previously diagnosed or have an active diagnosis of clinical ascvd	Х	-
9663 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	-
19666 The highest fasting or direct IdI-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to	\	
the beginning of the measurement period	'  X	-
9674 Patients with clinical ascvd diagnosis	Х	_
9675 Patients who have ever had a fasting or direct laboratory result of IdI-c = 190 mg/dl	X	-
9676 40-75y w/type 1/2 w/ldl-c rs	X	_
9679 Acute care pneumonia	X	_
9680 Acute care congestive heart	X	<u> </u>
9681 Acute care chronic obstruct	X	
9682 Acute care skin infection	X	-

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G9683 Acute care fluid or electrol	X	
G9684 Acute care urinary tract inf	X	_
G9685 Acute nursing facility care	X	_
G9687 Hospice anytime msmt per	X	_
G9688 Pt w/hosp anytime msmt per	X	_
G9689 Inpt elect carotid intervent	X	-
G9690 Pt rec hospice dur msmt per	X	-
G9691 Pt hosp dur msmt period	X	-
G9692 Hosp recd by pt dur msmt per	X	-
G9693 Pt use hosp during msmt per	X	-
G9694 Hosp srv used pt in msmt per	X	-
G9695 Long act inhal bronchdil pre	X	_
G9696 Med rsn no presc bronchdil	X	-
G9697 Pt rsn no presc bronchdil	X	_
G9698 Sys rsn no presc bronchdil	X	_
G9699 Long inhal bronchdil no pres	X	_
G9700 Pt is w/hosp during msmt per	X	_
99702 Pt use hosp during memt per	X	_
G9703 Child anbx 30 prior dx phary	X	_
69704 Ajcc br ca stg i: t1 mic/t1a	X	-
G9705 Ajcc br ca stg ib	X	-
G9706 Low recur prost ca	X	-
G9708 Bilat mast/hx bi /unilat mas	X	-
G9709 Hosp srv used pt in msmt per	X	-
G9710 Pt prov hosp srv msmt per	X	_
G9711 Pt hx tot col or colon ca	X	-
69712 Doc med rsn presc anbx	X	-
69713 Pt use hosp during msmt per	X	-
69714 Pt is w/hosp during msmt per	X	-
69715 Pt w/hosp anytime msmt per	X	-
69716 Bmi not norm, no follow, doc	X	_
G9717 Doc dx depr/dx bipol, no scr	X	-
99718 Hospice anytime msmt per	X	-
G9719 Pt not ambul/immob/wc	X	_
G9720 Hospice anytime msmt per	X	-
G9721 Pt not ambul/immob/wc	X	-
G9722 Doc hx renal fail or cr+ >4	X	_
G9723 Hosp recd by pt dur msmt per	X	-
G9724 Pt w/doc use anticoag mst yr	X	-

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Not Covered	Preauthorization Required
ling lists do not reflect information regarding	•
X	-
X	-
X	1
X	-
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11	X X X X X X X X X X X X X X X X X X X

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ner: 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 reflex medications and should be directed to the Pharmacy link option within the website.  75 Recd 2 anti-emet pre/intraop  76 Doc med rsn no proph antiem  77 Pt no antiemet pre/intraop  78 Pts dx w/pregn  79 Pts breastfeeding  80 Pts dx w/rhabdomyolysis  81 Doc rsn no statin  82 Hx dx fam/pure hypercholes  83 Path/derm 2nd opin bx  84 Path report sent  85 Path report not sent  86 Pt alive lst day msmt yr  87 Recd 2 anti-emet pre/intraop  88 Most rct bp = 140/90</th <th>x X X X X X X X X X X X X X X X X X X X</th> <th>- - - - - - - - - - - -</th>	x X X X X X X X X X X X X X X X X X X X	- - - - - - - - - - - -
75 Recd 2 anti-emet pre/intraop 76 Doc med rsn no proph antiem 77 Pt no antiemet pre/intraop 78 Pts dx w/pregn 79 Pts breastfeeding 80 Pts dx w/rhabdomyolysis 81 Doc rsn no statin 82 Hx dx fam/pure hypercholes 84 Path/derm 2nd opin bx 85 Path report sent 86 Path report not sent 87 Pt alive lst day msmt yr 88 Most rct bp = 140/90</td <td>X X X X X X X X X X X</td> <td>- - - - - - - - - - -</td>	X X X X X X X X X X X	- - - - - - - - - - -
76 Doc med rsn no proph antiem 77 Pt no antiemet pre/intraop 78 Pts dx w/pregn 79 Pts breastfeeding 80 Pts dx w/rhabdomyolysis 81 Doc rsn no statin 82 Hx dx fam/pure hypercholes 84 Path/derm 2nd opin bx 85 Path report sent 86 Path report not sent 87 Pt alive lst day msmt yr 88 Most rct bp = 140/90</td <td>X X X X X X X X X X X</td> <td>- - - - - - - - - - -</td>	X X X X X X X X X X X	- - - - - - - - - - -
77 Pt no antiemet pre/intraop 78 Pts dx w/pregn 79 Pts breastfeeding 80 Pts dx w/rhabdomyolysis 81 Doc rsn no statin 82 Hx dx fam/pure hypercholes 84 Path/derm 2nd opin bx 85 Path report sent 86 Path report not sent 87 Pt alive lst day msmt yr 88 Most rct bp = 140/90</td <td>X X X X X X X X X X</td> <td>- - - - - - - - -</td>	X X X X X X X X X X	- - - - - - - - -
78 Pts dx w/pregn 79 Pts breastfeeding 80 Pts dx w/rhabdomyolysis 81 Doc rsn no statin 82 Hx dx fam/pure hypercholes 84 Path/derm 2nd opin bx 85 Path report sent 86 Path report not sent 87 Pt alive lst day msmt yr 88 Most rct bp = 140/90</td <td>X X X X X X X X X</td> <td>- - - - - - - -</td>	X X X X X X X X X	- - - - - - - -
Pts breastfeeding Dec rsn no statin Dec rsn no statin Hx dx fam/pure hypercholes Path/derm 2nd opin bx Path report sent Path report not sent Path report not sent Not report not sent Not ret bp  Nost rct bp	X X X X X X X X X	- - - - - - - -
Pts dx w/rhabdomyolysis Doc rsn no statin  Hx dx fam/pure hypercholes Path/derm 2nd opin bx  Path report sent Path report not sent Path report not sent Not ret bp = 140/90</td <td>X X X X X X X X</td> <td>- - - - - - -</td>	X X X X X X X X	- - - - - - -
Doc rsn no statin  Hx dx fam/pure hypercholes  Hx dx fam/pure hypercholes  Hypercho	X X X X X X X	- - - - - -
Hx dx fam/pure hypercholes Hx dx fam/pure hyperc	X X X X X X	- - - - -
Path/derm 2nd opin bx Path report sent Path report not sent Path report not sent Path report not sent Nost ret bp = 140/90</td <td>X X X X X</td> <td>- - - -</td>	X X X X X	- - - -
Path report sent Path report not sent Path report not sent Nost ret bp = 140/90</td <td>X X X X</td> <td>- - - -</td>	X X X X	- - - -
Path report not sent Pt alive lst day msmt yr Nost rct bp = 140/90</td <td>X X X</td> <td>-</td>	X X X	-
Pt alive lst day msmt yr  Nost rct bp = 140/90</td <td>X X X</td> <td>-</td>	X X X	-
38 Most rct bp = 140/90</td <td>X</td> <td>-</td>	X	-
	Х	
O December in an ample of		
Record bp ip, er, urg/self		-
90 Most rct bp >/= 140/90		-
Most rct tob stat free	X	-
Most rct tob stat not free	X	-
93 Pt on daily asa/antiplat	X	-
04 Doc med rsn no asa/antiplat	X	-
95 Pt no daily asa/antiplat	X	-
Pt not currently on statin	X	-
Pt currently on statin	X	-
05 Pt w/hosp anytime msmt per	X	-
06 Pt recd cerv cyto/hpv	Х	-
7 Pt no recd cerv cyto/hpv	X	-
08 Pt no asthm cont med mst per	Х	-
9 Pt w/hosp anytime msmt per	Х	-
0 Pdc 75% w/asth cont med	X	-
1 No pdc 75% w/asth cont med	X	-
2 Pt died during inpt/30d aft	X	-
3 Pt not died w/in 30d of proc	Х	-
8 Doc sex activity	X	-
9 Pt w/hosp anytime msmt per	X	-
20 Doc chlam scr test w/follow	X	-
21 No doc chlam scr ts w/follow	X	-
22 Endo abl proc yr prev ind dt	X	-
23 Endo smpl/hyst bx res doc	X	-
24 Endo smpl/hyst bx res no doc	X	-
30 Her-2 pos	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.		
G9831 Ajcc stg brt ca dx ii or iii	X	
G9832 Brt ca dx i, no t1/t1a/t1b	Х	-
G9838 Pt met dis at dx	X	-
G9839 Anti-egfr mon anti ther	X	=
G9840 Kras tst bfr beg anti moab	X	-
G9841 No kras tst bfr beg ant moab	X	-
G9842 Pt met dis at dx	Х	-
G9843 Kras gene mut	Х	-
99844 Pt no recd anti-egfr ther	Х	-
99845 Pt recd anti-egfr ther	Х	-
99846 Pt died from cancer	X	-
99847 Pt recd chemo last 14d life	Х	-
99848 Pt no chemo last 14d life	Х	-
9852 Pt died from cancer	X	-
G9853 Icu stay last 30d life	Х	-
99854 No icu stay last 30d life	X	-
G9858 Pt enroll hospice	X	-
G9859 Pt died from cancer	Х	-
G9860 Pt less 3d hospice	Х	-
G9861 Pt more than 3d hospice	Х	-
G9862 Doc rsn no 10 yr follow	Х	-
G9868 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for us	e v	
under the next generation aco model, less than 10 minutes	~   X	-
G9869 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for us	е	
under the next generation aco model, 10-20 minutes	~   X	-
G9870 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for us	e	
under the next generation aco model, 20 or more minutes	~   X	-
G9873 1 em core session	Х	
G9874 4 em core sessions	X	
G9875 9 em core sessions	X	-
G9876 2 em core ms mo 7-9 no wl	X	-
G9877 2 em core ms mo 10-12 no wl	X	-
G9878 2 em core ms mo 7-9 wl	X	-
G9879 2 em core ms mo 10-12 wl	X	_
G9880 Em 5 percent wl	X	<u> </u>
G9881 Em 9 percent wi	X	<u> </u>
G9882 2 em ongoing ms mo 13-15 wl	X	<u> </u>
99883 2 em ongoing ms mo 16-18 wl	X	<u> </u>
G9884 2 em ongoing ms mo 19-21 wl	X	-

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specialty medications and should be directed to the Pharmacy link option within the website.		
G9885 2 em ongoing ms mo 22-24 wl	X	-
G9890 Em bridge payment	X	-
G9891 Em session reporting	X	-
G9894 Adr dep thrpy prescribed	X	-
G9895 Doc med rsn no adr dep thrpy	X	-
G9896 Doc pt rsn no adr dep thrpy	X	-
G9897 Pt nt prsc adr dep thrpy rng	X	-
G9898 Pt 66+ snp or ltc pos	X	-
G9899 Scrn mam perf rslts doc	X	-
G9900 Scrn mam perf rslts not doc	X	-
G9901 Pt 66+ snp or ltc pos	X	-
G9902 Pt scrn tbco and id as user	X	-
G9903 Pt scrn tbco id as non user	X	-
G9904 Doc med rsn no tbco scrn	X	-
G9905 No pt tbco scrn rng	X	-
G9906 Pt recv tbco cess interv	X	-
G9907 Doc med rsn no tbco interv	X	-
G9908 No pt tbco cess interv rng	X	-
G9909 Doc med rsn no tbco interv	X	-
G9910 Pt 66+ snp or ltc pos	X	-
G9911 Node neg pre/post syst ther	Х	-
G9912 Hbv status assesed and int	Х	-
G9913 No hby status assesd and int	X	-
G9914 Pt receiving anti-tnf agent	Х	-
G9915 No documntd hbv results rcd	X	-
G9916 Funct status past 12 months	Х	-
G9917 Adv dem crgvr limited	X	-
G9918 No funct stat perf, rsn nos	X	-
G9922 Sfty cncrns scrn nd mit recs	X	-
G9923 Safty cncrns scrn 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	-
G9928 No warf or fda drug presc	X	-
G9929 Trs/rev af	X	-
G9930 Com care	X	-
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	Х	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	T	
G9939 Same path/derm perf biopsy	X	-
G9940 Doc reas no statin therapy	X	-
G9942 Adtl spine proc on same date	X	-
G9943 Bk pn nt msr vas scl pre/pst	X	-
G9945 Pt w/cancer scoliosis	X	-
G9946 Bk pain no vas	X	-
G9948 Adtl spine proc on same date	X	-
G9949 Leg pain no vas	X	-
G9954 Pt >2 rsk fac post-op vomit	X	-
G9955 InhInt anesth only for induc	X	-
G9956 Combo thrpy of >= 2 prophly	X	-
G9957 Doc med rsn no combo thrpy	X	-
G9958 No combo prohpyl thrp for pt	X	-
G9959 Systemic antimicro not presc	X	-
G9960 Med rsn sys antimi nt rx	X	-
S9961 Systemic antimicro presc	X	-
99962 Embolization doc separatly	X	-
99963 Embolization not doc separat	X	-
99964 Pt recv >=1 well-chld visit	X	-
99965 No well-chld vist recv by pt	X	-
99968 Pt refrd 2 pvdr/spclst in pp	X	-
99969 Pvdr rfrd pt rprt rcvd	X	-
99970 Pvdr rfrd pt no rprt rcvd	X	-
99976 Doc pat rsn no mac exm perf	X	-
99977 Dil mac exam no perf rsn nos	X	-
S9978 Remote e/m new pt 10 mins	Х	-
S9979 Remote e/m new pt 20 mins	X	-
S9980 Remote e/m new pt 30 mins	X	-
Remote e/m new pt 45 mins	Х	-
Remote e/m new pt 60 mins	X	-
Remote e/m est. pt 10 mins	Х	-
G9984 Remote e/m est. pt 15 mins	X	-
G9985 Remote e/m est. pt 25 mins	X	-
G9986 Remote e/m est. pt 40 mins	X	-
G9987 Bpci advanced in home visit	X	-
G9988 Pall serv during meas	X	-
G9989 Med rsn no pneum vax	X	-
G9992 Pall serv during meas	X	_
G9993 Pall serv during meas	X	_

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pecialty medications and should be directed to the Pharmacy link option within the website.	1 2	
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	Х	-
H0003 Alcohol and/or drug screenin	X	-
H0004 Alcohol and/or drug services	X	-
10005 Alcohol and/or drug services	X	-
10006 Alcohol and/or drug services	X	-
10007 Alcohol and/or drug services	X	-
10008 Alcohol and/or drug services	X	-
10009 Alcohol and/or drug services	X	-
10010 Alcohol and/or drug services	X	-
10011 Alcohol and/or drug services	X	-
10012 Alcohol and/or drug services	X	-
10013 Alcohol and/or drug services	X	-
10014 Alcohol and/or drug services	X	-
10015 Alcohol and/or drug services	X	-
10016 Alcohol and/or drug services	X	-
10017 Alcohol and/or drug services	X	-
10018 Alcohol and/or drug services	X	-
10019 Alcohol and/or drug services	X	-
10020 Alcohol and/or drug services	Х	-
10021 Alcohol and/or drug training	X	-
10022 Alcohol and/or drug interven	X	-
10023 Alcohol and/or drug outreach	Х	-
10024 Alcohol and/or drug preventi	X	-
10025 Alcohol and/or drug preventi	Х	-
10026 Alcohol and/or drug preventi	X	-
10027 Alcohol and/or drug preventi	X	-
10028 Alcohol and/or drug preventi	X	-
H0029 Alcohol and/or drug preventi	X	-
10030 Alcohol and/or drug hotline	X	_
H0031 Mental health assessment, by non-physician	X	_
10032 Mental health service plan development by non-physician	X	-
10033 Oral medication administration, direct observation	X	_

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specialty medications and should be directed to the Pharmacy link option within the website.	oding lists do not relied illionnation regarding	mmunizations, injectable drugs, or
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	Х	-
H0038 Self-help/peer services, per 15 minutes	Х	-
H0039 Assertive community treatment, face-to-face, per 15 minutes	X	-
H0040 Assertive community treatment program, per diem	Х	-
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	X	-
H2011 Crisis intervention service, per 15 minutes	X	-
H2012 Behavioral health day treatment, per hour	X	-
H2013 Psychiatric health facility service, per diem	X	-
H2014 Skills training and development, per 15 minutes	X	-
H2015 Comprehensive community support services, per 15 minutes	X	-
H2016 Comprehensive community support services, per diem	X	-
H2017 Psychosocial rehabilitation services, per 15 minutes	X	-
H2018 Psychosocial rehabilitation services, per diem	X	-

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H2019 Therapeutic behavioral services, per 15 minutes	X	-
H2020 Therapeutic behavioral services, per diem	X	
H2021 Community-based wrap-around services, per 15 minutes	Х	-
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	X	ı
H2028 Sexual offender treatment service, per 15 minutes	Х	-
H2029 Sexual offender treatment service, per diem	X	-
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	Х	-
12034 Alcohol and/or drug abuse halfway house services, per diem	Х	-
H2035 Alcohol and/or other drug treatment program, per hour	Х	-
H2036 Alcohol and/or other drug treatment program, per diem	Х	-
H2037 Developmental delay prevention activities, dependent child of client, per 15 minutes	X	-
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	-	Х
K0010 Stnd wt frame power whichr	_	X
K0011 Stnd wt pwr whichr w control	_	X
K0012 Ltwt portbl power whichr	_	X
K0108 W/c component-accessory nos	_	X
K0553 Ther cgm supply allowance	_	X
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	-	
10 140   Repair of Horifodurie service for oxygen equipment requiring the skill of a technician, labor component, per 13 minutes	Х	- I
K0800 Pov group 1 std up to 300 lbs	-	X
(0801 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
K0807 Pov group 2 hd 301-450 lbs	-	X
(0808 Pov group 2 vhd 451-600 lbs	-	X
K0812 Power operated vehicle noc	_	X

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	1	X
0813 Pwc gp 1 std port seat/back	-	^ X
0814 Pwc gp 1 std port cap chair		
0815 Pwc gp 1 std seat/back		X
0816 Pwc gp 1 std cap chair		X
0820 Pwc gp 2 std port seat/back	-	X
0821 Pwc gp 2 std port cap chair	-	X
0822 Pwc gp 2 std seat/back	-	X
0823 Pwc gp 2 std cap chair	-	X
0824 Pwc gp 2 hd seat/back	-	X
0825 Pwc gp 2 hd cap chair	-	X
0826 Pwc gp2 vhd seat/back	-	X
0827 Pwc gp 2 vhd cap chair	-	Χ
0828 Pwc gp 2 xtra hd seat/back	-	Χ
0829 Pwc gp 2 xtra hd cap chair	-	Χ
0830 Pwc gp2 std seat elevate s/b	-	X
0831 Pwc gp2 std seat elevate cap	-	Х
0835 Pwc gp2 std sing pow opt s/b	-	Χ
0836 Pwc gp2 std sing pow opt cap	-	Χ
0837 Pwc gp 2 hd sing pow opt s/b	-	Χ
0838 Pwc gp 2 hd sing pow opt cap	-	Χ
0839 Pwc gp2 vhd sing pow opt s/b	-	X
0840 Pwc gp2 xhd sing pow opt s/b	-	X
0841 Pwc gp2 std mult pow opt s/b	-	Х
0842 Pwc gp2 std mult pow opt cap	-	Х
0843 Pwc gp2 hd mult pow opt s/b	-	Х
0848 Pwc gp 3 std seat/back	-	Х
0849 Pwc gp 3 std cap chair	-	Х
0850 Pwc gp 3 hd seat/back	-	X
0851 Pwc gp 3 hd cap chair	-	Х
0852 Pwc gp 3 vhd seat/back	-	Х
0853 Pwc gp 3 vhd cap chair	-	Х
0854 Pwc gp 3 xhd seat/back	-	X
0855 Pwc gp 3 xhd cap chair	-	X
0856 Pwc gp3 std sing pow opt s/b	_	X
0857 Pwc gp3 std sing pow opt cap	_	X
0858 Pwc gp3 hd sing pow opt s/b	_	X
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

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ecialty medications and should be directed to the Pharmacy link option within the website.	1	
(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
10869 Pwc gp 4 std cap chair	-	X
0870 Pwc gp 4 hd seat/back	-	X
0871 Pwc gp 4 vhd seat/back	-	X
0877 Pwc gp4 std sing pow opt s/b	-	X
0878 Pwc gp4 std sing pow opt cap	-	X
10879 Pwc gp4 hd sing pow opt s/b	-	Χ
0880 Pwc gp4 vhd sing pow opt s/b	-	X
0884 Pwc gp4 std mult pow opt s/b	-	X
0885 Pwc gp4 std mult pow opt cap	-	X
0886 Pwc gp4 hd mult pow s/b	-	X
10890 Pwc gp5 ped sing pow opt s/b	-	X
0891 Pwc gp5 ped mult pow opt s/b	-	X
0898 Power wheelchair noc	-	X
0900 Cstm dme other than wheelchr	-	X
1001 Electronic posa treatment	Х	-
1002 Ces system w/supplies access	Х	-
1003 Whirlpool tub walkin portabl	Х	-
1004 Lo freq us diathermy device	Х	-
1005 Disp col sto bag breast milk	Х	-
1007 Bil hkaf pc s/d micro sensor	-	X
1009 Speech volume modulation sys	Х	-
1018 External upper limb tremor stimulator of the peripheral nerves of the wrist	_	Х
1020 Non-invasive vagus nerve stimulator	_	Х
1022 Endoskel posit rotat unit	-	Х
1024 Non pneum comp control cal	_	Х
1025 Non pneum compress full arm	_	Х
1026 Mech allergen parti barrier	Х	-
1027 Oral dev without fix mech	_	Х
1028 Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the		
tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application	X	-
(1029 Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power	.†	
source and control electronics unit, controlled by phone application, 90-day supply	X	-
(1030 External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator,		
replacement only	X	-
(1031 Non-pneumatic compression controller without calibrated gradient pressure	_	X

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	edications and should be directed to the Pharmacy link option within the website.		
	Non-pneumatic sequential compression garment, full leg	-	X
	Non-pneumatic sequential compression garment, half leg	-	Χ
	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	-
	Tlso, triplanar control, one piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
_0482	Tlso, triplanar control, one piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte	-	Х
.0484	Tlso, triplanar control, two piece rigid plastic shell without interface liner, with multiple straps and closures, poster	-	Х
0486	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	-	Χ
	Ctlso a-p-l control w/ inter	-	Χ
	Halo cervical into jckt vest	-	Χ
	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	-	Χ
	Protective body sock each	Х	-
	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	-	Χ
1300	Body jacket mold to patient	-	Х
	Post-operative body jacket	-	Х
1499	Spinal orthosis nos	-	Χ
1681	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	-	X
	customized to fit a specific patient by an individual with expertise		
1690	Combination bilateral ho	-	Х
1844	Ko w/adj jt rot cntrl molded	-	Χ
	Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type,	-	Х
2006	Kaf sng/dbl swg/stn mcpr cus	-	Х
	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro		X

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pecialty medications and should be directed to the Pharmacy link option within the website.	1	V
2036 Kafo plas doub free knee mol	-	X
_2037 Kafo plas sing free knee mol	-	X
_2038 Kafo w/o joint multi-axis an	-	X
_2128 Kafo fem fx cast molded to p	-	X
.2627 Plastic mold recipro hip & c	-	X
.2628 Metal frame recipro hip & ca	-	X
.2840 Tibial length sock fx or equ	X	-
_2850 Femoral Igth sock fx or equa	X	-
.2999 Lower extremity orthosis nos	-	X
_3215 Orthopedic ftwear ladies oxf	X	-
.3216 Orthoped ladies shoes dpth i	Χ	-
.3217 Ladies shoes hightop depth i	Χ	-
.3219 Orthopedic mens shoes oxford	Х	•
_3221 Orthopedic mens shoes dpth i	X	-
_3222 Mens shoes hightop depth inl	Х	-
.3224 Woman's shoe oxford brace	-	X
.3620 Trans shoe solid stirrup exi	-	Х
.3640 Shoe dennis browne splint bo	-	Х
_3649 Orthopedic shoe modifica nos	-	Х
.3901 Hinge ext/flex wrist finger	-	Х
.3904 Whfo electric custom fitted	-	Х
3960 Sewho airplan desig abdu pos	-	Х
Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr	-	Х
Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without	-	Х
Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck	-	Х
3973 Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include	-	X
3975 Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust	-	X
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	-	×
3978 Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,	-	Х
3999 Upper limb orthosis nos	_	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 refer to the property of the prop	lect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
5010 Mold socket ank hgt w/ toe f	-	X X
5020 Tibial tubercle hgt w/ toe f 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	-	X
5301 Below knee, molded socket, shin, sach foot, endoskeletal system	-	Χ
Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	X
Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Χ
Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	X
5500 Init bk ptb plaster direct	-	Χ
5505 Init ak ischal plstr direct	-	X
5510 Prep bk ptb plaster molded	-	X
5520 Perp bk ptb thermopls direct	-	X
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	-	Х
5585 Prep ak ischial open end	- 1	X
5590 Prep ak ischial laminated	_	X
5595 Hip disartic sach thermopls	_	X
5600 Hip disart sach laminat mold	_	X
5610 Above knee hydracadence	_	X
5611 Ak 4 bar link w/fric swing		X
5613 Ak 4 bar ling w/hydraul swig	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	1 1	
5614 4-bar link above knee w/swng	-	X
5616 Ak univ multiplex sys frict	-	X
5639 Below knee wood socket	-	X
5643 Hip flex inner socket ext fr	-	X
5649 Isch containmt/narrow m-l so	-	X
5651 Ak flex inner socket ext fra	-	Χ
.5673 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
5679 Addition to lower extremity, below knee/above knee, custom fabricated	-	X
5681 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Χ
5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	Χ
5700 Replace socket below knee	-	Χ
5701 Replace socket above knee	-	X
5702 Replace socket hip	-	Χ
Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only	-	X
5707 Custm shape cover hip disart	-	Х
5724 Knee-shin exo fluid swing ph	-	Х
5726 Knee-shin ext jnts fld swg e	-	Х
5728 Knee-shin fluid swg & stance	-	Х
5780 Knee-shin pneum/hydra pneum	-	X
5781 Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture evacuation system	-	Х
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	-	Х
5795 Exoskel hip ultra-light mate	-	Х
5814 Endo knee-shin hydral swg ph	-	X
5816 Endo knee-shin polyc mch sta	-	Х
5818 Endo knee-shin frct swg & st	-	Х
5822 Endo knee-shin pneum swg frc	-	Х
5824 Endo knee-shin fluid swing p	-	Х
5826 Miniature knee joint	-	Х
5827 Endo knee shin single axis	_	X
5828 Endo knee-shin fluid swg/sta	<del> </del> -	X
5830 Endo knee-shin pneum/swg pha	_	X
5840 Multi-axial knee/shin system	<del>  </del>	X
5841 Addition endoskletl knee-shi		X
5845 Knee-shin sys stance flexion		X
5848 Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	^ X

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	nedications and should be directed to the Pharmacy link option within the website.		
	Elec knee-shin swing/stance	-	X
	Elec knee-shin swing only	-	X
L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	X
5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	Х
5930	High activity knee frame	-	Х
	Endo hip ultra-light materia	-	Х
	Endo poly hip, pneu/hyd/rot	_	X
	Above knee flex cover system	_	X
	Hip flexible cover system	_	X
	Multiaxial ankle w dorsiflex	_	X
	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes	-	X
5979	Multi-axial ankle/ft prosth	-	X
	Flex foot system	-	Х
	Flex-walk sys low ext prosth	-	Х
	Endoskeletal axial rotation	-	Х
	Shank ft w vert load pylon	-	Х
	Vertical shock reducing pylo	-	Х
	Addition to lower extremity prosthesis, user adjustable heel height	-	Х
	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	_	X
	Lowr extremity prosthes nos	_	X
	Part hand myo exclu term dev	_	X
	Part handfng endoskel molded	_	X
	Test interface part handfing	_	X
	External frame part handfing	_	X
	Rep interface handfng molded	_	X
	Part handfng ultralite tcf/=	_	X
	Part handfing acrylic	_	X
	Wrst mld sck flx hng tri pad	_	X
	Wrst mold sock w/exp interfa	_	X
	Elb mold sock flex hinge pad	_	X
	Elbow mold sock suspension t	-	X
	Elbow mold doub splt soc ste	-	X
	Elbow stump activated lock h	+	X
	·	-	
	Elbow mold outsid lock hinge	-	X
	Elbow molded w/ expand inter	-	X
6250	Elbow inter loc elbow forarm	-	X

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ecialty medications and should be directed to the Pharmacy link option within the website.	1	V
6300 Shider disart int lock elbow	-	X
6310 Shoulder passive restor comp	-	X
6320 Shoulder passive restor cap 6350 Thoracic intern lock elbow	-	X
	-	X X
6360 Thoracic passive restor comp	<del>  -</del>	X
6370 Thoracic passive restor cap		
8400 Below elbow prosth tiss shap	-	X
6450 Elb disart prosth tiss shap	-	X
6500 Above elbow prosth tiss shap	-	X
6550 Shldr disar prosth tiss shap	-	X
6570 Scap thorac prosth tiss shap	-	X
Mrist/elbow bowden cable mol	-	X
6582 Wrist/elbow bowden cbl dir f	-	X
6584 Elbow fair lead cable molded	-	X
6586 Elbow fair lead cable dir fo	-	X
Shdr fair lead cable molded	-	X
Shdr fair lead cable direct	-	Χ
Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X
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
Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us	-	X
Upper extremity addition, shoulder lock mechanism, external powered actuator	-	X
6660 Heavy duty control cable	-	X
6693 Lockingelbow forearm cntrbal	-	X
6694 Elbow socket ins use w/lock	-	X
0700 Ue add ext power myoel	-	Х
Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric	-	Х
73713 Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	X
6714 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	-	Х
Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	X
Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	X
6881 Automatic grasp feature, additional to upper limb prosthetic terminal device.	+	X
6882 Microprocessor control feature, addition to upper limb prosthesis terminal device	+ -	X

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ecialty medications and should be directed to the Pharmacy link option within the website.		
.6883 Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	r -	X
Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	×
Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without e	ex -	X
6890 Production glove	-	Х
.6920 Wrist disarticul switch ctrl	-	X
6925 Wrist disart myoelectronic c	-	Х
6930 Below elbow switch control	-	Χ
6935 Below elbow myoelectronic ct	-	Х
6940 Elbow disarticulation switch	-	X
6945 Elbow disart myoelectronic c	-	X
6950 Above elbow switch control	-	Х
6955 Above elbow myoelectronic ct	-	Χ
6960 Shldr disartic switch contro	-	Χ
6965 Shldr disartic myoelectronic	-	Х
6970 Interscapular-thor switch ct	-	Х
6975 Interscap-thor myoelectronic	-	Х
7007 Electric hand, switch or myoelectric controlled, adult	-	Х
7008 Electric hand, switch or myoelectric, controlled, pediatric	-	Χ
7009 Electric hook, switch or myoelectric controlled, adult	-	X
7040 Prehensile actuator hosmer s	-	Χ
7045 Electron hook child michigan	-	Χ
7170 Electronic elbow hosmer swit	-	X
7180 Electronic elbow utah myoele	-	Х
7181 Electronic elbo simultaneous	-	Х
7185 Electron elbow adolescent sw	-	X
7186 Electron elbow child switch	-	X
7190 Elbow adolescent myoelectron	-	X
7191 Elbow child myoelectronic ct	-	Χ
7259 Electronic wrist rotator any	=	X
7406 Add to upp extr user adj mec	-	Х
7499 Upper extremity prosthes nos	-	X
7600 Prosthetic donning sleeve, any material, each	Х	-
7900 Vacuum erection system	Х	-
7902 Tension ring, for vacuum erection device, any type, replacement only, each	Х	-
8010 Mastectomy sleeve	Х	-
8031 Breast prosthesis, silicone or equal, with integral adhesive	Х	-

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ecialty medications and should be directed to the Pharmacy link option within the website.		
8033 Nipple prosthesis custom, ea	X	-
8035 Custom breast prosthesis	Х	- -
8040 Nasal prosthesis	-	X
8041 Midfacial prosthesis	-	X
8042 Orbital prosthesis	-	X
8043 Upper facial prosthesis	-	Χ
8044 Hemi-facial prosthesis	-	X
8045 Auricular prosthesis	-	X
8046 Partial facial prosthesis	-	X
8047 Nasal septal prosthesis	-	X
8048 Unspec maxillofacial prosth	-	X
8049 Repair maxillofacial prosth	-	X
8410 Sheath above knee	-	Χ
8465 Shrinker upper limb	-	Χ
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	-	X
8515 Gel cap app device for trach	-	Х
8600 Implant breast silicone/eq	-	X
8605 Tissue expander implant	-	X
8609 Artificial cornea	-	Χ
8614 Cochlear device/system	-	Χ
8615 Coch implant headset replace	-	Χ
8616 Coch implant microphone repl	-	X
8617 Coch implant trans coil repl	-	Χ
8618 Coch implant tran cable repl	-	Х
8619 Cochlear implant, external speech processor and controller, integrated system, replacement	-	Х
8621 Repl zinc air battery	-	Х
8623 Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	Х
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	_	X
8629 Transmitting coil and cable, integrated, for use with cochlear implant device, replacement	_	X
8630 Metacarpophalangeal implant	_	X
8631 Metacarpal phalangeal joint replacement, two or more pieces, metal	-	X
8641 Metatarsal joint implant		X
8658 Interphalangeal joint implint	-	^ X
8659 Interphalangeal finger joint replacement, 2 or more pieces, metal		^ X
8670 Vascular graft, synthetic	-	^ X

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Codes Description	on	Not Covered	Preauthorization Require
	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 not should be directed to the Pharmacy link option within the website.	nformation regarding	immunizations, injectable drugs, o
-	rosti pls gn any type		X
	able neurostimulator electrode (with any number of contact points), each	X	
	programmer (external) for use with implantable programmable neurostimulator pulse generator	-	X
	able neurostimulator radiofrequency receiver	_	X
	equency transmitter (external) for use with implantable neurostimulator radiofrequency receiver		X
	equency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and	-	X
	able neurostimulator pulse generator, single array, rechargeable, includes extension	Х	-
	able neurostimulator pulse generator, single array, non-rechargeable, includes extension	X	_
8687 Implanta	able neurostimulator pulse generator, dual array, rechargeable, includes extension	X	_
	able neurostimulator pulse generator, dual array, non-rechargeable, includes extension	X	
	I recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	Х
8690 Auditory	osseointegrated device, includes all internal and external components	-	Χ
	osseointegrated device, external sound processor, replacement	-	Х
	osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes	Х	-
	eo dev, abutment	_	Х
8699 Prosthet		_	X
	rom dev ewh uprt cust	-	Х
	rom dev ewhf uprt cus	-	Х
	l lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg	Х	-
8721 Recepto	or sole for use with I8720, replacement, each	Х	-
	oply/accessory/service	_	Х
	ng cancer care mips value pathways	Х	-
	care for kidney health mips value pathways	Х	-
	ive care for neurodegenerative conditions mips value pathways	Х	-
	ng wellness mips value pathways	Х	-
	ing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services	Х	-
10075 Cellular	therapy	Х	-
0076 Prolothe		Х	-
	tric hypothermia	X	-
10300 lv chelat		X	-
	vrapping of aneurysm	X	-
11003 Tb scree	ening performed and results interpreted within twelve months prior to initiation of first-time biologic disease ng anti-rheumatic drug therapy for ra	X	-
11004 Doc med		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	t information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.	1 v 1	
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	Х	-
11017 Patient admitted to palliative care services	X	-
11018 Pt dx hst cr pt sk lg cr scr	X	-
11019 Adl pt mj dep ds rs 12 phq<5	X	-
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	Х	-
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	-
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		
Total Tation had cancer, fracture of infection related to the fumbal spine of patient had idiopatine of congenital scollosis	X	-
11043 Fs no odi 9-15mo	X	
11045 Fs oks 9-15mo = 37	X	-
11046 Fs oks 9-15mo = 37	X	-
I1049 Fs wth scr no odi pre and p	Х	-
Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-
11052 Lg pn not meas w/ vas 1yr po	X	_

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odes Description	Not Covered	Preauthorization Require
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	•	•
pecialty medications and should be directed to the Pharmacy link option within the website.		
/1054 Patient had only urgent care visits during the performance period	Х	-
/1055 Aspirin or another antiplatelet therapy used	X	-
/1056 Presc antico med in pp	X	-
//1057 Aspirin or another antiplatelet therapy not used, reason not given	Х	-
11058 Patient was a permanent nursing home resident at any time during the performance period	X	-
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	X	-
11067 Hospice services for patient provided any time during the measurement period	X	-
11068 Adults who are not ambulatory	X	-
11069 Patient screened for future fall risk	Х	-
11070 Patient not screened for future fall risk, reason not given	Х	-
Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy	Х	-
I1072 Rom rad therapy anal, pc	Х	_
I1073 Rom rad therapy anal, tc	X	-
11074 Rom rad therapy bladder, pc	Х	-
1075 Rom rad therapy bladder, to	Х	-
1076 Rom rad ther bone mets, pc	Х	-
1077 Rom rad ther bone mets, to	Х	-
1078 Rom rad ther brain mets, pc	Х	-
11079 Rom rad ther brain mets, tc	Х	-
11080 Rom rad therapy breast, pc	Х	-
11081 Rom rad therapy breast, tc	Х	-
1082 Rom rad therapy cervical, pc	Х	-
1083 Rom rad therapy cervical, to	Х	-
1084 Rom rad therapy cns, pc	Х	-
1085 Rom rad therapy cns, tc	Х	-
1086 Rom rad ther colorectal, pc	Х	-
1087 Rom rad ther colorectal, to	Х	-
1088 Rom rad ther head/neck, pc	Х	-
1089 Rom rad ther head/neck, tc	Х	-
11094 Rom rad therapy lung, pc	Х	-
1095 Rom rad therapy lung, tc	Х	-
1096 Rom rad therapy lymphoma, pc	Х	-
1097 Rom rad therapy lymphoma, tc	Х	-
1098 Rom rad therapy pancreas, pc	Х	-
1099 Rom rad therapy pancreas, pc	Х	-
1100 Rom rad therapy prostate, pc	Х	=
1101 Rom rad therapy prostate, to	Х	-

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Codes Description	Not Covered	Preauthorization Required
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specialty medications and should be directed to the Pharmacy link option within the website.		
M1102 Rom rad therapy gi, pc	X	-
M1103 Rom rad therapy gi, tc	X	-
M1104 Rom rad therapy uterus, pc	X	<u> </u>
M1105 Rom rad therapy uterus, tc	X	-
M1106 Start eoc doc med rec	X	<del>-</del>
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	X	-
M1117 Docu dx degen neuro	X	-
M1118 Oc ni pt 1-2 vis	X	-
M1119 Oc ni pt dc 1-2 vis	X	-
M1120 Oc ni pt selfdc 1-2 vis	X	-
M1121 Start eoc doc med rec	X	-
M1122 Docu dx degen neuro	X	-
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	X	-
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	X	
M1135 Start eoc doc med rec	X	<u> </u>
M1141 Fs no oks	X	<u> </u>
M1142 Emerge cases	X	<u> </u>
M1143 Ni rehab med chiro	X	<u> </u>
M1146 Ongoing care not ind	X	-
M1147 Care not poss med rsn		-
INT 147  Care not poss med 180	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
	redications and should be directed to the Pharmacy link option within the website.		
	Pt self dschg	X	-
	No neck fs prom incap	Х	-
<i>I</i> 1150	Left ventricular ejection fraction (Ivef) less than or equal to 40% or documentation of moderately or severely depressed	X	-
11151	left ventricular systolic function Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	Х	
		X	-
	Patients with a history of heart transplant or with a left ventricular assist device (Ivad)	X	<u> </u>
	Patient with diagnosis of osteoporosis on date of encounter	X	<u> </u>
	Patient received active chemotherapy any time during the measurement period	X	-
	Patient received bone marrow transplant any time during the measurement period		-
	Patient had history of immunocompromising conditions prior to or during the measurement period	X	-
	Hospice services provided to patient any time during the measurement period	X	-
	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Х	-
11161	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-
11162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-
11162	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	
	Patients with dementia any time during the patient's history through the end of the measurement period	X	-
			<u> </u>
	Patients who use hospice services any time during the measurement period	X	-
	Pathology report for tissue specimens produced from wide local excisions or re-excisions	X	-
	In hospice or using hospice services during the measurement period	Χ	-
11168	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	-
11169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-
11170	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	-
11171	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	-
11172	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	-
1174	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	-
11175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	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, o
	edications and should be directed to the Pharmacy link option within the website.		
	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		
	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the	l x	_
	end of the measurement period	^	
<i>I</i> 1178	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the	x	_
	pneumococcal vaccine)	^	
	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and	x	
	before or during measurement period	^	
	Patients on immune checkpoint inhibitor therapy	X	-
	Grade 2 or above diarrhea and/or grade 2 or above colitis	X	=
И1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	
		^	-
<b>V</b> 11183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or	V	
	administered	X	-
Л1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or immunosuppressant		
	treatment (e.g., allergy, intolerance, infectious etiology, pancreatic insufficiency, hyperthyroidism, prior bowel surgical		
	interventions, celiac disease, receiving other medication, awaiting diagnostic workup results for alternative etiologies,	X	-
	other medical reasons/contraindication)		
	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants	.,	
	prescribed or administered was not performed, reason not given	X	-
	Patients who have an order for or are receiving hospice or palliative care	Х	-
	Patients with a diagnosis of end stage renal disease (esrd)	Х	_
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-		
	creatinine ratio (uacr) performed	X	-
	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate		
	(egfr) and urine albumin-creatinine ratio (uacr)	X	-
<i>I</i> 1191	Hospice services provided to patient any time during the measurement period	Х	_
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	X	_
	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by		
	immunohistochemistry, msi by dna-based testing status, or both	X	-
	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or		
	recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not		
ľ	included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the	x	_
ļ	sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	^	-
ľ	sample [ussue exhausted of status post neodujuvant freatment], insumblent turnor for testing)		
J1105	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by		
พากษอ	Surgical pathology reports that do not contain impression of conclusion of of recommendation for testing of millings	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	immunizations, injectable drugs, o
	edications and should be directed to the Pharmacy link option within the website.		
И1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than	l x	_
	or equal to 4	Α	
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	^	-
<i>I</i> 1198	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	_ ^	-
<i>I</i> 1199	Patients receiving rrt	Х	-
/1200	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		
	hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	X	-
	lipportaionia willo on aborror arb thorapy, abate trainey injury ado to aborror arb thorapy, buttor medical readone,		
/11202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period,		
11202	(e.g., patient declined, other patient reasons)	X	-
11203	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Х	
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than		-
11204	or equal to 4	X	-
1120E			
/11203	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-	X	-
44000	up visit score		
/11/206	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score	X	-
11007	or assessment was not completed during the follow-up encounter		
/11207	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and	X	-
	interpersonal safety		
/11208	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and	X	_
	interpersonal safety		
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-
11211	Most recent hemoglobin a1c level > 9.0%	X	-
11212	Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)	X	-
/11213	No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%	~	
		X	-
11214	Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed	Х	-
11215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia		
	or tracheostomy)	X	-
/11216	No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed	, l	
	with results documented during the encounter	X	-
/1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment		
	not available at the time of the encounter)	X	-
/121g	Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)	Х	
	priatient has copulistinoms (e.g., dyspirea, cough/sputum, wheezing)	^	

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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.		
M1220 [	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	Х	
li	nterpretation documented and reviewed; with evidence of retinopathy	^	-
M1221 [	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai)	<b>×</b>	
li	nterpretation documented and reviewed; without evidence of retinopathy	Х	-
M1222 (	Glaucoma plan of care not documented, reason not otherwise specified	Х	-
M1223	Glaucoma plan of care documented	X	-
M1224 I	ntraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level	X	-
M1225 I	ntraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level	Х	-
M1226 I	op measurement not documented, reason not otherwise specified	X	-
M1227	Evidence-based therapy was prescribed	X	-
M1228 F	Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv	Х	
	reatment initiated within 3 months of the reactive hcv antibody test	^	-
	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	Χ	-
	Patient has a reactive hcv antibody test and does not have a follow up hcv viral test, or patient has a reactive hcv		
	antibody test and has a follow up hov viral test that detects hov viremia and is not referred to a clinician who treats hov	V	
	nfection within 1 month and does not have how treatment initiated within 3 months of the reactive how antibody test,	Х	-
	eason not given		
	Patient receives hcv antibody test with nonreactive result	Х	-
	Patient receives hcv antibody test with reactive result	Х	-
	Patient does not receive how antibody test or patient does receive how antibody test but results not documented, reason		
	not given	Х	-
	Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia	Х	-
	Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period		
		Х	-
M1236	Baseline mrs > 2	Х	-
	Patient reason for not screening for food insecurity, housing instability, transportation needs, utility difficulties, and		
	nterpersonal safety (e.g., patient declined or other patient reasons)	Х	-
	Documentation that administration of second recombinant zoster vaccine could not occur during the performance		
	period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)	Х	-
ľ	(,		
M1239 F	Patient did not respond to the question of patient felt heard and understood by this provider and team	Х	ı
	Patient did not respond to the question of patient felt this provider and team put my best interests first when making		
	recommendations about my care	Χ	-
	Patient did not respond to the question of patient felt this provider and team saw me as a person, not just someone		
	with a medical problem	Х	-
	Patient did not respond to the question of patient felt this provider and team understood what is important to me in my		
	ife	Х	-

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<i>I</i> 1243	Patient provided a response other than "completely true" for the question of patient felt heard and understood by this	Х	_
11011	provider and team		
11244	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	-
11215	Patient provided a response other than "completely true" for the question of patient felt this provider and team saw me		
11245	as a person, not just someone with a medical problem	Х	-
11246	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	-
11247	Patient responded "completely true" for the question of patient felt this provider and team put my best interests first	Х	
	when making recommendations about my care	X	-
11248	Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just	Х	_
	someone with a medical problem	Λ	
11249	Patient responded "completely true" for the question of patient felt this provider and team understood what is important	Х	_
	to me in my life		
11250	Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team	Х	-
11251	Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)		
0.	australia in misma proxy completed the chine ha curvey on their bonan for any reason (no patient invertence)	Х	-
11252	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	-
11253	Patients who respond on the patient experience hu survey that they did not receive care by the listed ambulatory	V	
	palliative care provider in the last 60 days (disavowal)	Х	-
11254	Patients who were deceased when the hu survey reached them	Х	-
11255	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	X	-
	prenatal services elsewhere)		
	Prior history of known cvd	X	-
11257	Cvd risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not	Х	_
	otherwise specified		_
	Cvd risk assessment performed, have a documented calculated risk score	X	-
11259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year	Х	_
	following initiation of dialysis		
11260	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		
	Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	X	-
	Patients who had a transplant prior to initiation of dialysis	X	-
11263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	X	-
	Cms medical evidence form 2728 for dialysis patients: initial form completed	X	-
	Patients admitted to a skilled nursing facility (snf)	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 i	mmunizations, injectable drugs, or
	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-		
VI 1201	pancreas transplant waitlist as of the last day of each month during the measurement period	X	-
111260	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during		
VI 1200		X	-
11260	the measurement period  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	-
/11271	Patients with dementia at any time prior to or during the month	X	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-
M1273	Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms- 2728 form	Х	-
Л1274	Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month	Х	-
<i>I</i> 1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period	Х	-
M1276	Bmi documented outside normal parameters, no follow-up plan documented, no reason given	Х	_
	Colorectal cancer screening results documented and reviewed	Х	-
	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Х	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-
/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	-
Л1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented	Х	
	and reviewed, reason not otherwise specified	^	
/l1286	Bmi is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-
<i>I</i> 1287	Bmi is documented below normal parameters and a follow-up plan is documented	Х	_
	Documented reason for not screening or recommending a follow-up for high blood pressure	X	_
	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)	X	-
	Patient not eligible due to active diagnosis of hypertension	Х	

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	edications and should be directed to the Pharmacy link option within the website.		
	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	-
	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	X	_
	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		
	Bmi is documented above normal parameters and a follow-up plan is documented	X	<u>-</u>
	Normal blood pressure reading documented, follow-up not required	X	-
	Patients with a diagnosis or past history of total colectomy or colorectal cancer	X	<u>-</u>
	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	Х	-
M1299	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	-
	Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the	Х	-
	six months prior to the measurement period (counseling and/or pharmacotherapy)		
W1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed	Х	-
M1303	Hospice services provided to patient any time during the measurement period	X	-
	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	-
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period	Х	-
	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	Х	-
	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-
	Patient not screened for tobacco use	Х	-
	Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period	Х	-
	Bmi not documented and no reason is given	Х	-

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Codes Description		Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may specialty medications and should be directed to the Pharmacy link opt	not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect in	formation regarding	immunizations, injectable drugs, or
	not documented and reviewed; reason not otherwise specified	Х	
M1316 Current tobacco non-user	not documented and reviewed, reason not otherwise specified	X	_
M1317 Patients who are counseled on connection	n with a csp and explicitly opt out	X	
	ontact with a csp for at least one of their screened positive hrsns within 60		
days after screening or documentation th		Х	-
	th a csp for at least one of their screened positive hrsns within 60 days after	.,	
screening		X	-
M1320 Patients who screened positive for at least	et 1 of the 5 hrsns	Х	-
	s following the date of injection for follow up or who did not have a		
documented iop or no plan of care docum		X	-
	e date of injection and are screened for elevated intraocular pressure (iop)	V	
with tonometry with documented iop =<2	•	X	-
	e date of injection and are screened for elevated intraocular pressure (iop)	V	
	mm hg and a plan of care was documented	Х	-
	ular corticosteroid injection (e.g., triamcinolone, preservative-free	Х	
triamcinolone, dexamethasone, dexamet	nasone intravitreal implant, or fluocinolone intravitreal implant)	^	-
M1325 Patients who were not seen for reasons of	ocumented by clinician for patient or medical reasons (e.g., inadequate time		
for follow-up, patients who received a price	or intravitreal or periocular steroid injection within the last six (6) months and	V	
had a subsequent iop evaluation with iop	<25mm hg within seven (7) weeks of treatment)	X	-
M1326 Patients with a diagnosis of hypotony		Х	-
	lated during the initial exam and/or who were not re-evaluated within 8 weeks	Х	
			-
M1328 Patients with a diagnosis of acute vitreou		Х	-
M1329 Patients with a post-operative encounter	of the eye with the acute pvd within 2 weeks before the initial encounter or 8	Х	
weeks after initial acute pvd encounter		^	-
	ot having a follow up exam (e.g., inadequate time for follow up)	Χ	-
M1331 Patients who were appropriately evaluate	d during the initial exam and were re-evaluated no later than 8 weeks from	x	
initial exam		^	
M1332 Patients who were not appropriately eval	uated during the initial exam and/or who were not re-evaluated within 2 weeks	Х	-
//1333 Acute vitreous hemorrhage		Х	-
	of the eye with the acute pvd within 2 weeks before the initial encounter or 2		
weeks after initial acute pvd encounter		X	-
	ot having a follow up exam (e.g., inadequate time for follow up)	Х	-
	d during the initial exam and were re-evaluated no later than 2 weeks		
		X	-
M1337 Acute pvd		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
	edications and should be directed to the Pharmacy link option within the website.	1	
W1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive	Х	-
	improvement or maintenance of functioning scores during the performance period		
M1339	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive	X	_
	improvement or maintenance of functioning scores during the performance period	^	
M1340	Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period	X	-
Л1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Х	-
/11342	Patients who died during the performance period	Х	_
	Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam	X	-
Л1344	Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score	Х	-
И1345	Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score	Х	-
	Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period	X	_
	Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)	X	_
	Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)	X	
	Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period	X	
	Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician	X	-
14054	(concurrent or within 24 hours) of the index clinical encounter		
/11351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	Х	-
И1352	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		
	clinician (concurrent or within 24 hours) of the index clinical encounter	X	-
/1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation	X	-
11355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-
	Patients who died during the measurement period	X	_
	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index		
	assessment	X	-
/11358	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days		
,, 1000	of index assessment	X	-
11250	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased		
vi 1339		X	-
14000	suicide risk by clinician determination occurs and a non-zero c-ssrs score is obtained		
	Suicidal ideation and/or behavior symptoms based on the c-ssrs	X	-
/11361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-

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	e 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 and should be directed to the Pharmacy link option within the website.	nformation regarding	g immunizations, injectable drugs, or
<u> </u>	s who died during the measurement period	Х	_
	s who did not have a follow-up assessment within 120 days of the index assessment	X	_
	ted 10-year ascvd risk score of = 20 percent during the performance period	X	-
	encounter during the performance period with hospice and palliative care specialty code 17	X	-
	ng on women's health mips value pathway	X	-
	care for the treatment of ear, nose, and throat disorders mips value pathway	X	-
	tion and treatment of infectious disorders including hepatitis c and hiv mips value pathway	X	-
	care in mental health and substance use disorders mips value pathway	X	-
	litative support for musculoskeletal care mips value pathway	X	-
	cent glycemic status assessment (hba1c or gmi) level < 7.0%	Х	-
	cent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	Х	-
	cent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%	X	-
	itional encounter with an ra diagnosis during the performance period or prior performance period that is at least		
	before or after an encounter with an ra diagnosis during the performance period	Х	-
	itional encounter with an ra diagnosis during the performance period or prior performance period that is at least		
	s before or after an encounter with an ra diagnosis during the performance period	X	-
	itional encounter with an ra diagnosis during the performance period or prior performance period that is at least		
	s before or after an encounter with an ra diagnosis during the performance period	X	-
	mended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and		
	nicated with patient	X	-
	entation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial		
	onal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10	Х	-
	other medical reasons)		
	ar follow-up interval for colonoscopy not recommended, reason not otherwise specified	Х	-
	t least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic		
	tions listed under "denominator note" or the long-acting injectable antipsychotic medications listed under	Х	_
	inator note"		
M1381 Patients	s with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of	.,	
	chnoid hemorrhage) within 5 days of the initial procedure	Х	-
	encounter during the performance period with place of service code 11	Х	-
//1383 Acute p		Х	-
	s who died during the performance period	Х	-
/1385 Docum	entation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four		
	between baseline pam assessment and follow-up	Х	-
	s with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of		
	i at the start of the performance period	Х	-
	s who died during the performance period	Х	-
	s with documentation of an exam performed for recurrence of melanoma	Х	-

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	cription	Not Covered	Preauthorization Required
	e note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect i	nformation regarding	immunizations, injectable drugs, o
•	ions and should be directed to the Pharmacy link option within the website.	т т	
	cumentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation	X	
	st include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	^	-
	st one method must be documented)		
	ents who do not have a documented exam performed for recurrence of melanoma or no documentation within the	X	-
	formance period	V	
	patients who were diagnosed with recurrent melanoma during the current performance period	Х	-
	cumentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation		
	st include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at	X	-
	st one method must be documented)		
	ents who were not diagnosed with recurrent melanoma during the current performance period	X	-
	ges i-iii breast cancer	X	-
	ents receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
	ents on a therapeutic clinical trial	X	-
	ents with recurrence/disease progression	Χ	-
11398 Pati	ents with baseline and follow-up promis surveys documented in the medical record	X	-
	ents who leave the practice during the follow-up period	X	-
/11400 Pati	ients who died during the follow-up period	X	=
11401 Stag	ges i-iii breast cancer	Х	-
11402 Pati	ents receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	X	-
11403 Pati	ents with baseline and follow-up promis surveys documented in the medical record	Х	-
	ents on a therapeutic clinical trial	Х	-
11405 Pati	ents with recurrence/disease progression	Х	-
11406 Pati	ents who leave the practice during the follow-up period	Х	-
	ents who died during the follow-up period	Х	-
	ents who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary		
	toneal cancer	X	-
	ents who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of		
	gnosis	X	-
	ients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of		
	gnosis	X	-
	rently on first-line immune checkpoint inhibitors without chemotherapy	Х	
	lents with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or		
	er targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1		
	rangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	X	-
IICal	Tangomoni, brai voode mulaudi, nuk 1/2/0 gene lusion, met ex 14 skipping mulaudi, and ret realiangement		
/1413 Pati	ents who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint	<del> </del>	
	bitor therapy	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	formation regarding	immunizations, injectable drugs,
	ns and should be directed to the Pharmacy link option within the website.		
	umentation of medical reason(s) for not performing the pd-I1 biomarker expression test prior to initiation of first-line		
	une checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would	X	-
	ardize the patient's health status; other medical reasons/contraindication)		
11415 Patie	ents who did not have a positive pd-I1 biomarker expression test result prior to the initiation of first-line immune	×	
	kpoint inhibitor therapy		-
11416 Patie	ent received hospice services any time during the performance period	X	-
11417 Patie	ents who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	X	-
	ents who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current	Х	-
	ination because of a medical contraindication documented by clinician		
	ents who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current ination	Х	-
	plete ophthalmologic care mips value pathway	Х	-
	natological care mips value pathway	X	_
	roenterology care mips value pathway	X	-
	mal care for patients with urologic conditions mips value pathway	X	-
	nonology care mips value pathway	X	-
	ical care mips value pathway	X	_
	elet rich plasma, each unit	X	_
	d component/product noc	-	Х
	er module combo vad, rep	_	X
	er for use with pneumatic ventricular assist device, replacement only	_	X
	oprocessor control unit for use with electric ventricular assist device, replacement only	_	X
	oprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	_	X
0400 Mari	the state of the s		
	itor/display module for use with electric ventricular assist device, replacement only	-	X
	itor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
	er pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X
0495 Batte	ery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	-	X
0496 Batte	ery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х
0508 Misc	ellaneous supply or accessory for use with an implanted ventricular assist device	-	Х
	supplies, short leg splint, pediatric (0-10 years), plaster	-	X
	supplies, for unlisted types and materials of casts	-	X
	haplain assessment	Х	-
	haplain counsel individu	X	-
	haplain counsel group	X	-
	hole health partner serv	X	_

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Codes D	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 reflect in	nformation regarding	j immunizations, injectable drugs, o
	ications and should be directed to the Pharmacy link option within the website.		
	Partial hospitalization services, less than 24 hours, per diem	X	-
	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	X	-
	Paramedic intercept, hospital-based als service (non-voluntary), non transport	Х	-
	Vheelchair van, mileage, per mile	Х	-
	lon-emergency transportation; mileage	X	-
	Medical conference by physic	X	-
	Medical conference, 60 min	X	-
	Comprehensive geriatric assessment and treatment planning performed by assessment team	X	-
S0255 H	lospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designa	Х	-
0257 E	ind of life counseling	Х	-
	listory and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-
S0265 G	Genetic counseling, under physician supervision, each 15 minutes	Х	-
	Physician management f patient home care standard monthly case rate per 30 days	X	_
	Physician management of patient home care hospice monthly case rate per 30 days	X	_
	Physician management of patient home care episodic care monthly case rate per 30 days	X	_
	Physician visit at members home outside of a capitation arrangement	X	_
	lurse practioner visit at members home outside of a capitation arrangement	X	-
	Medical home program, comprehensive care coordination and planning, initial plan	X	
	Medical home program, comprehensive care coordination and planning, maintenance of plan	X	
	Colonoscopy consultation performed prior to a screening colonoscopy procedure	X	
	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	X	-
30310 H	lospitalist 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	X	
	Disease management program, initial assessment and initiation of program	X	
	Disease management program, followup assessment	X	
	Disease management program; per diem	X	
	elephone calls by reg nurse to disease management program member	X	-
	ifestyle modification program for management for coronary artery disease, including all supportive services; first quar	^	-
		Х	-
0341 L o	ifestyle modification program for management for coronary artery disease, including all supportive services; second r	Х	-
	ifestyle modification program for management for coronary artery disease, including all supportive services; fourth ua	Х	-
30390 R	Routine foot care; removal and/or trimming of corns, calluses and/or nails andpreventive maintenance in specific nedical	Х	-
	mpression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	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 reflect	t information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.	T	
S0400 Global fee for extracorporeal shock wave lithortripsy treatment of kidney stone(s)	X	-
S0500 Disposable contact lens, per lens	X	-
S0504 Single vision prescription lens (safety, athletic, or sunglass), per lens	X	-
S0506 Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
S0508 Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-
Non-prescription lens (safety, athletic, or sunglass), per lens	X	-
S0512 Daily wear specialty contact lens, per lens	X	-
60514 Color contract lens, per lens	X	-
S0515 Scleral lens, liquid bandage device, per lens	Х	-
S0516 Safety eyeglass frames	X	-
S0518 Sunglasses frames	Х	-
Polycarbonate lens (list this code in addition to the basic code for the lens)	X	-
Nonstandard lens (list this code in addition to the basic code for the lens)	X	-
S0590 Integral lens service, miscellaneous services reported separately	X	-
S0592 Comprehensive contact lens evaluation	Х	-
0595 Dispensing new spectacle lenses for patient supplied frame	X	-
60596 Phakic intraocular lens for correction of refractive error	X	-
S0601 Screening proctoscopy	Х	-
S0610 Annual gynecological examina	Х	-
60612 Annual gynecological examina	Х	-
Annual gynecological examination; clinical breast examination without pelvic examination	Х	-
S0618 Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	Х	-
Routine ophthalmological exa	Х	-
Routine ophthalmological exa	Х	-
Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and		
managem	X	-
Removal of sutures	Х	-
50800 Laser in situ keratomileusis	Х	-
50810 Photorefractive keratectomy	X	_
S0812 Phototheraputic keratectomy (ptk)	X	_
Deluxe item, patient aware (list in addition to code for basic item)	Х	-
Customized item (list in addition to code for basic item)	X	-
S1015 Iv tubing extension set	X	-
S1016 Non-pvc intravenous administ	X	-
Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)	X	-
Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor	Х	-
S1034 Art pancreas system	X	

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Codes Descripti	ion	Not Covered	Preauthorization Required
	e 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
	and should be directed to the Pharmacy link option within the website.		
	creas inv disp sensor	Х	-
	creas ext transmitter	X	-
	creas ext receiver	X	-
	remodeling orthosis, rigid w/soft interface material	X	-
	non-coronary, temporary, with delivery system (propel)	X	-
	lantation of small int	X	-
S2054 Transpl	lantation of multivisc	X	-
S2055 Harvest	ting of donor multivis	Х	-
S2060 Lobar Iu	ung transplantation	Х	-
S2061 Donor lo	obectomy (lung)	X	-
S2065 Simulta	neous pancreas kidney transplantation	Х	-
	reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfe	Х	-
S2067 Breast r	reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) and/or glutea	Х	-
2068 Breast r	reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anastomosis and clos	Х	-
2070 Cystour	rethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser	Х	-
	scopic esophagomyotomy (heller type)	X	-
2080 Laser-a	assisted uvulopalatoplasty (laup)	X	-
2083 Adjustm	nent of gastric band diameter via subcutaneous port by injection or aspiration of saline	X	-
2095 Transca	atheter occlusion or embolization for tumor destruction, percutaneous, any method	Х	-
2102 Islet cel	Il tissue transplant	X	-
2103 Adrenal	I tissue transplant	Х	-
	re immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	Х	-
2112 Arthrose	copy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Х	-
	omy, periacetabular, with internal fixation	Х	-
	reisis, subtalar	Х	-
	n-metal total hip resurfacing, including acetabular and femoral components	Х	-
	nsity lipoprotein(IdI)	Х	-
	ood harvesting	X	-
	ood-derived stem-cell	X	-
	narrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including	Х	-
	rgan(s), complete or segmental, single organ or combination of organs; deceased or living donor(s),	Х	-
2202 Echosc		Х	
	lly invasive direct co	X	<u> </u>

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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, or
· · ·	ications and should be directed to the Pharmacy link option within the website.		
	finimally invasive direct co	X	-
	finimally invasive direct co	X	-
	finimally invasive direct co	X	-
	finimally invasive direct co	X	-
	flyringotomy, laser-assisted	X	-
	nplantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	X	<u> </u>
	nplantation of auditory brain stem implant	X	-
	nduced abortion, 17 to 24 weeks, any surgical method	X	-
S2265 A	bortion for fetal indication, 25-28 weeks	X	-
S2266 A	bortion for fetal indication, 29-31 weeks	X	-
S2267 A	bortion for fetal induction, 32 weeks or greater	X	-
S2300 A	rthroscopy, shoulder, surgi	Х	-
S2325 H	lip core decompression	Х	-
S2340 C	Chemodenervation of abductor	Х	-
S2341 C	Chemodenervation of adductor muscle(s) of vocal cord	X	-
S2342 N	lasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus	V	
	avity(	X	-
	Decompress disc rf lumbar	Х	-
	iskectomy, anterior, with d	Х	-
	iskectomy, anterior, with d	Х	=
	Repair, congenital hernia in the fetus, procedure performed in utero	Х	=
	Repair, urinary tract obstruction in the fetus, procedure performed in utero	Х	-
	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero	Х	-
	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero	Х	-
	Repair, myelomeningocele in the fetus, procedure performed in utero	Х	-
	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	X	-
	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	Х	-
	etoscopic laser therapy for treatment of twin-to-twin transfusion syndrome	Х	-
	surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-
3000 D	Diabetic indicator; retinal eye exam, dilated, bilateral	Х	_
	Performance measurement, evaluation of patient self assessment, depression	X	_
	stat laboratory request (situations other than s3601)	X	_
	mergency stat laboratory charge for patient who is homebound or residing in a nursing facility	X	-
	lewborn metabolic screening	X	_
	osinophil count, blood direct	X	
	liv-1 antibody testing of or	X	<u> </u>
	raliva test, hormone level;	X	<del>-</del>
	aliva test, hormone level;	X	<u> </u>

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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 projections and should be directed to the Pharmacy link entire within the website.	t information regardin	g immunizations, injectable drugs,
ecialty medications and should be directed to the Pharmacy link option within the website.	T	I
3655 Antisperm antibodies test (immunobead)	X	-
3708 Gastrointestinal fat absorpt	X	-
3722 Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil	X	-
3800 Genetic testing for amyotrophic lateral sclerosis (als)	X	-
Dna analysis for germline mutations of the ret proto-oncogene	X	-
3841 Genetic testing for retinoblastoma	X	-
Genetic testing for von hippel-lindau disease	X	-
Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	X	-
Genetic testing for alpha-thalassemia	X	-
3846 Genetic testing for hemoglobin e beta-thalassemia	X	-
3849 Genetic testing for niemann-pick disease	X	-
3850 Genetic testing for sickle cell anemia	X	-
Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	X	-
3853 Genetic testing for myotonic muscular dystrophy	X	-
3854 Gene expression profiling panel for use in the management of breast cancer treatment	X	-
Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada	X	_
syndrom		
3865 Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Х	-
3866 Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	1 X	-
3870 Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	Х	-
3900 Surface electromyography (emg)	Х	-
3902 Ballistocardiogram	Х	-
3904 Masters two step	Х	-
4005 Interim labor facility global (labor occurring but not resulting in delivery)	Х	-
4011 In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	Х	-
4013 Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-
4014 Complete cycle, zygote intrafallopian transfer (zift), case rate	Х	-
4015 Complete in vitro fertilization cycle, case rate	Х	-
4016 Frozen in vitro fertilization cycle, case rate	Х	-
4017 Incomplete cycle, treatment cancelled prior to stimulation, case rate	Х	-
1018 Frozen embryo transfer procedure cancelled before transfer, case rate	Х	-
1020 In vitro fertilization procedure cancelled before aspiration, case rate	Х	-
4021 In vitro fertilization procedure cancellation after aspiration, case rate	Х	-
4022 Assisted oocyte fertilization, case rate	X	-
1023 Donor egg cycle, incomplete, case rate	X	-
4024 Air polymer-type a intrauterine foam, per study dose	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	information regarding	•
	nedications and should be directed to the Pharmacy link option within the website.		
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	X	-
S4026	Procurement of donor sperm from sperm bank	X	-
	Storage of previously frozen embryos	X	ı
S4028	Microsurgical epididymal sperm aspiration (mesa)	X	ı
S4030	Sperm procurement and cryopreservation services; initial visit	X	ı
S4031	Sperm procurement and cryopreservation services; subsequent visit	X	ı
S4035	Stimulated intrauterine insemination (iui), case rate	X	-
S4037	Cryopreserved embryo transfer, case rate	Х	-
S4040	Monitoring and storage of cryopreserved embryos, per 30 days	Х	-
S4042	Ovulation mgmt per cycle	X	-
S4981	Insertion of levonorgestrel-releasing intrauterine system	Х	-
S4989	Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies	Х	-
S4990	Nicotine patches, legend	X	-
S4991	Nicotine patches, non-legend	X	-
S4993	Contraceptive pills for birth control	Х	-
S4995	Smoking cessation gum	X	-
S5035	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	Х	-
S5036	Home infusion therapy, repair of infusion device (e.g., pump repair)	Х	-
S5100	Day care services, adult, per 15 minutes	Х	-
S5101	Day care services, adult, per half day	X	-
S5102	Day care services, adult, per diem	Х	-
S5105	Day care services, center based, not incl in program fee, per diem	X	-
S5108	Home care training to home care client, per 15 minutes	Х	-
S5109	Home care training to home care client, per 15 minutes per session	Х	-
S5110	Home care training, family, per 15 minutes	Х	-
S5111	Home care training, family, per session	Х	-
S5115	Home care training, non-family, per 15 minutes	Х	-
S5116	Home care training, non-family, per session	X	-
	Chore services, per 15 minutes	X	-
S5121	Home care training, family, per diem	X	-
S5125	Attendant care services, per 15 minutes	Х	-
S5126	Attendant care services, per diem	X	-
S5130	Homemaker service, nos, per 15 minutes	X	-
S5131	Homemaker services, nos, per diem	X	-
S5135	Companion care, adult, per 15 minutes	X	-
S5136	Companion care, adult, per diem	X	-
S5140	Foster care, adult, per diem	X	-
	Foster care, adult, per month	X	-
S5145	Foster care, therapeutic, child, per diem	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	information regarding	immunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
S5146 Foster care, therapeutic, child, per month	X	-
S5150 Unskilled respite care, not hospice, per 15 minutes	X	-
Unskilled respite care, not hospice, per diem	X	-
Emergency response system, installation and testing	X	-
Emergency response system, service fee per month	X	-
Emergency response system, purchase only	X	-
S5165 Home modifications, per service	X	-
S5170 Home delivered meals, including preparation, per meal	X	-
S5175 Laundry service, external, professional, per order	X	-
S5180 Home health respiratory therapy, initial evaluation	X	-
S5181 Home health respiratory therapy, nos, per diem	X	-
S5185 Medication reminder services, no face to face, per month	Х	-
S5190 Wellness assessment, performed by non-physician	Х	-
S5199 Personal care item, nos, each	X	-
S5550 Insulin, rapid onset, 5 units	Х	-
65551 Insulin, most rapid onset (lispro or aspart); 5 units	Х	-
5552 Insulin, intermediate acting (nph or lente); 5 units	Х	-
5553 Insulin, long acting; 5 units	Х	-
55560 Insulin delivery device, reusable pen; 1.5 ml size	Х	-
55561 Insulin delivery device, reusable pen; 3 ml size	Х	-
55565 Insulin cartridge for use in insulin delivery device other than pump; 150 units	Х	-
55566 Insulin cartridge for use in insulin delivery device other than pump; 300 units	X	-
5570 Insulin delivery device, disposable pen (including insulin); 1.5 ml size	X	_
5571 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	-
88035 Magnetic source imaging	X	-
88037 Magnetic resonance cholangiopancreatography (mrcp)	X	
S8040 Topographic brain mapping	X	-
88042 Magnetic resonance imaging (mri), low-field	X	
88055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used with the physician		<u> </u>
doing	X	-
S8080 Scintimammography	X	
	X	-
S8085 Fluorine-18 fluorodeoxygluco		-
S8092 Electron beam computed tomog	X	-
88096 Portable peak flow meter	Х	-
Asthma kit (including but not limited to portable peak expiratory flow meter, instructional vide, brochure, and/or space	X	-
8100 Holding chamber or spacer for use with an inhaler or nebulizer; without mask	Х	-
8101 Holding chamber or spacer for use with an inhaler or nebulizer; with mask	Х	-

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Disclaimer: F	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	•
<u> </u>	dications and should be directed to the Pharmacy link option within the website.		
	Peak expiratory flow rate (p	X	<u>-</u>
	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	X	-
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	Х	-
S8301	Infect control supplies nos	Х	-
S8415	Supplies for home delivery of infant	Х	-
	Gradient pressure aid (sleeve and glove combination), custom made	Х	-
	Gradient pressure aid (sleeve and glove combination), ready made	Х	-
	Gradient pressure aid (sleeve), custom made, medium weight	Х	-
	Gradient pressure aid (sleeve), custom made, heavy weight	Х	-
	Gradient pressure aid (sleeve), ready made	Х	-
	Gradient pressure aid (glove), custom made, medium weight	Х	-
	Gradient pressure aid (glove), custom made, heavy weight	Х	-
	Gradient pressure aid (glove), ready made	Х	-
	Gradient pressure aid (gauntlet), ready made	Х	-
	Gradient pressure exterior wrap	Х	-
	Padding for compression bandage, roll	Х	-
	Compression bandage, roll	Х	-
	Splint, prefabricated, digit (specify digit by use of modifier)	Х	-
	Splint, prefabricated, wrist or ankle	Х	-
	Splint, prefabricated, elbow	Х	-
S8460	Camisole, post-mastectomy	Х	-
	Insulin syringes (100 syringes, any size)	Х	-
	Auricular electrostim	Х	-
	Equestrian/hippotherapy, per session	X	-
	Application of a modality (requiring constant provider attendance) to one or	X	-
	Complex lymphedema therapy,	X	-
	Physical or manipulative therapy performed for maintenance rather than restoration	X	-
	Resuscitation bag	X	-
	Home uterine monitor with or	X	-
	Intra-vag motion sens biofk	X	-
	Ultrafiltration monitor	X	_

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des Description	Not Covered	Preauthorization Require
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 ecialty medications and should be directed to the Pharmacy link option within the website.	ct information regarding	immunizations, injectable drugs, o
9024 Paranasal sinus ultrasound	X	
	X	-
9025 Omnicardiogram/cardiointegra		-
9034 Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	-
9055 Procuren or other growth fac	X	-
9056 Coma stimulation per diem	X	-
9061 Medical supplies and equipme	X	-
9083 Global fee urgent care centers	X	-
9088 Services provided in urgent	X	-
9090 Vertebral axial decompressio	X	-
9097 Home visit for wound care	X	-
Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	Х	-
9110 Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and	Х	-
software; maintenance; patient education and support; per		
9117 Back school, per visit	X	-
9122 Home health aide or certifie	X	-
9123 Nursing care, in the home; b	X	-
9124 Nursing care, in the home; b	X	-
9125 Respite care, in the home, p	X	-
9126 Hospice care, in the home, p	X	-
9127 Social work visit, in the ho	X	-
9128 Speech therapy, in the home,	X	-
9129 Occupational therapy, in the	Χ	-
9131 Physical therapy, in the home, per diem	Χ	-
9140 Diabetic management program,	X	-
9141 Diabetic management program,	X	-
9145 Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-
9150 Evaluation by ocularist	Х	-
9152 Speech therapy, re-evaluation	Х	-
9208 Home management of preterm labor, (do not use this code with any home infusion per diem code)	Х	-
9209 Home management of preterm premature rupture of membranes (pprom)	X	-
9211 Home management of gestational hypertension	Х	-
9212 Home management of postpartum hypertension	Х	-
9213 Home management of preeclampsia	Х	-
9214 Home management of gestational diabetes	X	-
9341 Home therapy; enteral nutrition; via gravity	X	-
9342 Home therapy; enteral nutrition via pump	X	_
9343 Home therapy; enteral nutrition via bolus	X	_
9381 Delivery or service to high risk areas requiring escort or extra protection, per visit	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	g immunizations, injectable drugs, c
	dications and should be directed to the Pharmacy link option within the website.		
	Anticoagulation clinic, inclusive of all services except laboratory tests, persession	X	-
	Pharmacy compounding and dispensing services	X	-
	Med food non inborn err meta	Х	-
	Medical food nutritionally complete, administered orally, providing 100% of nutritional intake	Χ	-
	Modified solid food supplements for inborn errors of metabolism	X	-
	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-
	Childbirth refresher classes, non-physician provider, per session	X	-
	Cesarean birth classes, non-physician provider, per session	X	-
9439	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-
39441	Asthma education, non-physician provider, per session	X	ı
9442	Birthing classes, non-physician provider, per session	Х	-
9443	Lactation classes, non-physical provider per session	Х	-
9444	Parenting classes, non-physician provider, per session	Х	-
	Patient education, not otherwise classified, non-physician provider, individual, per session	Х	-
	Patient education, not otherwise classified, non-physician provider, group, per session	Х	-
	Infant safety (including cpr) classes, non-physician provider, per session	Х	_
	Weight management classes, non-physician provider, per session	Х	_
	Exercise classes, non-physician provider, per session	Х	-
	Nutrition classes, non-physician provider, per session	X	_
	Smoking cessation classes, non-physician provider, per session	X	-
	Stress management classes, non-physician provider, per session	X	-
	Diabetic management program,	X	-
	Diabetic management program,	X	-
	Diabetic management program,	X	_
	Nutritional counseling, diet	X	
	Cardiac rehabilitation progr	X	<del>_</del>
	Pulmonary rehabilitation pro	X	
	Enterostomal therapy by a re	X	
	Ambulatory setting substance	X	
	Vestibular rehabilitation program, non-physician provider, per diem	X	
			-
	Intensive outpatient psychia	X	-
	Family stabilization services, per 15 minutes	X	-
	Crisis intervention mental health services, per hour	X	-
	Crisis intervention mental h	Х	-
9529	Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient	X	-
	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	-

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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	ct information regarding	immunizations, injectable drugs,
	dications and should be directed to the Pharmacy link option within the website.		
	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	X	-
	Christian sci nurse visit	X	-
	Air ambulanc nonemerg fixed	X	-
	Air ambulan nonemerg rotary	X	-
	Health club membership, annual	Χ	-
	ransplant related lodging, meals and transportation, per diem	X	-
9976 L	odging, per diem, not otherwise specified	X	-
9977 N	Meals, per diem, not otherwise specified	Х	=
9981 N	Medical records copying fee, administrative	Х	=
	Medical records copying fee, per page	X	-
9986 N	Not medically necessary service (patient is aware that service not medically necessary)	Х	-
	Services provided as part of a phase i clinical trial	X	-
989 5	Services provided outside of the united states of america (list in addition to code(s) for service(s)	X	-
9990 8	Services provided as part of	X	-
	Services provided as part of	Х	-
	ransportation costs to and	Х	-
	odging costs (e.g. hotel ch	Х	-
	Meals for clinical trial par	Х	-
	Sales tax	X	-
	Private duty/independent nursing service(s) - licensed, up to 15 minutes	Х	-
	Nursing assessment/evaluation	Х	-
	Rn services, up to 15 minutes	Х	-
	pn/lvn services, up to 15 minutes	X	-
	Services of a qualified nursing aide, up to 15 minutes	X	-
	Respite care services, up to 15 minutes	X	-
	Alcohol and/or substance abuse services, family/couple counseling	X	-
	Alcohol and/or substance abuse services, treatment plan development and/or modification	X	_
	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)	X	_
		^	
	Alcohol and/or substance abuse services, skills development	X	-
	Sign language or oral interpreter services	X	-
	elehealth transmission, per minute, professional services bill separately	X	-
	Clinic visit/encounter, all-inclusive	X	-
1016	Case management, each 15 minutes	Х	-
	Targeted case management, each 15 minutes	Х	-
	School-based individualized education program (iep) services, bundled	Х	-
	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	Х	-

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Codes	escription	Not Covered	Preauthorization Requir
	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	nformation regarding	immunizations, injectable drugs
-	cations and should be directed to the Pharmacy link option within the website.		
1020 P	ersonal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-
1021 H	ome health aide or certified nurse assistant, per visit	X	-
1022 C	ontracted home health agency services, all services provided under contract,per day	X	-
1023 S	creening to determine the appropriateness of consideration of an individualfor participation in a specified program, pr	Х	-
1024 E	valuation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	Х	-
1025 In	ntensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1026 In	ntensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-
1027 F	amily training and counseling for child development, per 15 minutes	Х	-
	ssessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	-
1029 C	omprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	Х	-
	ursing care, in the home, by registered nurse, per diem	Х	-
	ursing care, in the home, by licensed practical nurse, per diem	Х	-
	v doula brth wrk per 15 min	X	-
	v doula brth wrk per diem	Х	-
	omm bh clinic svc per diem	Х	-
	omm bh clinic svc per month	Х	-
	dministration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit	Х	-
1503 A	dministration of medication other than oral and/or injectable by a health care agency professional per visit	Х	-
	lec med comp dev, noc	Х	-
	liscellaneous therapeutic items and supplies, retail purchases, not otherwiseclassified; identify product in "remarks"	Х	-
2001 N	on-emergency transportation; patient attendant/escort	Х	-
	on-emergency transportation; per diem	Х	-
	on-emergency transportation; encounter/trip	Х	-
	on-emergency transport; commercial carrier, multi-pass	Х	-
	on-emergency transportation; non-ambulatory stretcher van	Х	-
	ransportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Х	-
	readmission screening and resident review (pasrr) level i id screening, per screen	Х	-
	readmission screening and resident review (pasrr) level ii eval, per eval	X	-
	abilitation, educational; waiver, per diem	X	-
	abilitation, educational, waiver; per hour	X	-
	abilitation, prevocational, waiver; per diem	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 list	ts do not reflect information regarding	immunizations, injectable drugs, o
ecialty medications and should be directed to the Pharmacy link option within the website.		
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	-
C2019 Habilitation, supported employment, waiver; per 15 minutes	X	-
C2020 Day habilitation, waiver; per diem	X	-
2021 Day habilitation, waiver; per 15 minutes	X	-
Case management, per month	X	-
C2023 Targeted case management; per month	Х	-
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	Х	-
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	Х	-
2037 Therapeutic camping, day, waiver; each session	Х	-
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 hour	X	_
2044 Hospice inpatient respite care; per diem	X	-
2045 Hospice general inpatient care; per diem	X	_
2046 Hospice long term care, room and board only; per diem	X	_
2047 Hab prevo waiver per 15	X	-
2048 Behavioral health; long-term care residential (non-acute care in a residential program, per diem	X	
2049 Non-emergency transportation; stretcher van, mileage; per mile	X	<u>-</u>
2050 Financial mgt waiver/diem	X	
2051 Support broker waiver/diem	X	
2101 Human breast milk processing, storage and distribution only	X	<u> </u>
4521 Adult size brief/diaper sm	X	<del>-</del>

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pecialty medications and should be directed to the Pharmacy link option within the website.		
Adult size brief/diaper med	X	-
74523 Adult size brief/diaper Ig	X	-
T4524 Adult size brief/diaper xl	X	-
T4525 Adult size pull-on sm	X	-
74526 Adult size pull-on med	X	-
4527 Adult size pull-on lg	X	-
4528 Adult size pull-on xl	X	-
「4529 Ped size brief/diaper sm/med	X	-
74530 Ped size brief/diaper lg	X	-
74531 Ped size pull-on sm/med	X	-
74532 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	X	-
74543 Disposable incontinence product, brief/diaper, bariatric, each	X	_
4544 Adlt disp und/pull on abv xl	X	-
4545 Incontinence product, disposable, penile wrap, each	X	-
75001 Positioning seat for persons with special orthopedic needs, for use in vehicles	X	_
5999 Supply, not otherwise specified	X	_
2025 Eyeglasses delux frames	X	_
/2199 Lens single vision not oth c		X
2524 Cntct lens hydrophil photoch	X	
72524 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	<u> </u>
/2615 Telescop/othr compound lens	X	<u> </u>
/2626 Reduction of eye prosthesis		X
/2627   Scleral cover shell		X
	V	
2702 Deluxe lens feature	X	- V
/2755 Uv lens/es	- V	X
/2756 Eye glass case	X	-

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pecialty medications and should be directed to the Pharmacy link option within the website.	I v I	
V2760 Scratch resistant coating	X	-
V2761 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	X	-
/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	Х	-
/5070 Glasses air conduction	X	-
/5080 Glasses bone conduction	X	-
/5090 Hearing aid dispensing fee	X	-
/5095 Semi-implantable middle ear hearing prosthesis	X	-
75100 Body-worn bilat hearing aid	X	-
/5110 Hearing aid dispensing fee	X	-
75120 Body-worn binaur hearing aid	X	-
/5130 In ear binaural hearing aid	X	_
75140 Behind ear binaur hearing ai	X	-
75150 Glasses binaural hearing aid	X	_
75160 Dispensing fee binaural	X	_
75171 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	
/5200 Cros hearing aid dispens fee	X	<u> </u>
/5211   Hearing aid, contralateral routing system, binaural, ite/ite	1 x	
	X	-
/5212 Hearing aid, contralateral routing system, binaural, ite/itc		-
/5213 Hearing aid, contralateral routing system, binaural, ite/bte	X	-
/5214   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	-

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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 re	eflect information regarding i	mmunizations, injectable drugs, o
pecialty medications and should be directed to the Pharmacy link option within the website.		
/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	-
/5244 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	Х	-
/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	Х	-
/5258 Hearing aid, digital, binaural, cic	Х	-
/5259 Hearing aid, digital, binaural, itc	Х	=
/5260 Hearing aid, digital, binaural, ite	Х	-
/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, alerting, any type	X	_
/5270 Assistive listening device, dietang, any type	X	
/5271 Assistive listening device, television ampliner, any type	$\frac{\lambda}{x}$	
/5272 Assistive listening device, television caption decoder	X	<u> </u>
/5273 Assistive listening device, tud /5273 Assistive listening device, for use with cochlear implant	X	<u> </u>
/5274 Assistive listening device, for use with coordeal implant	X	<u> </u>
/5275 Ear impression, each	X	<u> </u>
/52/15   Ear Impression, each /5281   Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	<u>-</u>
/5282 Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	<u>-</u>

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specialty medications and should be directed to the Pharmacy link option within the website.		
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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