

As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes Descr	ription	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the	ne listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
lirected to the Pharmacy link option within the website. Plan coverage limited to ACA 10 essential health benefits.							
11950 Therapy for contour defects		Х	-	Х	-	Х	_
11951 Therapy for contour defects		X	_	X	-	X	_
11952 Therapy for contour defects		X	_	X	_	X	_
11954 Therapy for contour defects		X	_	X	-	X	-
15775 Hair transplant punch grafts		X	_	X	_	X	-
15776 Hair transplant punch grafts		X	_	X	-	X	-
15780 Abrasion treatment of skin		X	_	X	_	X	-
15781 Abrasion treatment of skin		X	-	X	-	X	-
15782 Fusion of spine		X	_	X	_	X	_
15783 Abrasion treatment of skin		X	_	X	-	X	-
15786 Abrasion, lesion, single		X	-	X	-	X	-
15787 Abrasion, lesions, add-on		X	-	X	-	X	-
15788 Chemical peel, face, epiderm		X		X	_	X	
15789 Chemical peel, face, dermal		X	-	X	-	X	
15792 Chemical peel, nonfacial		X		X	_	X	
15793 Chemical peel, nonfacial		X		X	_	X	
15820 Revision of lower eyelid		-	X	-	X	-	X
15821 Revision of lower eyelid			X	-	X	_	X X
15822 Revision of upper eyelid			X	_	X		X X
15823 Revision of upper eyelid			X	-	X	_	X X
15824 Removal of forehead wrinkles		X	-	X	-	X	-
15825 Removal of neck wrinkles		X		X	_	X	
15826 Removal of brow wrinkles		X		X	-	X	
15828 Removal of face wrinkles		X		X	-	X	
15829 Removal of skin wrinkles		X	-	X		X	
15832 Excise excessive skin tissue		X	-	X	-	X	
15833 Excise excessive skin tissue		X	-	X	-	X	
15834 Excise excessive skin tissue		X	-	X		X	
15835 Excise excessive skin tissue		X	_	X	-	X	
15836 Excise excessive skin tissue		X	-	X	-	X	
15837 Excise excessive skin tissue		X	-	X	-	X	
15838 Excise excessive skin tissue		X	-	X	-	X	
15845 Skin and muscle repair, face		X		X	-	X	
15847 Excision, excessive skin and subcutaneous tissu	ie (includes lipectomy), abdomen (eg,	x	-	X	-	X	-
abdominoplasty) (includes umbilical							
15850 Removal of sutures		X	-	X	-	X	-
15876 Suction assisted lipectomy		Х	-	Х	-	Х	-
15877 Suction assisted lipectomy		-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Suction assisted lipectomy	Х	-	Х	-	Х	_
	Suction assisted lipectomy	X	-	X	_	X	_
	Skin peel therapy	X	-	X	-	X	_
	Hair removal by electrolysis	X	-	X	_	X	_
19105		X		X		x	
	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	^	-	^	-	^	-
19355	Correct inverted nipple(s)	Х	-	Х	-	Х	-
20560	Ndl insj w/o njx 1 or 2 musc	Х	-	Х	-	Х	-
	Ndl insj w/o njx 3+ musc	Х	-	Х	-	Х	-
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	Х	-	Х	-	х	-
20936	Spinal bone autograft	Х	_	Х	_	Х	_
	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less	X	-	X	-	x	
04040	(list separately in additio						
	Incision of jaw joint	-	-	X	-	-	-
	Removal of jaw joint	-	-	X	-	-	-
	Remove jaw joint cartilage	-	-	X	-	-	-
	Remove coronoid process	-	-	Х	-	-	-
	Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored	-	-	Х	-	-	-
21084	Prepare face/oral prosthesis	Х	-	Х	-	Х	-
21110	Interdental fixation	Х	-	Х	-	Х	-
21116	Injection, jaw joint x-ray	-	-	Х	-	-	-
21120	Reconstruction of chin	Х	-	Х	-	Х	-
	Reconstruction of chin	Х	-	Х	-	Х	-
21122	Reconstruction of chin	Х	-	Х	-	Х	-
21123	Reconstruction of chin	Х	-	Х	-	Х	-
21280	Revision of eyelid	-	Х	-	Х	-	Х
21282	Revision of eyelid	-	Х	-	Х	-	Х
	Revision of jaw muscle/bone	Х	-	Х	-	Х	-
	Revision of jaw muscle/bone	Х	-	Х	-	Х	-
21480	Reset dislocated jaw	-	-	Х	-	-	-
	Reset dislocated jaw	-	-	Х	-	-	-
21490	Repair dislocated jaw	-	-	Х	-	-	-
21497	Interdental wiring	Х	-	Х	-	Х	-
22505	Manipulation of spine	Х	-	Х	-	Х	-
	Perq cervicothoracic inject	-	Х	-	Х	-	Х
22511	Perq lumbosacral injection	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty me	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Vertebroplasty addl inject	_	Х	-	Х	-	Х
	Perg vertebral augmentation	_	X	-	X	-	X
	Perg vertebral augmentation	-	X	-	X	-	X
	Perq vertebral augmentation	-	X	-	X	-	X
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Х	-	х	-	х	-
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo	Х	-	х	-	х	-
	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	Х	-	Х	-	Х
22551	Neck spine fuse&remove	-	Х	-	Х	-	Х
22552	Neck spine fuse&remove addl	-	Х	-	Х	-	Х
22554	Neck spine fusion	-	Х	-	Х	-	Х
	Lumbar spine fusion	-	Х	-	Х	-	Х
22586	Prescrl fuse /w instr I5/1	Х	-	Х	-	Х	-
22600	Neck spine fusion	-	Х	-	Х	-	Х
	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	-	х	-	Х	-	Х
	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	х	-	х	-	Х
	Spine fusion, extra segment	-	Х	-	Х	-	Х
	Lumbar spine fusion	-	Х	-	Х	-	Х
	Spine fusion, extra segment	-	Х	-	Х	-	Х
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	-	х	-	х	-	Х
	Fusion of spine	-	Х	-	Х	-	Х
	Fusion of spine	-	Х	-	Х	-	Х
	Fusion of spine	-	Х	-	Х	-	Х
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	-	Х	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	-	Х	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	Х	-	Х	-	Х	-
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	х	-	х	-	Х
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	х	-	Х	-	Х
	Second level cer diskectomy	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare						
	interspace (other than for decompression); second interspace, lumbar (list separately in addition	_	х	-	х	-	Х
	to code for primary procedure)						
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	V		V		× V	
	including image guidance when performed, with open decompression, lumbar; sing	Х	-	Х	-	Х	-
22868							
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion,	Х	-	Х	-	х	-
	including image guidance when performed, with open decompression, lumbar; seco						
22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	V		V		× V	
	decompression or fusion, including image guidance when performed, lumbar; single	Х	-	Х	-	Х	-
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open	V		v		V	
	decompression or fusion, including image guidance when performed, lumbar; second	Х	-	Х	-	Х	-
23472	Reconstruct shoulder joint	-	Х	-	Х	-	Х
24357		V		V		v	
	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Х	-	Х	-	Х	-
27130	Total hip replacement	-	Х	-	Х	-	Х
27447	Total knee replacement	-	Х	-	Х	-	Х
27702	Reconstruct ankle joint	-	Х	-	Х	-	Х
28890	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other	х	_	х	_	Х	
	than local, including ultra	^	-	~	-	^	-
29800	Jaw arthroscopy/surgery	-	-	Х	-	-	-
29804	Jaw arthroscopy/surgery	-	-	Х	-	-	-
30400	Reconstruction of nose	Х	-	Х	-	Х	-
	Reconstruction of nose	Х	-	Х	-	Х	-
	Revision of nose	Х	-	Х	-	Х	-
	Revision of nose	Х	-	Х	-	Х	-
	Revision of nose	Х	-	Х	-	Х	-
	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Х	-	Х	-	Х	-
	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency)	х		х		х	
	subcutaneous/submucosal remodeling		_		_		_
	Intranasal reconstruction	Х	-	Х	-	Х	-
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s)	х	_	х	_	х	
	(bullous or non-bullous) for lung volume reduction, sternal split or transthoracic	^	-	^		^	-
	Thorax stereo rad target w/tx	-	Х	-	Х	-	Х
	Donor pneumonectomy	-	Х	-	Х	-	Х
	Lung transplant, single	-	Х	-	Х	-	Х
32852	Lung transplant with bypass	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Lung transplant, double	-	Х	-	Х	<u> </u>	Х
	Lung transplant with bypass		X	-	X		X X
	Backbench standard preparation of cadaver donor lung allograft; unilateral	_	X	-	X	_	X X
	Backbench standard preparation of cadaver donor lung allograft; bilateral	_	X	-	X		X X
	Ablation therapy for reduction or eradication of 1 or more pulm tumor(s)	X	-	X		X	
	Heart revascularize (tmr)	X	-	X	-	X	
	Heart tmr w/other procedure	X	-	X	-	X	-
	Removal of heart lesion	X	-	X	_	X	
	Removal of heart/lung	~	X	-	X	-	X
	Backbench standard preparation of cadaver donor heart/lung allograft	-	X	-	X		X
	Transplantation, heart/lung	-	X	-	X		× X
	Removal of donor heart	-	X	-	X	-	× ×
	Backbench standard preparation of cadaver donor heart allograft	-	X	-	X	-	× X
	Transplantation of heart	-	X	-	X	-	× ×
	Plnning pt spec fenest graft	- X		X	^	- X	^
	Place needle in vein	X	-	X	-	X	-
			-	X	-		-
	Collection of capillary blood specimen (eg, finger, heel, ear stick) Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	Х	-	X	-	Х	-
	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	X		-	-	<u>X</u>
		-	Х	X	-	-	Х
	Injection(s), spider veins	Х	-	X	-	Х	-
	Injection therapy of vein	-	X	X	-	-	<u>X</u>
	Injection therapy of veins	-	Х	Х	-	-	Х
	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated	-	Х	-	Х	-	Х
36476	Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins,same extrem,sep sites	-	х	-	х	-	Х
36478	Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated	-	х	-	х	-	Х
36479	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	Х	-	Х	-	Х
36482		-	x	-	х	-	Х
36483			х	-	х	-	Х
37186	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket,	х		x		Х	
	suction technique), noncorona	~	-	^	-		-
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	Х	-	Х	-	Х	-
37700	Revise leg vein	-	Х	-	Х	- 1	Х

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Ligation, division, and stripping, short saphenous vein	-	Х	-	Х	- I	Х
	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to					1	
	knee or below	-	Х	-	Х	-	Х
37735	Removal of leg veins/lesion	-	Х	-	Х	-	Х
	Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed,						
	open,1 leg	-	Х	-	Х	-	Х
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed,		Ň		Ň		N/
	1 leg	-	Х	-	Х	-	Х
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	Х	Х	-	-	Х
	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	Х	Х	-	-	Х
37780	Revision of leg vein	-	Х	-	Х	-	Х
37785	Revise secondary varicosity	-	Х	-	Х	-	Х
37788	Revascularization, penis	-	-	Х	-	-	-
37790	Penile venous occlusion	-	-	Х	-	-	-
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Х	-	Х	-	Х	-
	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection;		V		V		V
	allogenic	-	Х	-	Х	-	Х
38206	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection;		v		V		V
	autologous	-	Х	-	Х	-	Х
38207	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	-	Х	-	Х	-	Х
	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest,		v		V		V
	without washing, per donor	-	Х	-	Х	-	х
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest,		v	_	V		V
	with washing, per donor	-	Х	-	Х	-	Х
38210	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-		х		х		V
	cell depletion	-	X	-	X	-	Х
38211	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	-	Х	-	Х	-	Х
38212	Transplant preparation of hematopoietic progenitor cells; red blood cell removal	-	Х	-	Х	-	Х
38213	Transplant preparation of hematopoietic progenitor cells; platelet depletion	-	Х	-	Х	-	Х
38214	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	-	Х	-	Х	-	Х
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma,		v	_	v		V
	mononuclear, or buffy coat layer	-	Х	-	Х	-	Х
38225	Chimeric antigen receptor T-cell (CAR-T) therapy; harvesting of blood-derived T lymphocytes for	х		v		×	
	development of genetically modified autologous CAR-T cells, per day	X	-	Х	-	Х	-
38226	Chimeric antigen receptor T-cell (CAR-T) therapy; preparation of blood-derived T lymphocytes	v		v		v	
	for transportation (eg, cryopreservation, storage)	Х	-	Х	-	Х	-
38227	Chimeric antigen receptor T-cell (CAR-T) therapy; receipt and preparation of CAR-T cells for	v		V		V	
	administration	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Bone marrow harvesting for transplantation; allogenic	-	Х	-	Х	- 1	Х
	Bone marrow harvesting for transplantation; autologous	-	X	-	X	-	X
	Bone marrow/stem transplant	-	X	-	X	-	X
	Bone marrow/stem transplant	-	X	-	X	-	X
38242	Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions	-	X	-	X	-	X
41512	Tongue base suspension, permanent suture technique	Х	-	Х	-	Х	-
41530	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	Х	-	Х	-	Х	-
	Excision of gum flap	Х	-	Х	-	Х	-
41822	Excision of gum lesion	Х	-	Х	-	Х	-
41823	Excision of gum lesion	Х	-	Х	-	Х	-
41825	Excision of gum lesion	Х	-	Х	-	Х	-
41826	Excision of gum lesion	Х	-	Х	-	Х	-
41827	Excision of gum lesion	Х	-	Х	-	Х	-
41828	Excision of gum lesion	Х	-	Х	-	Х	-
41830	Removal of gum tissue	Х	-	Х	-	Х	-
41850	Treatment of gum lesion	Х	-	Х	-	Х	-
41870	Gum graft	Х	-	Х	-	Х	-
41872	Repair gum	Х	-	Х	-	Х	-
	Repair tooth socket	Х	-	Х	-	Х	-
42820	Remove tonsils and adenoids	-	Х	-	Х	-	Х
	Remove tonsils and adenoids	-	Х	-	Х	-	Х
	Removal of tonsils	-	Х	-	Х	-	Х
	Removal of tonsils	-	Х	-	Х	-	Х
	Removal of adenoids	-	Х	-	Х	-	Х
	Removal of adenoids	-	Х	-	Х	-	Х
	Removal of adenoids	-	Х	-	Х	-	Х
	Removal of adenoids	-	Х	-	Х	-	Х
	Esoph optical endomicroscopy	Х	-	Х	-	Х	-
	Upper gi optical endomicrscopy	Х	-	Х	-	Х	-
	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	х	-	х	-	Х	-
	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	Х	х	-	Х	-
	Removal of stomach, partial	-	Х	-	Х	-	Х
	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

0		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	х	-	х	-	Х
43770	Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneou	х	-	Х	-	х	-
43771	Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only	х	-	х	-	х	-
43772	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only	х	-	х	-	Х	-
43773	Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only	х	-	х	-	Х	-
43774	Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component	-	Х	х	-	Х	-
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)	-	Х	х	-	Х	-
43800	Pyloroplasty	-	Х	-	Х	-	Х
43842	Gastroplasty for obesity	-	Х	Х	-	Х	-
43843	Gastroplasty for obesity	Х	-	Х	-	Х	-
43845	Gastric revision for obesity	-	Х	Х	-	Х	-
43846	Gastric bypass for obesity	-	Х	Х	-	Х	-
43847	Gastric bypass for obesity	Х	-	Х	-	Х	-
43848	Revision gastroplasty	-	Х	Х	-	Х	-
43860	Revise stomach-bowel fusion	-	Х	Х	-	Х	-
43865	Revise stomach-bowel fusion	-	Х	Х	-	Х	-
43886	Gastric restrictive procedure, open; revision of subcutaneous port component only	Х	-	Х	-	Х	-
	Gastric restrictive procedure, open; removal of subcutaneous port component only	Х	-	Х	-	Х	-
43888	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	х	-	х	-	х	-
44132	Enterectomy, cadaver donor	Х	-	Х	-	Х	-
44133	Enterectomy, live donor	Х	-	Х	-	Х	-
	Intestine transplnt, cadaver	-	Х	-	Х	-	Х
	Intestine transplant, live	-	Х	-	Х	-	Х
	Removal of transplanted intestinal allograft, complete	-	Х	-	Х	-	Х
	Backbench standard preparation of cadaver or living donor intestine allograft	Х	-	Х	-	Х	-
44720	Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each	х	-	х	-	х	-
44721	Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each	х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
46930	Destruction of internal hemorrhoid(s) by thermal energy (eg, infrared coagulation, cautery,						
	radiofrequency)	Х	-	Х	-	Х	-
47133	Removal of donor liver	-	Х	-	Х	-	Х
	Transplantation of liver	-	Х	-	Х	-	Х
	Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only	-	Х	-	Х	-	Х
47141	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy	-	Х	-	Х	-	Х
47142	Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy	-	Х	-	Х	-	Х
47143	Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split	-	Х	-	Х	-	Х
47144	Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts	-	Х	-	Х	-	Х
47145	Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts	-	Х	-	Х	-	Х
47146	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; venous anastomosis, each	-	Х	-	Х	-	Х
47147	Backbench reconstruction of cadaver or living donor liver graft prior to allotransplantation; arterial anastomosis, each	-	Х	-	Х	-	Х
48550	Donor pancreatectomy	-	Х	-	Х	-	Х
48551	Backbench standard preparation of cadaver donor pancreas allograft	-	Х	-	Х	-	Х
	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	-	Х	-	Х	-	Х
48554	Transpl allograft pancreas	-	Х	-	Х	-	Х
48556	Removal, allograft pancreas	-	Х	-	Х	-	Х
50300	Removal of donor kidney	-	Х	-	Х	-	Х
50320	Removal of donor kidney	-	Х	-	Х	-	Х
	Backbench standard preparation of cadaver donor renal allograft	-	Х	-	Х	-	Х
	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	Х	-	Х	-	Х
50327	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; venous anastomosis, each	-	Х	-	Х	-	Х
50328	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; arterial anastomosis, each	-	Х	-	Х	-	Х
50329	Backbench reconstruction of cadaver or living donor renal allograft prior to transplantation; ureteral anastomosis, each	-	Х	-	Х	-	Х
50340	Removal of kidney	-	Х	-	Х	-	Х
	Transplantation of kidney	1	Х	1	Х		Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Transplantation of kidney	-	Х	-	Х	I - I	Х
	Remove transplanted kidney	-	X	-	X	- 1	X X
	Reimplantation of kidney	_	X	-	X	_	X X
	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		Х
00002	percutaneous approach, including r	Х	-	Х	-	Х	-
50547	Laparo removal donor kidney	_	Х	-	Х	-	Х
	Hysterectomy/bladder repair		X	-	X		X X
	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	X	-	X	-	X	-
	Insertion of tandem cuff (dual cuff)	X		X		X	-
	Transurethral rf treatment	X	-	X	-	X	-
	Treatment of penis lesion		-	X	-	1	-
	Circumcision	-		X		-	-
	Circumcision	-	-	X	-	-	-
		-	-		-	-	-
	Circumcision	-	-	X	-	-	-
	Treatment of penis lesion	-	-	X	-	X	-
	Treatment of penis lesion	-	-	X	-	X	-
	Treatment of penis lesion	-	-	X	-	X	-
	Prepare penis study	-	-	X	-	Х	-
	Dynamic cavernosometry	-	-	Х	-	Х	-
	Penile injection	-	-	Х	-	Х	-
	Penis study	-	-	Х	-	Х	-
	Penis study	-	-	Х	-	Х	-
54406	Removal of all components of a multi-component, inflatable penile prosthesis without	-	-	х	-	Х	-
	replacement of prosthesis						
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	-	-	Х	-	Х	-
54410	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis,	-	-	х	_	Х	-
	same operative session			~		~	
54411	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op	_	_	х	_	х	_
	sess, w irrig & debridemnt	_	_	~	_	~	
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of	_	_	х	_	х	_
	prosthesis		_	~	_	~	
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same			x		х	
	operative session	-	-	^	-	^	<u> </u>
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess,			х		х	
	w irrig & debridement	-	-	^	-	^	-
54660	Revision of testis	Х	-	Х	-	Х	-
55400	Repair of sperm duct	-	-	Х	-	Х	-
	Electroejaculation	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	ge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	ugs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu),						
	including ultrasound guidance	Х	-	Х	-	Х	-
55970	Sex transformation, m to f	-	Х	-	Х	-	Х
	Sex transformation, f to m	-	Х	-	Х	-	Х
57465	Computer-aided mapping of cervix uteri during colposcopy, including optical dynamic spectral imaging and algorithmic quantification of the acetowhitening effect (list separately in addition to code for primary procedure)	х	-	х	-	x	-
58150	Total hysterectomy	-	Х	-	Х	-	Х
58152	Total hysterectomy	-	Х	-	Х	-	Х
58180	Partial hysterectomy	-	Х	-	Х	-	Х
	Extensive hysterectomy	-	Х	-	Х	-	Х
58260	Vaginal hysterectomy, for uterus 250 grams or less;	-	Х	-	Х	-	Х
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Х	-	Х	-	Х
58263	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	-	Х	-	Х	-	Х
58267	Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall- marchetti-krantz type, pereyra	-	Х	-	Х	-	Х
58270	Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele	-	Х	-	Х	-	Х
	Hysterectomy/revise vagina	-	Х	-	Х	-	Х
	Hysterectomy/revise vagina	-	Х	-	Х	-	Х
58290	Vaginal hysterectomy, for uterus greater than 250 grams;	-	Х	-	Х	-	Х
58291	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)	-	Х	-	х	-	Х
58292	Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc	-	Х	-	х	-	Х
58294	Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele	-	Х	-	Х	-	Х
	Artificial insemination	Х	-	Х	-	Х	-
	Artificial insemination	Х	-	Х	-	Х	-
58323	Sperm washing	Х	-	Х	-	Х	-
	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	-	Х	-	Х	-	Х
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	-	Х
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	-	Х	-	Х	- 1	Х
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	-	Х	-	Х	-	Х
58550	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;	-	Х	-	Х	<u> </u>	Х

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

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



As of: 06/17/25

0		Lar	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of		Х		Х		x
	tube(s) and/or ovary(s)	-		-		-	
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	X	-	Х	-	Х
	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	Х	-	Х	-	Х
	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	х	-	х	-	х	-
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	Х	-	Х	-	Х
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	-	Х
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	-	Х	-	Х	-	Х
	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	-	Х
	Laparoscopy, salpingostomy	Х	-	Х	-	Х	-
	Repair oviduct	Х	-	Х	-	Х	-
	Create new tubal opening	Х	-	Х	-	Х	-
58970	Retrieval of oocyte	Х	-	Х	-	Х	-
58974	Transfer of embryo	Х	-	Х	-	Х	-
58976	Transfer of embryo	Х	-	Х	-	Х	-
59070	Transabdominal amnioinfusion, including ultrasound guidance	Х	-	Х	-	Х	-
	Fetal umbilical cord occlusion, including ultrasound guidance	Х	-	Х	-	Х	-
59866	Abortion (mpr)	Х	-	Х	-	Х	-
	Ablation of 1 or more thyroid nodule(s), one lobe or the isthmus, percutaneous, including imaging guidance, radiofrequency	_	Х	-	Х	-	Х
60661	Ablation of 1 or more thyroid nodule(s), additional lobe, percutaneous, including imaging guidance, radiofrequency (List separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Х	-	Х	-	Х	-
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	Х	-	х	-	х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Х	-	Х	-	Х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat	Х	-	х	-	х	-
	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-	х	-	Х	-
61715	Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed	-	Х	-	х	-	Х

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
61736	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	х	-	x	-	х	-
61737	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	х	-	x	-	x	-
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	Х	х	-	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis	-	Х	Х	-	-	Х
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	-	Х	х	-	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х	х	-	-	Х
	Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro	-	Х	х	-	-	Х
62263	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	х	-	Х	-
62264	Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e	Х	-	х	-	Х	-
	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	Х	-	х	-	Х	-
	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	Х	-	х	-	Х	-
	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure)	-	х	-	х	-	х
	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure)	-	х	-	х	-	х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	-	Х	х	-	-	Х
	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat	-	Х	х	-	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	lgs, or specialty m	edications and should be
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves					1	
	innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	х	-	Х	-	х
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	х	-	х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	х	-	Х	-	Х
	Injection, anesthetic agent; sphenopalatine ganglion	Х	-	Х	-	Х	-
	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	Х	-	-	-
64583	Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator	-	-	х	-	-	-
64584	Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	-	-	х	-	-	-
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	х	-	х	-	Х
	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	х	-	х	-	х
64633	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint	-	х	-	Х	-	Х
64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, each additional facet joint (list separat	-	х	-	х	-	Х
64635	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint	-	х	-	х	-	Х
64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, each additional facet joint (list separately	-	х	-	х	-	Х
65760	Revision of cornea	Х	-	Х	-	Х	-
	Revision of cornea	Х	-	Х	-	Х	-
	Corneal tissue transplant	Х	-	Х	-	Х	-
	Revise cornea with implant	Х	-	Х	-	Х	-
65771	Radial keratotomy	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Revision of iris	Х	-	Х	-	Х	-
	Implant eye drug system	-	Х	-	Х	-	Х
	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Х	-	Х	-	Х	-
	Incision of evelid fold	X	-	X	-	X	-
	Repair brow defect	-	Х	-	Х	- 1	Х
	Repair eyelid defect	-	Х	-	Х	- 1	Х
	Repair eyelid defect	-	Х	-	Х	- 1	Х
	Repair eyelid defect	-	Х	-	Х	- 1	Х
	Repair eyelid defect	-	Х	-	Х	-	Х
	Repair eyelid defect	-	Х	-	Х	- 1	Х
	Repair eyelid defect	-	Х	-	Х	- 1	Х
	Revise eyelid defect	-	Х	-	Х	- 1	Х
	Revise eyelid defect	-	Х	-	Х	- 1	Х
	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	х	-	х	-	х	-
69090	Pierce earlobes	Х	_	Х	-	Х	-
	Revise external ear	X	_	X	_	X	-
	Implant/replace hearing aid	-	_	X	_	-	_
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	х	X	-	-	Х
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor	-	Х	х	-	-	Х
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	Х	х	-	-	Х
39728	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	х	-	-	Х
9729	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	х	-	-	Х
	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	-	х	-	х
59930	Implant cochlear device	- 1	Х	-	Х	-	Х
	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
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	-	х	-	х	-
	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 code for primary procedure)	х	-	х	-	х	-
	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	-	х	-	х	-
	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	х	-	x	-	x	-
	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	-	x	-	x	-
	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	-	х	-	х	-
	X-ray consultation	Х	-	Х	-	Х	-
	Echo guide, ova aspiration	X	-	Х	-	X	-
	Us bone density measure	Х	-	Х	-	Х	-
	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine) old code 760	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular					I I	
11001	skeleton (peripheral) (eg, rad	Х	-	Х	-	Х	-
77086	Fracture assessment via dxa	Х	-	Х	-	Х	-
	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of						
	cerebral lesion(s) consis	-	Х	Х	-	-	Х
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of						
	cerebral lesion(s) consis	-	Х	Х	-	-	Х
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions,						
	including image guidance, en	-	Х	Х	-	-	Х
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non-	v		V		× ×	
	coplanar geometry with blo	Х	-	Х	-	Х	-
77432	Stereotactic radiation trmt	-	Х	Х	-	-	Х
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to one or		V	v			V
	more lesions, including image	-	Х	Х	-	-	Х
77520	Proton trmt, simple w/o comp	-	Х	-	Х	-	Х
77522	Proton trmt, simple w/comp	-	Х	-	Х	-	Х
77523	Proton trmt, intermediate	-	Х	-	Х	-	Х
77525	Proton treatment, complex	-	Х	-	Х	-	Х
78350	Bone mineral, single photon	Х	-	Х	-	Х	-
	Alcohols	Х	-	Х	-	Х	-
80321	Alcohol biomarkers; 1 or 2	Х	-	Х	-	Х	-
80322	Alcohol biomarkers; 3 or more	Х	-	Х	-	Х	-
	Alkaloids, not otherwise specified	Х	-	Х	-	Х	-
	Amphetamines; 1 or 2	Х	-	Х	-	Х	-
	Amphetamines; 3 or 4	Х	-	Х	-	Х	-
80326	Amphetamines; 5 or more	Х	-	Х	-	Х	-
	Anabolic steroids; 1 or 2	Х	-	Х	-	Х	-
	Anabolic steroids; 3 or more	Х	-	Х	-	Х	-
	Analgesics, non-opioid; 1 or 2	Х	-	Х	-	Х	-
	Analgesics, non-opioid; 3-5	Х	-	Х	-	Х	-
	Analgesics, non-opioid; 6 or more	Х	-	Х	-	Х	-
	Antidepressants, serotonergic class; 1 or 2	Х	-	Х	-	Х	-
	Antidepressants, serotonergic class; 3-5	Х	-	Х	-	Х	-
	Antidepressants, serotonergic class; 6 or more	Х	-	Х	-	Х	-
	Antidepressants, tricyclic and other cyclicals; 1 or 2	Х	-	Х	-	Х	-
	Antidepressants, tricyclic and other cyclicals; 3-5	Х	-	Х	-	Х	-
	Antidepressants, tricyclic and other cyclicals; 6 or more	Х	-	Х	-	Х	-
80338	Antidepressants, not otherwise specified	Х	-	Х	-	Х	_

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additional	lly, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Antiepileptics, not otherwise specified; 1-3	Х	-	Х	-	X	-
	Antiepileptics, not otherwise specified; 4-6	X		X	-	X	
	Antiepileptics, not otherwise specified; 7 or more	X		X	-	X	-
	Antipsychotics, not otherwise specified; 1-3	X		X	-	X	
	Antipsychotics, not otherwise specified; 4-6	X		X	-	X	_
	Antipsychotics, not otherwise specified; 7 or more	X	-	X	-	X	
	Barbiturates	X	-	X	-	X	-
	Benzodiazepines; 1-12	X		X	-	X	-
	Benzodiazepines; 13 or more	^ X	-	X		X	-
	Buprenorphine	X	-	X	-	X	-
	Cannabinoids, natural	X	-	X	-	X	-
	Cannabinoids, synthetic; 1-3	X	-	X	-	X	-
	Cannabinoids, synthetic; 4-6	X	-	X	-	X	-
	Cannabinoids, synthetic; 7 or more	X	-	X	-	X	-
	Cocaine	X	-		-	X	-
	Fentanyl	X	-	X X	-	X	-
	Gabapentin, non-blood	X	-	X	-	X	-
			-		-		-
	Heroin metabolite Ketamine and norketamine	X	-	X X	-	X X	-
	Methadone		-		-		-
		X	-	X	-	X	-
	Methylenedioxyamphetamines (mda, mdea, mdma)		-	X	-	X	-
	Methylphenidate	X	-	X	-	X	-
	Opiates, 1 or more	X	-	X X	-	X X	-
	Opioids and opiate analogs; 1 or 2		-		-		-
	Opioids and opiate analogs; 3 or 4	X	-	X	-	X	-
	Opioids and opiate analogs; 5 or more	X	-	X	-	X	-
	Oxycodone	X	-	X	-	X	-
	Pregabalin	X	-	X	-	Х	-
	Propoxyphene	X	-	X	-	Х	-
	Sedative hypnotics (non-benzodiazepines)	X	-	X	-	Х	-
	Skeletal muscle relaxants; 1 or 2	X	-	X	-	Х	-
	Skeletal muscle relaxants; 3 or more	X	-	X	-	Х	-
	Stimulants, synthetic	X	-	Х	-	Х	-
	Tapentadol	Х	-	Х	-	Х	-
	Tramadol	X	-	X	-	Х	-
	Stereoisomer anal single drug class	Х	-	Х	-	Х	-
	Drug(s) definitive, qual or quant nos 1-3	X	-	Х	-	Х	-
80376	Drug(s) definitive, qual or quant unlisted 4-6	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
	Drug(s) definitive, qual or quant nos 7 or more	Х	-	Х	-	Х	-
81120	ldh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	Х	-	Х	-	Х
81121	Idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	Х	-	Х	-	Х
81161	Dmd deletion and duplication analysis, if performed	-	Х	-	Х	-	Х
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	Х	-	Х	-	Х
81163	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81164	Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de	-	Х	-	Х	-	Х
81165	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	х	-	х	-	Х
81166	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х	-	Х
81167	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х	-	Х
81173	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence	-	х	-	х	-	Х
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant	-	Х	-	Х	-	Х
81175	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene sequence	-	х	-	х	-	х
	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted sequence analysis (eg, exon 12)	-	х	-	х	-	х
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	х	-	х	-	Х
81178	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	х	-	х	-	Х
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	х	-	х	-	х
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х

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

- **Preauth after 3rd rental month when doesn't met criteria.
- ©2023 Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	х	-	Х
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81185	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81186	Cacha1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant	-	Х	-	Х	-	Х
81187	Cnbp (cchc-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81189	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81190	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	Х	-	Х	-	Х
81191	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81192	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81194	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81195	Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)	-	Х	-	Х	-	Х
81201	Apc gene analysis; full sequence	-	Х	-	Х	-	Х
81202	Apc gene analysis; known fam variants	-	Х	-	Х	-	Х
	Apc gene anaysis; duplication/deletion variants	-	Х	-	Х	-	Х
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	Х	-	Х	-	х
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	х	-	х	-	Х
	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants	-	Х	-	Х	-	Х
81215	Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	-	Х	-	Х	-	Х
	Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	-	Х	-	Х	-	Х
	Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; full gene sequence	-	Х	-	Х	-	Х
	Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)	-	Х	-	Х	-	Х
81226	Cyp2d6 (cytochrome p450, family 2, subfamily d, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41,	-	Х	-	Х	-	Х
81227	Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)	-	Х	-	Х	-	Х
81228	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas	-	Х	-	Х	-	Х
81229	Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma	-	Х	-	Х	-	х
	Cyp3a4, gene analysis, common variant(s)	-	Х	-	Х	-	Х
81231	Cyp3a5, gene analaysis, common variants	-	Х	-	Х	-	Х
	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)	-	Х	-	Х	-	Х
	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х	-	х
81235	Egfr gene analysis; common variants	-	Х	-	Х	- 1	Х
	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	-	Х	-	х	-	Х
81237	Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)	-	Х	-	Х	-	Х
81239	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	-	Х
81242	Fance (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)	-	Х	-	Х	-	Х
81250	G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)	-	Х	-	Х	-	Х

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

- **Preauth after 3rd rental month when doesn't met criteria.
- ©2023 Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

			rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	-	Х	-	Х	-	Х
	Gjb2 (gap junction protein, beta 2, 26kda, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	-	Х	-	Х	-	Х
	Gjb6 gene com variants	-	Х	-	Х	-	Х
	Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6	-	х	-	Х	-	Х
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,	-	х	-	х	-	х
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e	-	х	-	Х	-	х
	Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis	-	Х	-	Х	-	Х
	Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	х	-	Х	-	Х
	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ	-	Х	-	Х	-	Х
	Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)	-	х	-	Х	-	Х
	lgh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	Х	-	Х	-	Х
	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Х	-	Х	-	Х
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	х	-	Х	-	Х
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	х	-	Х	-	Х
	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Х	-	Х	-	Х
	Mgmt gene methylation anal	-	Х	-	Х	-	Х
	MIh1 gene methylation anal	-	Х	-	Х	-	Х
	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Х	-	х	-	Х	-
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis						
	colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis						
	colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х
	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis		Ň				N/
	colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis		V		V		V
	colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis		х	_	х		Х
	colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	^	-	~	-	^
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome)	_	х	_	х		х
	gene analysis; full sequence analysis	-	~	-	~	-	λ
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome)	_	х	_	х	_	х
	gene analysis; duplication/deletion variants	_	~	_	~	_	Х
	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch	-	х	-	х	_	Х
	syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		~		~
81305							
	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia,	-	Х	-	Х	-	Х
	lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant						
	Palb2 gene full gene seq	-	X	-	X	-	<u>X</u>
	Pik3ca gene trgt seq alys	-	Х	-	Х	-	Х
	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene	-	Х	-	Х	-	Х
	analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61) Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene						
	analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
	Pca3 klk3	-	Х	-	Х	_	Х
	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal	-		-		-	
	tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	Х	-	Х	-	Х
	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic						
	leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or	_	х	-	х	_	х
	quantitative						
	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis						
	colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis			1			V
	colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis		v		v		v
	colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
81320	Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common		N/				
	variants (eg, r665w, s707f, l845f)	-	Х	-	Х	-	Х
81321	Pten gene analysis;full seq analysis	-	Х	-	Х	-	Х
81323	Pten gene analysis; duplication/deletion variant	-	Х	-	Х	-	Х
81324	Pmp22 gene analysis; dup/deletion analysis	-	Х	-	Х	-	Х
	Pmp22 gene analysis; full seq analysis	-	Х	-	Х	-	Х
	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	Х	-	Х	-	Х
	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	Х	-	Х	-	Х	-
	Slc01b1, gene analysis, common variant(s)	-	Х	-	Х	-	Х
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a)	_	х	-	х	_	х
	gene analysis, common variants (eg, r496l, l302p, fsp330)	_	~	_	~	_	X
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common	_	х	-	х	_	х
	variants (eg, r124h, r124c, r124l, r555w, r555q)		~		~		X
81334							
	Runx1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder	-	Х	-	Х	-	Х
	with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)						
81338	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene	-	х	-	Х	-	Х
0.1000	analysis; common variants (eg, w515a, w515k, w515l, w515r)						
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene	-	Х	-	Х	-	Х
04040	analysis; sequence analysis, exon 10						
81340	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol	-	Х	-	Х	-	Х
81341	to detect abnormal cional population(s), using amplification methodology (eg, pol						
01341	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis		х	_	х		х
	to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	^	-	^	-	^
813/2	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement						
01042	analysis, evaluation to detect abnormal clonal population(s)	-	Х	-	Х	-	Х
81343	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene						
01010	analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81344	Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect						
0.0	abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81345	Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene						
	analysis, targeted sequence analysis (eg, promoter region)	-	Х	-	Х	-	Х
81347	Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia)		v		v	1	v
	gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х	-	Х	-	Х
81348	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid		v		v		v
	leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

0		Lai	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. race limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation						
01010	of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	х	-	х	-	Х
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Х	-	Х	-	Х
81352	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	Х	-	Х	-	Х
81355	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	-	Х	-	Х	-	Х
81357	U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)	-	Х	-	Х	-	Х
81360	Zrsr2 (zinc finger ccch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)	-	х	-	х	-	х
81400	Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm	-	Х	-	Х	-	Х
81401	Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy	-	Х	-	Х	-	Х
81402	Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul	-	Х	-	Х	-	Х
81403	Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,	-	х	-	х	-	х
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	-	Х	-	Х	-	х
81405	Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch	-	х	-	х	-	х
81406	Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar	-	х	-	х	-	х
	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	-	Х	-	Х	-	х
	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (-	х	-	х	-	Х
81410	Gsps for aortic dysfnc or dilat	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Laı	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
81411	Gsps for aortic dysfnc or dilat dupe delete anal	-	Х	-	Х	-	Х
	Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease),	-	х	-	х	-	х
	Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,	-	Х	-	Х	-	Х
	Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy	-	х	-	х	-	х
81415	Exome sequence anal	-	Х	-	Х	-	Х
81416	Exome sequence anal ea add	-	Х	-	Х	-	Х
81417	Exome sequence anal re-eval	-	Х	-	Х	-	Х
	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	х	-	х	-	x	-
81419	Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	-	х	-	х	-	х
	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, digeorge syndrome, cri-du- chat syndrome), circulating cell-free fetal dna in maternal blood	Х	-	х	-	Х	-
81425	Gsps for unex costitut heritable ds	-	Х	-	Х	-	Х
	Gsps for unex costitut heritable ds ea add	-	Х	-	Х	-	Х
	Gsps for unex costitut heritable ds re-eval	-	Х	-	Х	-	Х
	Gsps for hearing loss	-	Х	-	Х	-	Х
	Gsps for hearing loss dupe delete anal	-	Х	-	Х	-	Х
	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	-	Х	-	Х	-	Х
	Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b	-	Х	-	Х	-	Х
81435	Gsps for colon ca	-	Х	-	Х	-	Х
	Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s	-	Х	-	Х	-	Х

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lai	ge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
81439	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	Х	-	Х	-	х
	Gsps nuclear encod mitochondrial genes	-	Х	-	Х	-	Х
	Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2	-	Х	-	Х	-	х
81442	Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge	-	х	-	х	-	х
81445	Gsps for solid organ neoplasm	-	Х	-	Х	-	Х
81448	Hereditary peripheral neuropathies (eg, charcot-marie-tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, bscl2, gjb1, mfn2, mpz, reep1, spast, spg11, sptlc1)	-	Х	-	Х	-	х
81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis	-	х	-	х	-	х
81450	Gsps hematolymphoid neo 5-50 genes	-	Х	-	Х	-	Х
	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	х	-	х	-	Х
81455	Gsps hematolymphoid neo =/>51 genes	-	Х	-	Х	-	Х
81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis	-	х	-	х	-	х
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	-	Х	-	Х	-	Х
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	n regarding imr	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	x	-	x	-	х
	Gsps for whole mitochondrial genome	-	Х	-	Х	-	Х
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements	-	х	-	х	-	х
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	-	х	-	х	-	х
	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	x	-	х	-	х
81465	Gsps for whole mitochondrial genome lg delete anal	-	Х	-	Х	-	Х
81470	Gsps for xlid at least 60 genes	-	Х	-	Х	-	Х
81471	Gsps for xlid at least 60 genes	-	Х	-	Х	-	Х
	Unlisted molecular pathology	-	Х	-	Х	-	Х
	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Х	-	х	-	х	-
	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	-	х	-	Х	-	Х
81500	Maaa 2 serum proteins	Х	-	Х	-	Х	-
81503	Maaa 2 serum proteins	Х	-	Х	-	Х	-
81504	Oncology tissue of origin	-	Х	-	Х	-	Х
81506	Maaa 7 serum/plasma analytes	Х	-	Х	-	Х	-
81507	Fetal aneuploidy trisom risk	-	Х	-	Х	-	Х
	Maaa 5 maternal serum analytess	Х	-	Х	-	Х	-
	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immunoassays, utilizing serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related clinical events within 5 years	х	-	x	-	x	-
	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	-	х	-	Х
	Gsps onco (brst) 21 genes	-	Х	-	Х	-	Х
81520	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	Х	-	Х	-	Х

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
81521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Х	-	Х	-	Х
81522	Onc breast mrna 12 genes	-	Х	-	Х	-	Х
81523	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	-	х	-	х	-	х
	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	Х	-	Х	-	Х
81529	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	х	-	x	-	х	-
	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl	Х	-	х	-	х	-
81536	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi	Х	-	х	-	х	-
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	Х	-	х	-	х	-
	Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic	х	-	х	-	х	-
81540	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	х	-	х	-	Х
	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	Х	-	Х	-	Х
	Onc prostate mrna 22 cnt gen	-	Х	-	Х	-	Х
	Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)	-	Х	-	х	-	Х
81551	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Х	-	Х	-	Х
	Onc breast mrna 12 genes	-	Х	-	Х	-	Х
81554	Pulmonary disease (idiopathic pulmonary fibrosis [ipf]), mrna, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [uip])	-	х	-	х	-	х
81558	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 excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection	х	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	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,	х	-	Х	-	х	-
	algorithm reported as a rejection risk score						
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20				Ň		X
	genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	Х	-	Х	-	Х
81596	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-	v		v		X	
	macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	Х	-	Х	-	Х	-
82233	Beta-amyloid; 1-40 (Abeta 40)	Х	-	Х	-	Х	-
82234	Beta-amyloid; 1-42 (Abeta 42)	Х	-	Х	-	Х	-
82777	Assay of galectin-3	Х	-	Х	-	Х	-
	Assay growth hormone (st2)	Х	-	Х	-	Х	-
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including	V		V		v	
	lipoprotein subclasses when	Х	-	Х	-	Х	-
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle	х		х		х	
	subclasses (eg, by nuclear mag	^	-	^	-	^	-
83950	Oncoprotein; her-2/neu	Х	-	Х	-	Х	-
	Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	Х	-	Х	-	Х	-
	Ph; exhaled breath condensate	Х	-	Х	-	Х	-
	Assay for phencyclidine	Х	-	Х	-	Х	-
	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	Х	-	Х	-	Х	-
	Cell enumeration	Х	-	Х	-	Х	-
	Cell enumeration phys interp	Х	-	Х	-	Х	-
	Leukocyte histamine release	Х	-	Х	-	Х	-
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker	х		х		Х	
	(eg, atp)	^	-		-	^	-
	Autologous blood process	-	-	Х	-	-	-
	Autologous blood, op salvage	-	-	Х	-	-	-
	Compatibility test each unit; electronic	Х	-	Х	-	Х	-
	Hpv low-risk types	Х	-	Х	-	Х	-
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic	х		х	_	х	
	bioinformatics		-		-		-
	Cytp urne 3-5 probes ea spec	Х	-	Х	-	Х	-
	Cytp urine 3-5 probes cmptr	Х	-	Х	-	Х	-
	Optical endomicroscopy interp	Х	-	Х	-	Х	-
	Hemoglobin (hgb), quantitative, transcutaneous	Х	-	Х	-	Х	-
	Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin	Х	-	Х	-	Х	-
88741	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website.	lese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
89049	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including	Х		х		Х	
	interpretation and repor	~	-	^	-	^	-
89250	Fertilization of oocyte	Х	-	Х	-	Х	-
39251	Culture oocyte w/embryos	Х	-	Х	-	Х	-
89253	Embryo hatching	Х	-	Х	-	Х	-
	Oocyte identification	Х	-	Х	-	Х	-
89255	Prepare embryo for transfer	Х	-	Х	-	Х	-
89257	Sperm identification	Х	-	Х	-	Х	-
89258	Cryopreservation, embryo	Х	-	Х	-	Х	-
89259	Cryopreservation, sperm	Х	-	Х	-	Х	-
89260	Sperm isolation, simple	Х	-	Х	-	Х	-
89261	Sperm isolation, complex	Х	-	Х	-	Х	-
89268	Insemination of oocytes	Х	-	Х	-	Х	-
89272	Extended culture of oocyte(s)/embryo(s), 4-7 days	Х	-	Х	-	Х	-
89280	Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes	Х	-	Х	-	Х	-
89281	Assisted oocyte fertilization, microtechnique, greater than 10 oocytes	Х	-	Х	-	Х	-
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5	X		V		V	
	embryos	Х	-	Х	-	Х	-
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos	Х	-	Х	-	Х	-
89300	Semen analysis	Х	-	Х	-	Х	-
89329	Sperm evaluation test	Х	-	Х	-	Х	-
89335	Cryopreservation, reproductive tissue, testicular	Х	-	Х	-	Х	-
	Cryopreservation, mature oocyte(s)	Х	-	Х	-	Х	-
89342	Storage, (per year); embryo(s)	Х	-	Х	-	Х	-
	Storage, (per year); sperm/semen	Х	-	Х	-	Х	-
	Storage, (per year); reproductive tissue, testicular/ovarian	Х	-	Х	-	Х	-
89346	Storage, (per year); oocyte	Х	-	Х	-	Х	-
	Thawing of cryopreserved; embryo(s)	Х	-	Х	-	Х	-
	Thawing of cryopreserved; sperm/semen, each aliquot	Х	-	Х	-	Х	-
	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Х	-	Х	-	Х	-
	Thawing of cryopreserved, oocytes, each aliquot	Х	-	Х	-	Х	-
	Unlisted reproductive medicine laboratory procedure	-	-	X	-	-	-
	Anthrax vaccine, for subcutaneous or intramuscular use	Х	-	X	-	Х	-
	Bcg vaccine, percut	Х	-	X	-	X	-
	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	Х	-	X	-	X	-
	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	Х	-	X	-	X	-
	Influenza virus vaccine, pandemic formulation, live, for intranasal use	X	-	X	-	X	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular						
00000	use	Х	-	Х	-	Х	-
90667	Influenza virus vaccine, pandemic formulation, split virus, adjuvanted, for intramuscular use	Х	-	Х	_	Х	_
	Influenza virus vaccine, pandemic formulation, split virus, for intramuscular use	X	-	X	-	X	-
	Typhoid vaccine, oral	X	-	X	-	X	-
	Typhoid vaccine, im	X	-	X	_	X	_
	Yellow fever vaccine, sc	X	-	X	_	X	-
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	X	-	X	_	X	-
	Narcosynthesis	X	-	X	-	X	-
	Psychophysiological therapy	X	-	X	_	X	_
	Psychophysiological therapy	X	-	X	-	X	-
	Hypnotherapy	X	-	X	_	X	-
	Environmental manipulation	X	-	X	_	X	-
	Psy evaluation of records	X	-	X	_	X	_
	Consultation with family	X	-	X	_	X	-
	Preparation of report	X	-	X	_	X	_
	Biofeedback train, any meth	X	-	X	_	X	_
	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient	X	-	x	-	x	-
	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	x	-	x	-	х	-
	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	х	-	х	-	х	-
	Gi wireless capsule measure	Х	-	Х	-	Х	-
	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report	х	-	х	-	х	-
91117	Colon motility 6 hr study	Х	-	Х	-	Х	-
	Corneal hysteresis deter	Х	-	Х	-	Х	-
	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Х	-	х	-	Х	-
92311	Contact lens fitting	Х	-	Х	-	Х	-
	Contact lens fitting	X	-	X	-	X	-
	Prescription of contact lens	X	-	X	-	X	-
	Prescription of contact lens	X	-	X	_	X	_

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Fitting of spectacles	Х	_	. I	_	- 1	-
	Fitting of spectacles	X				_	
	Fitting of spectacles	X		-	-	-	-
	Special spectacles fitting	X	-	X	-	X	
	Special spectacles fitting	X	-	X	-	X	-
	Special spectacles fitting	X			-	X	-
	Special spectacles fitting	X	-	X X	-	X	-
			-		-		-
	Eye prosthesis service	X	-	X	-	X	-
	Repair & adjust spectacles	X	-	X	-	X	-
	Repair & adjust spectacles	Х	-	Х	-	Х	-
	Speech/hearing therapy	-	X*	-	X*	-	X*
92508	Speech/hearing therapy	-	X*	-	X*	-	X*
	Evaluation of speech fluency	-	X*	-	X*	-	X*
	Evaluate speech production	-	X*	-	X*	-	Х*
	Speech sound lang comprehen	-	X*	-	X*	-	Х*
	Behavral qualit analys voice	-	X*	-	X*	-	Х*
	Oral function therapy	-	X*	-	Χ*	-	Х*
	Spontaneous nystagmus study	Х	-	Х	-	Х	-
	Positional nystagmus study	Х	-	Х	-	Х	-
92533	Caloric vestibular test	Х	-	Х	-	Х	-
92534	Optokinetic nystagmus	Х	-	Х	-	Х	-
92571	Filtered speech hearing test	Х	-	Х	-	Х	-
92572	Staggered spondaic word test	Х	-	Х	-	Х	-
92575	Sensorineural acuity test	Х	-	Х	-	Х	-
	Synthetic sentence test	Х	-	Х	-	Х	-
	Hearing aid exam, one ear	-	-	Х	-	-	-
	Hearing aid exam, both ears	-	_	Х	-	-	-
	Hearing aid check, one ear	-	_	X	-	-	-
	Hearing aid check, both ears	- 1	-	X	-		-
	Electro hearng aid test, one	-	-	X	-		-
	Electro hearng aid tst, both	-	_	X	-	-	-
	Ear protector evaluation	X		X	-	X	-
	Evaluation for prescription for speech-generating augmentative and alternative communication	-	 X*	-	 X*	-	 X*
92608	device, face-to-face with t Evaluation for prescription for speech-generating augmentative and alternative communication						
	device, face-to-face with t	-	X*	-	X*	-	X*
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	Х*	-	X*	-	Х*

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
Plan cove	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
92630	Auditory rehabilitation; pre-lingual hearing loss	-	X*	-	X*	-	Х*
	Prq cardiac angio addl art	Х	-	Х	-	Х	-
	Prq card angio/athrect addl	X	-	X	-	X	-
	Prq card stent w/angio addl	Х	-	Х	-	Х	_
	Prq card stent/ath/angio	Х	-	Х	-	Х	-
	Prq revasc byp graft addl	X	-	X	-	X	-
	Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft; each addl	Х	-	X	-	X	-
93025	Microvolt t-wave alterans for assessment of ventricular arrhythmias	Х	_	Х	_	Х	_
	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf	X	-	X	-	X	-
93590		Х	-	х	-	х	-
93591	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, aortic valve	Х	-	х	-	х	_
93592	Percutaneous transcatheter closure of paravalvular leak; and additional occlusion device (list separately in addition to code for primary procedure)	Х	-	х	-	х	-
93668	Peripheral vascular rehab	_	X*	-	X*		Х*
	Bioimpedance-derived physiologic cardiovascular analysis	X	-	X	-	X	-
	Bis xtracell fluid analysis	X	-	X	-	X	-
	Temperature gradient studies	X	_	X	_	X	_
	Measure venous pressure	X	-	X	-	X	-
	Carotid intima atheroma eval	X	_	X	_	X	_
	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg,	X	-	X	-	x	-
94011		х	-	х	-	х	-
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 yea	Х	-	х	-	х	-
94013	Measurement of lung volumes (ie, functional residual capacity [frc], forced vital capacity [fvc], and expiratory reserve	Х	-	х	-	х	-
94150	Vital capacity test	Х	-	Х	-	Х	-
	High altitude simulation test (hast), with physician interpretation and report;	X	-	X	-	X	-
	High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration	X	-	X	-	X	-
94660	Pos airway pressure, cpap	-	-	Х	-	<u> </u>	-
	Eye allergy tests	Х	-	-	-	- 1	-
	Nose allergy test	X	_		_	<u> </u>	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Emp	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
*Plan cover	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Polysom <6 yrs 4/> paramtrs	-	-	Х	-	- 1	-
	Polysom <6 yrs cpap/bilvl	_		X		_	_
	Slp stdy unattended		-	X	-		_
	Slp stdy unatnd w/anal	_	-	X		_	-
	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to	_			_		-
50000	14consecutive days of recording)	-	-	Х	-	-	-
95805	Multiple sleep latency test	_	-	Х		- 1	_
	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory	_	-		_	-	_
33000	airflow, and respiratory	-	-	Х	-	-	-
05807	Sleep study, attended			Х			_
	Polysomnography, 1-3	-	-	X	-		
	Polysomnography, 4 or more	_	-	X	-	-	-
	Polysomnography w/cpap	-		X	_	-	-
	Eeg digital analysis	X	-	X	-	X	_
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	X		X	_	X	-
	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with	~	_	~	_	~	-
30001	plantar pressure measurements	Х	-	Х	-	Х	-
96002							
90002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Х	-	Х	-	Х	-
06004	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and						
90004	fine wire emg, w report	Х	-	Х	-	Х	-
06105	Assessment of aphasia	Х	-	Х	-	Х	
	Trichogram	X	-	X		X	-
	Whole body integumentary photography, for monitoring of high risk patients with dysplastic		-	~	-	^	-
90904	nevus syndrome or a history o	Х	-	Х	-	Х	-
06031	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image						
30301	acquisition and interpretation and report, first lesion	Х	-	Х	-	Х	-
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image						
30352	acquisition only, first lesion	Х	-	Х	-	Х	-
06033	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation						
90900	and report only, first lesion	Х	-	Х	-	Х	-
06034	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image			<u> </u>	L	╂────╂	
30304	acquisition and interpretation and report, each additional lesion (list separately i	Х	-	Х	-	Х	-
06035	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image						
90900	acquisition only, each additional lesion (list separately in addition to code for p	Х	-	Х	-	Х	-
06036	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation			<u> </u>	L	╂────╂	
90930	and report only, each additional lesion (list separately in addition to cod	Х	-	Х	-	Х	-
07010	Hot or cold packs therapy	х	_	X		Х	
	Hot of cold packs therapy	~	-	^	-	~	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
	Mechanical traction therapy	-	X*	-	X*	-	Х*
	Electric stimulation therapy	-	X*	-	X*	-	Х*
	Vasopneumatic device therapy	-	X*	-	X*	-	X*
	Paraffin bath therapy	-	X*	-	X*	-	Χ*
	Whirlpool therapy	-	X*	-	X*	-	X*
	Diathermy treatment	-	X*	-	X*	- 1	X*
	Infrared therapy	Х	-	Х	-	Х	-
	Ultraviolet therapy	-	X*	-	X*	-	X*
	Electrical stimulation	-	X*	-	X*	- 1	X*
	Electric current therapy	-	X*	-	X*	-	X*
	Contrast bath therapy	-	X*	-	X*	-	X*
	Ultrasound therapy	-	X*	-	X*	-	X*
	Hydrotherapy	-	X*	-	X*	-	X*
	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-						~~
01001	ablative) for post-operative pain reduction	Х	-	Х	-	Х	-
97039	Physical therapy treatment	-	X*	-	Х*	_	X*
	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop					1	
	strength and endurance, range of motion and flexibility	-	X*	-	X*	-	X*
97112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of						
	movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting	-	X*	- I	Х*	_	X*
	and/or standing activities						
97113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic					1	
01110	exercises	-	X*	-	Х*	-	X*
97116	Gait training therapy	-	X*	-	X*	- 1	X*
	Massage therapy	-	X*	-	X*	_	X*
97129						1	~
// 120	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning,						
	executive function, problem solving, and/or pragmatic functioning) and compensatory strategies	-	X*	- I	Х*	_	Х*
	to manage the performance of an activity (eg, managing time or schedules, initiating, organizing,						~
	and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes						
97130						1	
	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning,						
	executive function, problem solving, and/or pragmatic functioning) and compensatory strategies						
	to manage the performance of an activity (eg, managing time or schedules, initiating, organizing,	-	X*	-	Х*	-	X*
	and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List						
	separately in addition to code for primary procedure)						
7420	Physical medicine procedure	-	X*	-	X*		Χ*

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
97140	Manual therapy	-	X*	-	X*	-	Х*
	Group therapeutic procedures	Х	-	Х	-	Х	-
	Physical therapy evaluation: low complex	-	Х*	-	Х*	-	Х*
	Physical therapy evaluation: moderate complex	-	Х*	-	Х*	-	Х*
	Physical therapy evaluation: high complex	-	X*	-	X*	-	Х*
	Re-evaluation of physical therapy	-	X*	-	X*	-	Х*
	Occupational therapy evaluation, low complex	-	X*	-	X*	-	X*
	Occupational therapy evaluation, moderate complex	-	X*	-	X*	-	Х*
	Occupational therapy evaluation, high complex	-	X*	-	X*	-	X*
97168							
	Reevaluation of occupational therapy established plan of care, requiring these components: an	-	Х*	-	Х*	-	Х*
	assessment of changes in patient functional or medical status with revised plan						
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical						
	activity profile with no comorbidities that affect physical activity;	Х	-	Х	-	Х	-
97170	Athletic training evaluation, moderate complexity, requiring these components: a history and						
	physical activity profile with no comorbidities that affect physical activity;	Х	-	Х	-	Х	-
97171	Athletic training evaluation, high complexity, requiring these components: a history and physical						
-	activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	Х	-
97172	Reevaluation of athletic training established plan of care, requiring these components: an	V		v		X	
-	assessment of patient's current functional status when there is a documented change	Х	-	Х	-	Х	-
97530	Therapeutic activities	-	X*	-	Χ*	-	Х*
97533	Sensory integration	-	X*	-	Χ*	-	Х*
	Self care mngment training	-	Х*	-	Χ*	-	Х*
	Community/work reintegration	-	Х*	-	X*	-	Χ*
97542	Wheelchair mngment training	-	Х*	-	Х*	-	Χ*
	Work hardening	-	Х*	-	Х*	-	Х*
97546	Work hardening add-on	-	Х*	-	Х*	-	Χ*
	Caregiver training in strategies and techniques to facilitate the patient's functional performance	V		v		X	
	in the home or community	Х	-	Х	-	Х	-
97551	Caregiver training in strategies and techniques to facilitate the patient's functional performance						
	in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers,	Х	-	Х	-	Х	-
	mobility,						
97552	Group caregiver training in strategies and techniques to facilitate the patient's functional	V		v		× ×	
	performance in the home or community (eg, activities of daily living [adls]	Х	-	Х	-	Х	-
97602	Wound care non-selective	Х	-	Х	-	Х	-
	Low frequency non-thermal us	Х	-	Х	-	Х	-
	Physical performance test	-	Х*	-	Χ*	- 1	Х*

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect informatior	n regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
97799	Physical medicine procedure	-	X*	-	Х*	- [Х*
97810	Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient	х	-	х	-	Х	-
	Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	х	-	х	-	х	-
97813	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	х	-	х	-	х	-
97814	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	х	-	х	-	х	-
98001	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	x	-	x	-	x	-
98002	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.	x	-	x	-	х	-
98003	Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.	x	-	x	-	x	-
	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 on the date of the encounter for code selection, 10 minutes must be met or exceeded.	x	-	x	-	x	-
98005	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.	x	-	x	-	х	-
	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 date of the encounter for code selection, 30 minutes must be met or exceeded.	x	-	x	-	х	-
98007	Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.	x	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, they the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
98008	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of	х	-	x	-	x	-
	the encounter for code selection, 15 minutes must be met or exceeded.						
98009	Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.	х	-	x	-	x	-
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	-	x	-	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	-	x	-	x	-
	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	-	x	-	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	-	x	-	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	-	x	-	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	-	x	-	х	-
98940	Chiropractic manipulation	-	X*	-	X*	-	Х*
	Chiropractic manipulation	-	X*	-	X*	-	Х*
	Chiropractic manipulation	-	X*	-	X*	-	X*
98943	Chiropractic manipulation	-	X*	-	Χ*	-	X*

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, th he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
98960	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	х	-	Х	-
98961	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	Х	-	х	-	Х	-
98962	Education and training for patient self-management by a qualified, nonphysician health care professional using a standar	х	-	х	-	Х	-
98970	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	х	-	х	-	x	-
98971	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	х	-	х	-	x	-
98972	Qualified nonphysician health care professional online digital evaluation and management service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	x	-	x	-	x	-
	Specimen handling	Х	-	Х	-	Х	-
	Specimen handling	Х	-	Х	-	Х	-
	Device handling	Х	-	Х	-	Х	-
	Postop follow-up visit	Х	-	Х	-	Х	-
99026	Hospital mandated on call service; in-hospital, each hour	Х	-	Х	-	Х	-
	Hospital mandated on call service; out-of-hospital, each hour	Х	-	Х	-	Х	-
	Special supplies	Х	-	Х	-	Х	-
	Patient education materials	Х	-	Х	-	Х	-
	Addl supl matrl&staf tm phe	Х	-	Х	-	Х	-
	Medical testimony	Х	-	Х	-	Х	-
	Group health education	Х	-	Х	-	Х	-
	Special reports or forms	Х	-	Х	-	Х	-
	Unusual physician travel	Х	-	Х	-	Х	-
	Anesthesia with hypothermia	Х	-	Х	-	Х	-
	Initial hospital care	-	X	-	X	-	X
	Initial hospital care	-	X	-	X	-	<u>X</u>
	Initial hospital care	-	X	-	X	-	X
	Subsequent hospital care	-	X	-	X	-	X
	Subsequent hospital care	-	X	-	X	-	X
	Subsequent hospital care	-	Х	-	Х	-	Х
	Office consultation	Х	-	Х	-	Х	-
99242	Office consultation	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

	Description	La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Office consultation	Х	-	Х	-	Х	-
	Office consultation	X	_	X	_	X	_
	Office consultation	X	_	X	_	X	_
	Initial inpatient consult	X	_	X	_	X	-
	Initial inpatient consult	X	-	X	-	X	-
	Initial inpatient consult	X	_	X	_	X	-
	Initial inpatient consult	X	-	X	-	X	-
	Initial inpatient consult	X	-	X	-	X	-
	Initial nursing facility care, per day, for the evaluation and management of a patient which	~		~			
	requires these three key co	-	Х	-	Х	-	Х
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which						
	requires these three key co	-	Х	-	Х	-	Х
99306	Initial nursing facility care, per day, for the evaluation and management of a patient, which						
	requires these three key c	-	Х	-	Х	-	Х
99307	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which						
	requires at least two o	-	Х	-	Х	-	Х
99308	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which		Ň				Ň
	requires at least two o	-	Х	-	Х	-	Х
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which		V		V		V
	requires at least two o	-	Х	-	Х	-	Х
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which	_	V		V		V
	requires at least two o	-	Х	-	Х	-	Х
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which		v		v		Х
	requires these three key c	-	Х	-	Х	-	~
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest	х		х	_	Х	
	home (eg, assisted livi	^	-	^	-	^	-
	Prolong service w/o contact	Х	-	Х	-	Х	-
	Prolong serv w/o contact add	Х	-	Х	-	Х	-
99366	Medical team conference with interdisciplinary team of health care professionals, face-to-face	х	_	х	_	Х	
	with patient and/or famil	^	-	^	-	^	-
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or	х		х		Х	
	family not present, 30	^	-	^	-	^	-
	Medical team conference with interdisciplinary team of health care professionals, patient and/or	х		х		Х	
	family not present, 30		-		-		-
	Home health care supervision	Х	-	Х	-	Х	-
	Hospice care supervision	Х	-	Х	-	Х	-
	Nursing fac care supervision	Х	-	Х	-	Х	-
99380	Nursing fac care supervision	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	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	x	-	x	-	x	-
	service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)						
	Life/disability evaluation	Х	-	Х	-	Х	-
	Interprofessional telephone/internet/electronic health record referral service(s) provided by a treating/requesting physician or other qualified health care professional, 30 m	х	-	х	-	х	-
99455	Disability examination	Х	-	Х	-	Х	-
	Disability examination	Х	-	Х	-	Х	-
	Self-measured blood pressure using a device validated for clinical accuracy; separate self- measurements of two readings one minute apart, twice daily over a 30-day period (minimum of 12 readings), collection of data reported by the patient and/or caregiver to the physician or other qualified health care professional, with report of average systolic and diastolic pressures and subsequent communication of a treatment plan to the patient	х	-	х	-	x	-
	Suprv interfacilty transport	Х	-	Х	-	Х	-
	Suprv interfac trnsport addl	Х	-	Х	-	Х	-
	Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring	-	Х	-	х	-	Х
99501	Home visit for postnatal assessment and follow-up care	-	Х	-	Х	-	Х
	Home visit for newborn care and assessment	-	Х	-	Х	-	Х
	Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)	-	х	-	Х	-	Х
99504	Home visit for mechanical ventilation care	-	Х	-	Х	-	Х
99505	Home visit for stoma care and maintenance including colostomy and cystostomy	-	Х	-	Х	-	Х
	Home visit for intramuscular injections	-	Х	-	Х	-	Х
99507	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Х	-	Х	-	Х	-
99509	Home visit for assistance with activities of daily living and personal care	Х	-	Х	-	Х	-
99510	Home visit for individual, family, or marriage counseling	Х	-	Х	-	Х	-
	Home visit for fecal impaction management and enema administration	Х	-	Х	-	Х	-
	Home visit for hemodialysis, per diem	-	Х	-	Х	-	Х
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	х	-	х	-	Х	-
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	-	х	-	х	-

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

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



As of: 06/17/25

	Description	Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face					I I	
00001	with patient, with assessmen	Х	-	Х	-	Х	-
0001F	Heart failure assessed (includes assessment of all the following components) (cad)	Х	_	Х	_	Х	_
	Osteoarthritis assessed (oa)	X	_	X	_	X	_
	Community acquired bacterial pneumonia assessed (cap)	X	-	X	-	X	-
	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens						
00111	(iol) placement (includes ass	Х	-	Х	-	Х	-
0015F	Melanoma follow up completed (includes assessment of all of the following components) (ml)5:						
00101	history obtained regarding	Х	-	Х	-	Х	-
0500F	Initial prenatal care visit	Х	-	Х	-	Х	-
	Prenatal flow sheet documented in medical record by first prenatal visit	X	-	X	-	X	-
	Subsequent prenatal care visit	X	-	X	-	X	-
	Postpartum care visit2	X	-	X	-	X	-
	Hemodialysis plan of care documented (esrd)	X	-	X	-	X	-
	Peritoneal dialysis plan of care documented (esrd)	X	-	X	-	X	-
	Urinary incontinence plan of care documented (ger)	X	-	X	-	X	-
	Elevated blood pressure plan of care documented (ckd)1	X	-	X	-	X	-
	Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-						
	stimulating agent (esa) thera	Х	-	Х	-	Х	-
0516F	Anemia plan of care documented (esrd)1	Х	-	Х	-	Х	-
	Glaucoma plan of care documented (ec)5	X	-	X	-	X	-
	Falls plan of care documented (ger)5	Х	-	Х	-	Х	-
	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration,						
	documented prior to initia	Х	-	Х	-	Х	-
0520F	Normal tissue dose constraints established within five treatment days from the initiation of a						
	course of 3d conformal ra	Х	-	Х	-	Х	-
0521F	Plan of care to address pain documented (onc)1	Х	-	Х	-	Х	-
	Initial visit for episode (bkp)2	Х	-	Х	-	Х	-
	Subsequent visit for episode (bkp)2	Х	-	Х	-	Х	-
	Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in						
	colonoscopy report (end/polyp)	Х	-	X	-	Х	-
0529F	Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)	Х	-	Х	-	Х	-
	Dyspnea management plan of care, documented (pall cr)	X	-	X	-	X	-
	Glucorticoid management plan documented (ra)	X	-	X	-	X	-
	Plan for follow-up care for major depressive disorder, documented (mdd adol)	X	-	X	-	X	-
	Cytopath report-nongyn spcmn	X	-	X	-	X	-
	Cytopath report non-routine	X	-	X	-	X	-
	Symptom management plan of care documented (hf)	Х	_	X	_	X	_

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Plan of care to achieve lipid control documented (cad)	Х	-	Х	-	Х	-
	Plan of care to manage anginal symptoms documented (cad)	X	_	X	_	X	_
	Hiv rna control plan of care, documented (hiv)	X	-	X	-	X	-
	Multidisciplinary care plan	X	_	X	_	X	-
	Pt trnsfrd from anesth to cc	X	-	X	-	X	-
	No trnsfr from anesth to cc	X	_	X	_	X	-
	Transfer care checklist used	X	-	X	-	X	-
	No transfer care chklist used	X	-	X	-	X	-
	Tobacco use, smoking, assessed1	X	-	X	-	X	-
	Anginal symptoms and level of activity assessed (nma - no measure associated)	X	-	X	-	X	-
	Level of activity assessed (nma no measure associated)	X	-	X	-	X	-
	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	Х	-	Х	-	Х	-
1005F							
	Asthma symptoms evaluated (includes physician documentation of numeric frequency of	Х	-	х	-	х	-
	symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no						
1006F	Osteoarthritis symptoms and functional status assessed	Х	-	Х	-	Х	-
	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief						
	assessed	Х	-	Х	-	Х	-
1008F	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids	Х	-	Х	-	Х	-
	Severity of angina assessed by level of activity (cad)	X	-	X	-	X	-
	Angina present (cad)	X	-	X	-	X	-
	Angina absent (cad)	X	-	X	-	X	-
	Chronic obstructive pulmonary disease (copd) symptoms assessed (includes assessment of at						
	least one of the following:	Х	-	Х	-	Х	-
1018F	Dyspnea assessed, not present (copd)	Х	-	Х	-	Х	-
	Dyspnea assessed, present (copd)	Х	-	Х	-	Х	-
	Pneumococcus immunization status assessed (cap, copd)	Х	-	Х	-	Х	-
	Co-morbid conditions assessed 9eg, includes assessment for presence or absence of:						
	malignancy, liver disease,	Х	-	Х	-	Х	-
1030F	Influenza immunization status assessed (cap)	Х	-	Х	-	Х	-
	Smoking status and exposure to second hand smoke in the home assessed (asthma)	X	-	X	-	X	-
	Current tobacco smoker or currently exposed to secondhand smoke (asthma)	X	-	X	-	X	-
	Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)	X	-	X	-	X	-
	Current tobacco smoker (cad, cap, copd, dm, pv)	X	-	X	-	X	-
	Current smokeless tobacco user (eg chew, snuff)(pv)	X	-	X	-	X	-
	Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd)	X	-	X	-	X	-
	Persistent asthma (mild, moderate or severe)	X	-	X	-	X	-

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

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



As of: 06/17/25

9		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
1039F	Intermittent asthma	Х	-	Х	-	Х	-
1040F	Dsm-iv¿ criteria for major depressive disorder documented (mdd)	Х	-	Х	-	Х	-
1050F	History obtained regarding new or changing moles (ml)	Х	-	Х	-	Х	-
	Type, anatomic location, and activity all assessed (ibd)	Х	-	Х	-	Х	-
1055F	Visual functional staus assessed (ec)	Х	-	Х	-	Х	-
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (str)	Х	-	Х	-	Х	-
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str)	х	-	х	-	Х	-
	Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)	Х	-	Х	-	Х	-
	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str)	Х	-	Х	-	Х	-
	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; none present (gerd)	Х	-	х	-	Х	-
1071F	Alarm symptoms (involuntary weight loss, dysphagia, or gastrointestinal bleeding) assessed; one or more present (gerd)	х	-	х	-	х	-
	Presence or absence of urinary incontinence assessed (ger)	Х	-	Х	-	Х	-
	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger)	х	-	х	-	х	-
	Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th	х	-	х	-	х	-
	Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y	х	-	х	-	х	-
	Patient discharged from an inpatient facility (eg hospital, skilled nursing facility, or rehabilitation facility) within	Х	-	х	-	Х	-
1111F	Discharge medications reconciled with the current medication list in outpatient medical record (ger)	Х	-	х	-	Х	-
1116F	Auricular or periauricular pain assessed (aoe)	Х	-	Х	-	Х	-
	Gerd symptoms assessed after 12 months of therapy (gerd)5	Х	-	Х	-	Х	-
	Initial evaluation for condition (hep c)1	Х	-	Х	-	Х	-
1121F	Subsequent evaluation for condition (hep c)1	Х	-	Х	-	Х	-
	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	х	-	х	-	Х	-
1124F	Advance care planning discussed and documented in the medical record, patient did not wish or was not able to name a surrogate decision maker or provide an advance care plan (х	-	x	-	x	-
1125F	Pain severity quantified; pain present (onc)1	Х	-	Х	-	Х	-
	Pain severity quantified; no pain present (onc)1	Х	-	Х	-	Х	-
	New episode for condition (nma-no measure associated)	Х	_	Х		Х	

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

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



As of: 06/17/25

	Description	La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. race limited to ACA 10 essential health benefits.						
	Subsequent episode for condition (nma-no measure associated)	Х	-	Х	-	Х	_
	Back pain and function assessed, including all of the following: pain assessment and functional	~	-	~	-	~	-
	status and patient histo	Х	-	Х	-	Х	-
	Episode of back pain lasting 6 weeks or less (bkp)	Х	-	Х	-	Х	-
1135F	Episode of back pain lasting longer than six weeks (bkp)2	Х	-	Х	-	Х	-
1136F	Episode of back pain lasting 12 weeks or less (bkp)2	Х	-	Х	-	Х	-
1137F	Episode of back pain lasting longer than 12 weeks (bkp)2	Х	-	Х	-	Х	-
1150F	Documentation that a patient has a substantial risk of death within 1 year (pall cr)	Х	-	Х	-	Х	-
1151F	Documentation that a patient does not have a substantial risk of death within one year (pall cr)	Х	-	Х	-	х	-
1152E	Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)	Х	-	Х	-	Х	-
1153F		X	_	X	_	X	
	Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)		_				
	Advance care plan or similar legal document present in the medical record (coa)	Х	-	Х	-	Х	-
	Advance care planning discussion documented in the medical record (coa)	Х	-	Х	-	Х	-
159F	Medication list documented in medical record (coa)	Х	-	Х	-	Х	-
1160F	Rvw meds by rx/dr in rcrd	Х	-	Х	-	Х	-
1170F	Functional status assessed (coa) (ra)	Х	-	Х	-	Х	-
1175F	Functional status for dementia assessed and results reviewed (dem)	Х	-	Х	-	Х	-
1180F	All specified thromboembolic risk factors assessed (afib)	Х	-	Х	-	Х	-
	Neuropsychiatric symptoms assessed and results reviewed (dem)	Х	-	Х	-	Х	-
	Neuropsychiatric symptoms, one or more present (dem)	Х	-	Х	-	Х	-
	Neuropsychiatric symptoms, absent (dem)	Х	-	Х	-	Х	-
	Seizure type(s) and current seizure frequency(ies) documented (epi)	X	-	X	-	X	-
	Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)	X	-	X	_	X	_
	Patient screened for depression (sud)	X	-	X	-	X	_
	Prkns diag rviewed	X	-	X	_	X	_
1450F		X	-	X	-	x	-
	Symptoms improved or remained consistent with treatment goals since last assessment (hf)	X		N/		X	
	Symptoms demonstrated clinically important deterioration since last assessment (hf)	X	-	X	-	X	-
	Qualifying cardiac event/diagnosis in previous 12 months (cad)	X	-	Х	-	Х	-
	No qualifying cardiac event/diagnosis in previous 12 months (cad)	Х	-	X	-	Х	-
	Dementia severity classified, mild (dem)	X	-	X	-	X	-
	Dementia severity classified, moderate (dem)	Х	-	Х	-	Х	-
	Dementia severity classified, severe (dem)	Х	-	Х	-	Х	-
	Cognition assessed and reviewed (dem)	Х	-	Х	-	Х	-
	Symptom + sign symm polyneuro	Х	-	Х	-	Х	-
1501F	Not initial eval for cond	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pt queried pain fxn w/instr	Х	-	Х	-	Х	-
	Pt queried symp resp insufficient	X	-	X	-	X	-
	Pt has resp insufficiency	X	-	X	_	X	-
	Pt has no resp insufficiency	X	-	X	_	X	-
	Blood pressure measured (ckd)(dm)	X	-	X	_	X	-
	Weight recorded (pag)	X	-	X	_	X	-
	Clinical signs of volume overload (excess) assessed (nma - no measure associated)	X	-	X	_	X	-
	Initial examination of the involved joint(s)	Х	-	Х	_	Х	-
2010F	Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)	Х	-	X	-	X	-
	Mental status assessed (normal/mildly impaired/severely impaired)(cap)	Х	-	Х	-	Х	-
	Asthma impairment assessed (asthma)	Х	-	Х	-	Х	-
	Asthma risk assessed (asthma)	Х	-	X	-	X	-
2018F	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	Х	-	Х	-	Х	-
2019F	Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemmorrhage	х	-	х	-	х	-
	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	-	Х	-	Х	-
2021F	Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level	х	-	х	-	х	-
2022F	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)	х	-	х	-	х	-
	Dilat rta xm w/o rtnopthy	Х	-	Х	-	Х	-
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist documented and review	Х	-	х	-	Х	-
2025F	F 7 fld rta photo w/o rtnopthy	Х	-	Х	-	Х	-
	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed	Х	-	х	-	х	-
2027F	Optic nerve head evaluation performed (ec)	Х	-	Х	-	Х	-
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse	Х	-	х	-	Х	-
	Complete physical skin exam performed (ml)	Х	-	Х	-	Х	-
	Hydration status documented, normally hydrated (pag)	X	-	X	-	X	-
	Hydration status documented, dehydrated (pag)	Х	-	Х	-	Х	-
	Eye img valid w/o rtnopthy	X	-	X	-	X	-
	Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)	Х	-	Х	-	Х	-
2040F	Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. Tage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back	Х	-	х	-	Х	-
	Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)	Х	-	х	-	Х	-
	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad	Х	-	х	-	Х	-
	Chext xray results documented and reviewed (cap)	Х	-	Х	-	Х	-
	Body mass index (bmi), documented (pv)	Х	-	Х	-	Х	-
	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-	х	-	x	-
3014F	Screening mammography results documented and reviewed	Х	-	Х	-	Х	-
	Cervical cancer screening results documented and reviewed (pv)	Х	-	Х	-	Х	-
3016F	Patient screened for unhealthy alcohol use using a systematic screening method (pv)	Х	-	Х	-	Х	-
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible	Х	-	х	-	x	-
	Pre-procedure risk assessment and depth of insertion and quality of the bowel prep and complete description of polyp(s) found, including location of each polyp, size, number and gross morphology and recommendations for follow-up in final colonoscopy report documented (end/polyp)	х	-	x	-	x	-
3019F	Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)	Х	-	Х	-	Х	-
3020F	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass	х	-	х	-	х	-
	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular	Х	-	х	-	x	-
	Left ventricular ejection fraction (lvef)>=40% or documentation as normal or mildly depressed left ventricular systolic	Х	-	х	-	x	-
	Spirometry results documented and reviewed (copd)	Х	-	Х	-	Х	-
	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)	Х	-	х	-	Х	-
	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms (copd)	Х	-	х	-	х	-
3028F	Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood gas	Х	-	х	-	Х	-
3035F	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	Х	-	Х	-	Х	-
	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	Х	-	Х	-	Х	-
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Functional expiratory volume (fev1) <40% of predicted value (copd)	Х	-	Х	-	Х	_
	Functional expiratory volume (fev1) >=40% of predicted value (copd)	X	_	X	-	X	_
	Most recent hemoglobin a1c level <7.0% (dm)	X	_	X	-	X	_
	Hemoglobin a1c level > 9.0%	X	_	X	-	X	-
	Most recent IdI-c less than 100 mg/dI (cad) (dm)	X	_	X	-	X	_
	Most recent IdI-c 100-129 mg/dl (cad) (dm)	X	_	X	-	X	-
	Most recent IdI-c greater than or equal to 130 mg/dl (cad) (dm)	X	_	X	-	X	-
	Hg a1c>equal 7.0%<8.0%	X	-	X	-	X	-
	Hg a1c>equal 8.0%	X	_	X	-	X	-
	Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)	X	_	X	-	X	-
	Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)	X	_	X	-	X	-
	Positive microalbuminuria test result documneted and reviewed (dm)	X	_	X	-	X	-
	Negative microalbuminuria test result documented and reviewed (dm)	X	_	X	-	X	_
	Positive macroalbuminuria test result documented and reviewed (dm)	X	_	X	-	X	_
3066F	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf	X	-	X	-	x	-
	Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)	Х	-	Х	-	Х	_
	Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens	~	_	~	-	~	
50751	power calculation documen	Х	-	Х	-	Х	-
3074E	Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-	Х	-	Х	_
	Most recent systelic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	X		X		X	
3077F		~		~		~	
	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
3080F	Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	х	-	х	-	х	-
3082F	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	Х	-	Х	-	Х	-
	Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-	Х	-	Х	-
	Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-	Х	-	Х	-
	Suicide risk assessed (mdd)	Х	-	Х	-	Х	-
3088F	Major depressive disorder, mild (mdd)	Х	-	Х	-	Х	-
3089F	Major depressive disorder, moderate (mdd)	Х	-	Х	-	Х	-
3090F	Major depressive disorder, severe without psychotic features (mdd)	Х	-	Х	-	Х	-
3091F	Major depressive disorder, severe with psychotic features (mdd)	Х	-	Х	-	Х	-
	Major depressive disorder, in remission (mdd)	Х	-	Х	-	Х	-
	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	х	-	х	-	х	-

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

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



As of: 06/17/25

Description	Not					
	Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	Х	-	X	-	X	_
		_		-		
	Х	-	Х	-	Х	-
	Х	-	Х	-	Х	-
	Х	-	Х	-	Х	-
	Х	-	Х	-	Х	-
	Х	_	Х	_	Х	-
		_		_		
New vork heart association (nvha) class documented (hf)		-		-		
		_		_		-
		-		-		-
		_		_		
		-		-		
		_		_		
		-		-		
Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	Х	-	Х	-	Х	-
	Х	-	Х	-	Х	-
		-		_		-
	Х	-	Х	-	Х	-
	Х	-	Х	-	Х	-
Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	Х	-	Х	-	Х	-
	Х	-	Х	_	Х	-
		-		-		
		-		-		
		-		-		_
o	Х	-	X	-	Х	-
	Х	-	X	-	Х	-
	Х	-	Х	-	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) ordered (op) Central dual - energy x-ray absorptionmetry (dxa) ordered (op) Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str) 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 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 Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) Heart failure disease specific structured assessment tool completed (hf) New york heart association (nyha) class documented (hf) No evaluation of level of activity or clinical symptoms (hf) 12-lead ecg performed (em) Esoph bx rpt w(dysp) info Upper gastrointestinal endoscopy performed (gerd) Documentation of referral for upper gastrointestinal endoscopy (gerd) Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd) Barium swallow test ordered (gerd) Forceps esophageal biopsy performed (gerd) Cycogenetic testing performed on bone marrow at time of diagnosis or prior to initiating t	Central dual - energy x-ray absorptionmetry (dxa) ordered (op) X 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) X 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 X 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 X Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) X New york heart association (nyha) class documented (hf) X No evaluation of level of activity or clinical symptoms (hf) X 12-lead ecg performed (em) X Esoph bx rpt widyspl info X Upper gastrointestinal endoscopy performed (gerd) X Documentation of ireef a for upper gastrointestinal endoscopy (gerd) X Earotic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem) X Barium swallow test ordered (gerd) X Cytogenetic testing performed on bone marrow at time of diagnosis or prior to	Central dual - energy x-ray absorptionmetry (xa) ordered (op) X - Carotid imaging study report includes direct or indirect reference to measurements of distal X - Decumentation in final ct or mi report of presence or absence of hemorrhage and mass lesion and acute infarction (str) X - 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 X - 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 X - Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) X - New york heart association (nyha) class documented (hf) X - Ne evaluation of releval of activity or clinical symptoms (hf) X - 21-lead ecg performed (rem) X - Esoph bx prt w/dyspi info X - Occumentation of referral for upper gastrointestinal endoscopy (gerd) X - Upper gastrointestinal endoscopy report indicates uspicion of barrett's esophagus (gerd) X - Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd) X - <	Central dual - energy x-ray absorptionmetry (dxa) ordered (op) X - X Carotid imaging study report includes direct or indirect reference to measurements of distal X - X Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infraction (str) X - X Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an and acute infraction (str) X - X 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 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than 24 hours after arrival to the hospital or performed in X - X Quantitative results of an evaluation of current level of activity and clinical symptoms (hf) X - X Nee valuation of revel of activity and clinical symptoms (hf) X - X - Nee valuation of current level of activity and clinical symptoms (hf) X - X - Value activity or clinical symptoms (hf) X - X - X Upper gastrointestinal endoscopy performed (gerd) X - X - X Documentation of feferal for upper gastrointesti	Central dual - energy x-ray absorptionmetry (dxa) ordered (op) X - X - Carolid maging study report includes direct or indirect reference to measurements of distal internal carotid diameter a X - X - Documentation in final ct or mit report of presence or absence of hemorrhage and mass lesion and acute infaction (str) X - X - Ct or mi of the brain performed in the hospital within 24 hours of atrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, ita or infrac X - X - Ct or mi of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, ita or infrac X - X - Ct or mi of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center, to confirm initial occumented (nf) X - X - Cuantitative results of an evaluation of current level of activity and clinical symptoms (hf) X - X - Ne work heart association (nyha) class documented (nf) X - X - Decumentation of referral for upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd) X - X - Up	Central dual - energy x-ray absorptionmetry (txa) ordered (op)X-X-XCaroldi maging study report includes direct or indirect reference to measurements of distalX-X-XDocumentation in final ct or mri report of presence or absence of hemorrhage and mass lesionX-X-XCaroldi maging reperts to confirm initial diagnosis of stroke, tia or intracX-X-XCt or mri of the brain performed in the hospital within 24 hours after arrival to the hospital or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intracX-X-XCt or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intracX-X-XQuantitative results of an evaluation of current level of activity and clinical symptoms (hf)X-X-XNe work heart association (wha) class documented (hf)X-X-X-XDecumentation of level of activity or clinical symptoms (hf)X-X-X-X12-lead ceg performed (gerd)X-X-X-X-XDocumentation of referal for upper gastrointestinal endoscopy (gerd)X-X-X-XUpper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)X-X-X-X <trr>Doc</trr>

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to *Plan cover	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
3250F	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	Х	-	х	-	х	-
3260F	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa	Х	-	х	-	х	-
3265F	Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1	Х	-	х	-	Х	-
3266F	Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1	Х	-	х	-	Х	-
3267F	Pathology report includes pt category, pn category, gleason score and statement about margin status (path)	Х	-	х	-	Х	-
	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	Х	-	х	-	Х	-
	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-	х	-	х	-
	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	Х	-	х	-	Х	-
3271F	Low risk of recurrence, prostate cancer (prca)1	Х	-	Х	-	Х	-
3272F	Intermediate risk of recurrence, prostate cancer (prca)1	Х	-	Х	-	Х	-
3273F	High risk of recurrence, prostate cancer (prca)1	Х	-	Х	-	Х	-
	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	х	-	х	-	х	-
	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	х	-	х	-	х	-
	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-	Х	-	Х	-
	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Х	-	Х	-	Х	-
	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Х	-	Х	-	Х	-
	Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre- intervention level (ec)5	Х	-	х	-	х	-
3285F	Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5	Х	-	х	-	Х	-
	Falls risk assessment documented (ger)5	Х	-	Х	-	Х	-
	Patient is d (rh) negative and unsensitized (prenatal)1	Х	-	Х	-	Х	-
3291F	Patient is d (rh) positive or sensitized (prenatal)1	Х	-	Х	-	Х	-
	Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1	Х	-	х	-	х	-
	Abo and rh blood typing documented as performed (pre-cr)	Х	-	Х	-	Х	-
	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-	х	-	х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation						
	of therapy (onc)1	Х	-	Х	-	Х	-
3301F	Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of	V		v		× ×	
	therapy (onc)1	Х	-	Х	-	Х	-
3315F	Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1	Х	-	Х	-	Х	-
3316F	Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1	Х	-	Х	-	Х	-
3317F	Pathology report confirming malignancy documented in the medical record and reviewed prior to	х		х		Х	
	the initiation of chemothe	^	-	^	-	^	-
3318F	Pathology report confirming malignancy documented in the medical record and reviewed prior to	х		х		х	
	the initiation of radiatio	^	-	^	-	^	-
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or	х		х		Х	
	nuclear medicine sca	^	-	^	-	^	-
3320F	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or	х		x	_	х	_
	nuclear medicine sc				_		
	Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-	Х	-	Х	-
	Melanoma greater than ajcc stage 0 or ia (ml)	Х	-	Х	-	Х	-
3323F	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery	х	_	х	_	Х	-
	(lung/esop cx)						
	Mri or ct scan ordered, reviewed or requested (epi)	Х	-	Х	-	Х	-
3325F	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract	х	_	х	_	х	-
	surgery with intraocula	~		~		~	
3328F		Х	-	х	-	х	-
	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)						
	Imaging study ordered (bkp)2	X	-	X	-	X	-
3331F	Imaging study not ordered (bkp)2	Х	-	Х	-	Х	-
3340F		Х	-	Х	-	Х	-
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5						
3341F	Preset imposing reporting and data system (hi rada) approximent estagons (1. decumented (rad))	Х	-	Х	-	Х	-
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5						
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Х	-	Х	-	Х	-
3343F	preasi imaging-reporting and data system (pr-rads) assessment category 2, documented (rad)5						
3343F	Breast imaging reporting and data system (bi rade) assessment estagony 2. documented (rad)5	Х	-	Х	-	Х	-
3344F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5 Mammogram assessment category of "suspicious," documented (rad)	Х	_	X		Х	
3344F		^	-	^	-	^	-
3340F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Х	-	Х	-	Х	-
3350F	breast imaging reporting and data system (briads) assessment category 5, documented (lad)5			 		┨────┤	
0000F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	-	Х	-	Х	-
L	needed after cortain number of visite. Limit depends on plan/provider type	1		I			

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Negative screen for depressive symptoms as categorized by using a standardized depression						
	screening/assessment tool(mdd)	Х	-	Х	-	Х	-
	No significant depressive symptoms as categorized by using a standardized depression						
	assessment tool (mdd)	Х	-	Х	-	Х	-
3353F	Mild to moderate depressive symptoms as categorized by using a standardized depression						
	screening/assessment tool (mdd)	Х	-	Х	-	Х	-
3354F	Clinically significant depressive symptoms as categorized by using a standardized depression						
	screening/assessment tool (Х	-	Х	-	Х	-
3370F	Ajcc breast cancer stage 0, documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage ii, documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage iii, documented (onc)	Х	-	Х	-	Х	-
	Ajcc breast cancer stage iv, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage 0, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage i, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage ii, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage iii, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage iv, documented (onc)	Х	-	Х	-	Х	-
	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the	v					
	scoring system defined in the asco/cap guidelines (path)	Х	-	Х	-	Х	-
3395F	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for	v		V		X	
	estrogen or progesterone receptors [er/pr]) performed (path)9	Х	-	Х	-	Х	-
3450F	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Х	-	Х	-	Х	-
	Dyspnea screened, moderate or severe dyspnea (pall cr)	Х	-	Х	-	Х	-
3452F	Dyspnea not screened (pall cr)	Х	-	Х	-	Х	-
3455F	Tb screening performed and results interpreted within six months prior to initiation of first-time	V		v		v	
	biologic disease modifying anti-rheumatic drug therapy for ra (ra)	Х	-	Х	-	Х	-
3470F	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-	Х	-	Х	-
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	Х	-	Х	-	Х	-
	Rheumatoid arthritis (ra) disease activity, high (ra)	Х	-	Х	-	Х	-
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	Х	-	Х	-	Х	-
	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	Х	_	Х	-	Х	-
3490F	History of aids-defining condition (hiv)	Х	-	Х	-	Х	-
	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	Х	-	Х	-	Х	-
3492F	History of nadir cd4+ cell count <350 cells/mm (hiv)	Х	-	Х	-	Х	-
3493F	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Cd4+ cell count <200 cells/mm (hiv)	Х	-	Х	_	Х	-
	Cd4+ cell count 200 - 499 cells/mm (hiv)	X	-	X	-	X	
	Cd4+ cell count >=500 cells/mm (hiv)	X	-	X	-	X	
	Cd4+ cell percentage <15% (hiv)	X	-	X	-	X	-
	Cd4+ cell percentage >=15% (hiv)	X	-	X	-	X	-
	Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)	X	-	X	-	X	-
	Hiv rna viral load below limits of quantification (hiv)	X	-	X	-	X	
	Hiv ma viral load not below limits of quantification (hiv)	X	-	X	-	X	-
	Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)	X		X		X	-
	() 8 1	X	-		-	X	-
	Chlamydia and gonorrhea screenings documented as performed (hiv) Syphilis screening documented as performed (hiv)		-	X	-		-
		X	-	X	-	X	-
	Hepatitis b screening documented as performed (hiv)	X	-	X	-	X	-
	Hepatitis c screening documented as performed (hiv)	X	-	Х	-	X	-
	Patient has documented immunity to hepatitis c (hiv)	Х	-	Х	-	Х	-
	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf (tumor necrosis factor) therapy (ibd)	х	-	х	-	Х	-
3520F	Clostridium difficile testing performed (ibd)	Х	-	Х	-	Х	-
	Low risk for thromboembolism (afib)	Х	-	Х	-	Х	-
3551F	Intermediate risk for thromboembolism (afib)	Х	-	Х	-	Х	-
	High risk for thromboembolism (afib)	Х	-	Х	-	Х	-
	Patient had international normalized ratio (inr) measurement performed (afib)	Х	-	Х	-	Х	-
	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct	х	-	х	-	х	-
3572E	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х		Х		Х	-
3573F		X	_	X		X	-
	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	N/		X		X	
	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	X	-	X	-	X	-
	Psych disorders assessed	Х	-	X	-	X	-
	Cognit impairment assessed	X	-	X	-	X	-
	Screening for depression performed (dem)	Х	-	Х	-	Х	-
	Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)	Х	-	Х	-	х	-
	Electrodiag polyneuro6mon	Х	-	Х	-	Х	-
	No electrodiag polyneuro6mon	Х	-	Х	-	Х	-
3753F	Pt has symp plus signs neuropathy	Х	-	Х	-	Х	-
	Screening tests dm done	Х	-	Х	-	Х	-
	Cog and behav imprmnt scrng done	Х	-	Х	-	Х	-
	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Pt /w no pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	_	Х	-	Х	_
	Pt ref pulmon fx test with peak flow	X		X		X	_
	Pt scrn dysphag /wt loss/nutrition	X		X	-	X	_
	Pt w/ dysphag /wt loss/nutr	X	-	X	_	X	_
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X	_	X	_	X	_
	Patient is dysarthric	X	_	X	_	X	_
	Patient is not dysarthric	X	_	X	_	X	_
	Adenoma detected screening	X	_	X	_	X	_
	Adenoma not detect screening	X	_	X	_	X	_
	Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)	X	_	X	_	X	_
4001F	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	X	-	X	-	X	-
4003F	Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)	Х	-	х	-	Х	-
4004F	Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)	Х	-	х	-	Х	-
4005F	Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)	Х	-	Х	-	Х	-
	Beta-blocker therapy prescribed or currently being taken (cad,hf)	Х	-	Х	-	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)	Х	-	х	-	х	-
4011F	Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1	Х	-	х	-	х	-
4012F	Warfarin therapy prescribed (nma-no measure associated)	Х	-	Х	-	Х	-
	Statin therapy prescribed or currently being taken (cad)	Х	-	Х	-	Х	-
4014F	Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica	Х	-	х	-	х	-
4015F	Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio	Х	-	х	-	Х	-
4016F	Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), including otc medication(s)]	Х	-	х	-	х	-
4017F	Gastrointestinal prophylaxis for nsaid use prescribed	Х	-	Х	-	Х	-
	Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed	Х	-	х	-	Х	-
4019F	Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot	Х	-	х	-	Х	-
4025F	Inhaled bronchodilator prescribed (copd)	Х	-	Х	-	Х	-
	Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)	Х	-	Х	-	Х	-
	Pulmonary rehabilitation exercise training recommended (copd)	Х	-	X	-	X	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Influenza immunization recommended (copd)(ibd)	Х	-	Х	-	Х	-
	Influenza immunization ordered or administered (copd, pv)	Х	-	Х	-	Х	-
	Pneumococcal vaccine administer or previously received (copd) (pv)	Х	-	Х	-	Х	-
	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Х	-	Х	-	Х	-
4042F	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra	х	-	х	-	х	-
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card	Х	-	х	-	Х	-
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	Х	-	х	-	Х	-
4045F	Appropriate empiric antibio0	Х	-	Х	-	Х	-
4046F	Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative	х	-	х	-	х	-
4047F	Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroguinolone or vancom	х	-	х	-	х	-
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon	х	-	х	-	х	-
4049F	Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car	х	-	х	-	х	-
4050E	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	_	Х	-	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	X		X	_	X	
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	X	-	X	-	X	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	X	-	X	-	X	-
	Hemodialysis via catheter (esrd)	X	-	X	-	X	-
	Patient receiving peritoneal dialysis (esrd)	X	-	X	-	X	-
	Appropriate oral rehydration solution recommended (pag)	X	-	X	-	X	-
	Pediatric gastroenteritis education provided to caregiver (pag)	Х	-	Х	-	Х	-
	Psychotherapy services provided (mdd)	X	-	X	-	X	-
	Patient referral for psychotherapy documented (mdd)	Х	-	Х	-	Х	-
	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Х	-	Х	-	Х	-
	Antidepressant pharmacotherapy prescribed (mdd)	Х	-	Х	-	Х	-
	Antipsychotic pharmacotherapy prescribed (mdd)	Х	-	Х	-	Х	-
4066F	Electroconvulsive therapy (ect) provided (mdd)	Х	-	Х	-	Х	-
4067F	Patient referral for electroconvulsive therapy (ect) documented (mdd)	Х	-	Х	-	Х	-
	Venous thromboembolism (vte) prophylaxis received (ibd)	Х	-	Х	-	Х	-
4070F	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	Х	-	Х	-	Х	-
	Oral antiplatelet therapy prescribed at discharge (str)	Х	-	Х	-	Х	-
	Anticoagulant therapy prescribed at discharge (str)	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
4077F							
	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	Х	-	Х	-	Х	-
4079F	Documentation that rehabilitation services were considered (str)	Х	-	Х	-	Х	-
	Aspirin received within 24 hours before emergency department arrival or during emergency	v		v		X	
	department stay (em)	Х	-	X	-	Х	-
4086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-	Х	-	Х	-
4090F	Patient receiving erythropoietin therapy (hem)	Х	-	Х	-	Х	-
4095F	Patient not receiving erythropoietin therapy (hem)	Х	-	Х	-	Х	-
	Bisphosphonate therapy, intravenous, ordered or received (hem)	Х	-	Х	-	Х	-
4110F	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft	V		V		v	
	procedure (cabg)	Х	-	X	-	Х	-
4115F	Beta blocker administered within 24 hours prior to surgical incision (cabg)	Х	-	Х	-	Х	-
	Antibiotic prescribed or dispensed (uri, phar)	Х	-	Х	-	Х	-
4124F	Antibiotic neither prescribed nor dispensed (uri, phar)	Х	-	Х	-	Х	-
4130F	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	Х	-	Х	-	Х	-
4131F	Systemic antimicrobial therapy prescribed (aoe)	Х	-	Х	-	Х	-
4132F	Systemic antimicrobial therapy not prescribed (aoe)	Х	-	Х	-	Х	-
4133F	Antihistamines or decongestants prescribed or recommended (ome)	Х	-	Х	-	Х	-
	Antihistamines or decongestants neither prescribed nor recommended (ome)	Х	-	Х	-	Х	-
4135F	Systemic corticosteroids prescribed (ome)	Х	-	Х	-	Х	-
4136F	Systemic corticosteroids not prescribed (ome)	Х	-	Х	-	Х	-
4140F	Inhaled corticosteroids prescribed (asthma)	Х	-	Х	-	Х	-
4142F	Corticosteroid sparing therapy prescribed (ibd)	Х	-	Х	-	Х	-
4144F	Alternative long-term control medication prescribed (asthma)	Х	-	Х	-	Х	-
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	Х	-	Х	-	Х	-
4148F	Hepatitis a vaccine injection administered or previously received (hep-c)	Х	-	Х	-	Х	-
4149F	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Х	-	Х	-	Х	-
	Patient receiving antiviral treatment for hepatitis c (hep-c)	Х	-	Х	-	Х	-
	Patient not receiving antiviral treatment for hepatitis c (hep-c)	Х	-	Х	-	Х	-
4153F	Combination peginterferon and ribavirin therapy prescribed (hep-c)	Х	-	Х	-	Х	-
4155F	Hepatitis a vaccine series previously received (hep-c)	Х	-	Х	-	Х	-
4157F	Hepatitis b vaccine series previously received (hep-c)	Х	-	Х	-	Х	-
4158F	Patient counseled about risks of alcohol use (hep-c)	Х	-	Х	-	Х	-
	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	Х	-	Х	-	Х	-
4163F	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	х	-	х	-	х	-
4164F	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt)					<u> </u>	
41001	received (prca)1	Х	-	Х	-	Х	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	_	Х	_	Х	
	Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24						
	hours or less (crit)1	Х	-	Х	-	Х	-
4169F	Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical						
	ventilation or receiving	Х	-	Х	-	Х	-
4171F	Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-	Х	-	Х	-
	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-	Х	-	Х	-
	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and	V		v		X	
	importance of treatment	Х	-	Х	-	Х	-
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days	V		V		v	
	following cataract surger	Х	-	Х	-	Х	-
4176F	Counseling about value of protection from uv light and lack of proven efficacy of nutritional	V		V		v	
	supplements in prevention	Х	-	Х	-	Х	-
4177F	Counseling about the benefits and/or risks of the age-related eye disease study (areds)	х		х		Х	
	formulation for preventing progr	^	-	^	-	^	-
	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Х	-	Х	-	Х	-
	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Х	-	Х	-	Х	-
4180F	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer	х		х		х	
	(onc)		-		-		-
	Conformal radiation therapy received (onc)1	Х	-	Х	-	Х	-
	Conformal radiation therapy not received (onc)1	Х	-	Х	-	Х	-
4185F	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor	х	_	х	_	х	_
	antagonist (h2ra) received (ger	~	_	~	_	~	_
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2	х	_	х	_	х	-
	receptor antagonist (h2ra) rec						
	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Х	-	Х	-	Х	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic	Х	-	х	-	X	-
	monitoring test ordered						
	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	X	-	X	-	X	-
	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	X	-	X	-	X	-
	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	X	-	X	-	Х	-
	Patient not receiving glucocorticoid therapy (ra)	Х	-	Х	-	Х	-
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or	Х	-	Х	-	х	-
44045	glucocorticoid use is for less than 6 months (ra)					├ ───┤	
+194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and	Х	-	Х	-	Х	-
	improvement or no change in disease activity (ra)						

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to *Plan cover	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid					г – т	
11001	arthritis (ra)	Х	-	Х	-	Х	-
4196F	Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for						
	rheumatoid arthritis (ra)	Х	-	Х	-	Х	-
4200F	External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation	v		V		v	
	(prca)	Х	-	Х	-	Х	-
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for	х		v	_	v	
	prostate cancer patient	^	-	Х	-	Х	-
4210F	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy	х		х		х	
	for 6 months or more (mm)2	^	-	^	-	^	-
	Digoxin medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
	Diuretic medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
	Anticonvulsant medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
4240F	Instruction in therapeutic exercise with follow-up by the physician provided to patients during	х	_	х	_	х	_
	episode of back pain las	~	_	~	_	~	_
4242F	Counseling for supervised exercise program provided to patients during episode of back pain	х	_	х	-	Х	_
	lasting longer than 12 weeks						
	Patient counseled during the initial visit to maintain or resume normal activities (bkp)2	Х	-	Х	-	Х	-
4248F	Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4	х	-	Х	-	х	-
10505	days or longer (bkp)2						
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least	Х	-	Х	-	Х	-
40555	one body temperature equal						
4255F	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-	Х	-	Х	-
40565	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the						
4200F	anesthesia record (crit)	Х	-	Х	-	Х	-
4260E	Wound surface culture technique used (cwc)	х		х	_	Х	
	Tech other than surfic cultr	X		X	-	X	
	Use of wet to dry dressings prescribed or recommended (cwc)	X		X		X	_
	Use of wet to dry dressings presended of recommended (cwc)	X	-	X	-	X	-
	Compression therapy prescribed (cwc)	X	-	X	-	X	-
	Patient education regarding the need for long term compression therapy including interval	1					
	replacement of compression stockings received (cwc)	Х	-	Х	-	Х	-
4269F	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-	Х	-	Х	-
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	Х	-	Х	-	Х	-
	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent						
	antiretroviral therapy (h	Х	-	Х	-	Х	-
4274F	Influenza immunization administered or previously received (hiv)	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Potent antiretroviral therapy prescribed (hiv)	Х	-	Х	_	X	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	X	-	X	-	X	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (inv) Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count		-		-		-
	or percentage (hiv)	Х	-	Х	-	Х	-
	Patient screened for injection drug use (hiv)	Х	-	Х	-	Х	-
	Patient screened for high-risk sexual behavior (hiv)	Х	-	Х	-	Х	-
	Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-	X	-	X	-
	Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)	X	-	X	-	X	-
4305F		X	_	X	_	X	_
	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	~				~	
	Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)	х	-	х	-	х	-
4320F	Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud)	Х	-	х	-	х	-
4322F	Caregiver provided with education and referred to additional resources for support (dem)	Х	-	Х	-	Х	-
	Pt queried prkns complic	Х	-	Х	-	Х	-
	Med txmnt options rvwd w/pt	X	-	X	-	X	-
	Pt asked re symp auto dysfxn	Х	-	Х	-	Х	-
	Pt asked re sleep disturb	Х	-	X	-	X	-
	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	X	-	X	-	X	-
	Counseling for women of childbearing potential with epilepsy (epi)	Х	-	X	-	X	-
	Counseling provided on symptom management, end of life decisions, and palliation (dem)	X	-	X	-	X	-
	Rehab thxpy options w/pt	Х	-	Х	-	Х	-
	Self-care education provided to patient (hf)	Х	-	X	-	X	-
	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	X	-	X	-	X	-
4480F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	X	-	X	-	X	-
4481F	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)	х	-	х	-	х	-
	Referred to an outpatient cardiac rehabilitation program (cad)	Х	-	Х	-	Х	-
	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	X	-	X	-	X	-
	Neuropsychiatric intervention ordered (dem)	X	-	X	-	X	-
	Neuropsychiatric intervention received (dem)	X	-	X	-	X	-
	Disease modified pharmacothxpy	X	-	X	-	X	-
	Pt offered tx for pseudobulb	X	_	X	-	X	-
	Noninvas resp support talk	X	-	X	-	X	-
	Nutritional support offered	X	-	X	-	X	-
	Pt ref for speech lang path	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Pt asst re end life issues	Х	-	Х	-	Х	-
	Pt recvd inhal anesthetic	X	-	X	-	X	_
	Pt recvd no inhal anesthic	X	-	X	-	X	-
	Ptw/3+ post-op nausea and vommiting	X	-	X	-	X	-
	Pt w/o 3+ pot-op nausea and vommiting	X	-	X	-	X	-
	Pt recvd 2 rx anti-emetagnts	X	-	X	-	X	-
	1 bodytemp >=35.5 cw/in 30 mins	X	-	X	-	X	-
	Anesth w/o general or neurax anesth	X	-	X	-	X	-
	Pt w/ cornonary artery stent	X	-	X	-	X	-
	Patient does not have coronary artery stent	Х	-	Х	-	Х	-
	Pt recvd aspirin w/in 24 hours	Х	-	Х	-	Х	-
	Patient counseled on self - examination for new or changing moles (ml)	Х	-	Х	-	Х	-
	Findings of dilated macular or fundus exam communicated to the physician managing the						
	diabetes care (ec)	Х	-	X	-	Х	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be	х		х		Х	
	tested or treated for oste	^	-	^	-	^	-
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the	х	_	х	_	Х	_
	patient within one month of co	~		~	_	Λ	_
5050F	Treatment plan communicated to provider(s) managing continuing care within one month of	х	-	х	-	х	-
50005	diagnosis (ml)5						
5060F	Findings from diagnostic mammogram communicated to practice managing patient's on-going	Х	-	Х	-	Х	-
50005	care within 3 business days of e						
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in	Х	-	Х	-	Х	-
F400F	person [by the diagnostic imag Potential risk for fracture communicated to the referring physician within 24 hours of completion						
5100F	of the imaging study (nuc_med)	Х	-	Х	-	Х	-
5200E	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for						
5200F	intractable epilepsy	Х	-	Х	-	Х	-
5250E	Asthma discharge plan present (asthma)	Х	_	X	_	Х	_
6005F		^	-	^	-	^	-
0003F	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	Х	-	Х	-	Х	-
6010E	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by						
50101	mouth (str)	Х	-	Х	-	Х	-
6015E	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Х	-	Х	-	Х	-
	Npo (nothing by mouth) ordered (str)	X		X	-	X	
	All elements of maximal sterile barrier technique followed including: cap and mask and sterile		_				_
55501	gown and sterile gloves a	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.	-	-		-		
6040F	Use of appropriate radiation dose reduction devices or manual techniques for appropriate	х	_	х	_	х	_
	moderation of exposure, documen	~	_	~	_	~	
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented	х	_	х	_	х	_
	(rad)5		_		_		_
	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	Х	-	Х	-	Х	-
	Pt/caregiver queried falls	Х	-	Х	-	Х	-
	Pt/caregiver counsel safety	Х	-	Х	-	Х	-
	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	Х	-	Х	-	Х	-
	Safety counsel dementia prov	Х	-	Х	-	Х	-
	Safety counsel dementia ord	Х	-	Х	-	Х	-
	Counsel risks driving and alternatives	Х	-	Х	-	Х	-
6150F	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Х	-	Х	-	Х	-
7010F	Patient information entered into a recall system that includes: target date for the next exam	х	_	х		х	
	specified and a process to	~	-	^	-	^	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal	х		х		х	
	database to allow for a	~	-	^	-	^	-
7025F	Patient information entered into a reminder system with a target due date for the next	х		х		х	
	mammogram (rad)5	~	-	^	-	^	-
	Immunohisto antibod add slid	Х	-	Х	-	Х	-
	Aortic aneurysm 5-5.4cm diam	Х	-	Х	-	Х	-
	Aortic anrysm5.5-5.9cm diam	Х	-	Х	-	Х	-
	Aortic anrysm 6/> cm diam	Х	-	Х	-	Х	-
	Asympt carot/vrtbrbas sten	Х	-	Х	-	Х	-
	Sympt sten-tia/strk<120days	Х	-	Х	-	Х	-
	Other carot sten 120 days/>	Х	-	Х	-	Х	-
	Liver disease, 10 biochem assays	Х	-	Х	-	Х	-
	Liver disease, 10 biochem assays	Х	-	Х	-	Х	-
	Scoliosis dna alys	Х	-	Х	-	Х	-
	Onc hep gene risk classifier	Х	-	Х	-	Х	-
	Onc gastro 51 gene nomogram	Х	-	Х	-	Х	-
0011M	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	Х	-	Х	-	Х
0012M	Onc mrna 5 genes ur alg risk urothelial cancer	Х	-	Х	-	Х	-
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	Х	-	Х	-	Х	-
0014M	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal						
	peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using mmunoassays, utilizing	х		х		х	
	serum, prognostic algorithm reported as a risk score and risk of liver fibrosis and liver-related	^	-	^	-	^	-
	clinical events within 5 years						

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
0015M	Adrnl cortcl tum bchm asy 25	Х	-	Х	-	Х	-
	Onc bladder mrna 219 gen alg	Х	-	Х	-	Х	-
	Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent						
	probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as	Х	-	Х	-	Х	-
	cell of origin						
0018M	Trnsplj rnl meas cd154+cll	Х	-	Х	-	Х	-
0019M							
1	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray	Х	-	Х	-	Х	-
	and algorithm reported as 4-year likelihood of coronary event in high-risk populations						
0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array,						
	utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of	х		х		х	
	matching a reference tumor subclass	^	-	^	-	^	-
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-	х		х		х	
	guidance based on fluoroscopic	^	-	^	-	^	-
0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-	х		х		Х	
	guidance based on ct/mri images	^	-	^	-	^	-
0071T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata	х		х		Х	
	volume less than 200 cc of	^	-	^	-	^	-
0072T	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata	х	_	х	_	Х	_
	volume less than 200 cc of	^	-	^	-	^	-
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation	х	_	х	_	х	_
	of intra-ocular retina	~	_	^	_	~	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high	х	_	х	_	х	-
	energy	~		~		~	
0102T	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other	х	-	х	-	х	-
	than local, involving later	~		~		~	
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure	х	-	х	-	х	-
	stimuli to assess lar						
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli	х	-	х	-	х	-
04007	to assess large di					···	
0108T	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to	Х	-	Х	-	х	-
04007	assess small nerv					├ ───┤	
01091	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain	Х	-	Х	-	х	-
04407	stimuli to assess small n						
01101	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to	Х	-	Х	-	Х	-
	assess sensation						

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
*Plan cover	age limited to ACA 10 essential health benefits.						
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х	-	х	-	Х
	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	х	-	х	-	х	-
0175T	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion detection) with further phy	Х	-	х	-	х	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de	Х	-	х	-	х	-
	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-	х	-	х	-
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	Х	-	х	-	х	-
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-	х	-	Х	-
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	х	-	х	-
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	х	-	Х	-
	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	х	-	Х	-
0222T	Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	Х	-	х	-	Х	-
0232T	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	-	х	-	Х	-
	Im autol b1 mrw cel ther 1 leg compl incl hrvst	Х	-	Х	-	Х	-
	Im autol b1 mrw cel ther 1 leg compl xcl hrvst	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Im autol b1 mrw cel ther uni/bi hrvst only	Х	-	Х	-	Х	_
	Implti/rplcmt crtd sns brorflx actv dev tot sys	X	_	X	_	X	_
	Impltj/rplcmt crtd sns brorflx actv dev lead uni	X	-	X	-	X	
	Implij/plcmt crtd sns brorflx actv dev pls gen	X	_	X	_	X	_
	Rev/remvl crtd sns brorflx actv dev tot sys	X		X		X	_
	Rev/remvl crtd sns brorflx actv dev lead uni	X	-	X	-	X	
	Rev/remvl crtd sns brorfix actv dev pis gen	X		X		X	_
	Interrogation eval crtd sns brorflx actv sys	X	-	X		X	
	Interrogation eval crtd sns brorflx w/progrmg	X	-	X	-	X	-
	Perg lamot/lam any meth single/mlt lvl crv/thrc	X	-	X	-	X	
	Perg lamot/lam any meth single/mit Ivi lumbar	X		X		X	_
	Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment						_
02701	session (includes placement of electrodes).	Х	-	Х	-	Х	-
0308T	Insertion of ocular telescope prothesis including removal of crystalline lens	Х	-	Х	_	Х	_
	Laps impltj nstim vagus	X		X	-	X	
	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk			1			-
00101	neurostimulator electrode array and pulse generator	Х	-	Х	-	Х	-
031/T	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk						
00141	neurostimulator	Х	-	Х	-	Х	-
0315T	Rmvl vagus nerve pls gen	Х	-	Х	-	Х	_
	Replc vagus nerve pls gen	X		X		X	
	Elec analysis vagus nerve pls gen	X		X		X	_
	Mntr io press 24hrs/> uni/bi	X	-	X		X	_
	Tear film img uni/bi w/i&r	X		X		X	
	Heart symp image plnr	X	-	X	-	X	-
	Heart symp image plnr spect	X	-	X	-	X	-
	Visual ep acuity screen auto	X	-	X	-	X	-
	Trnscth renal symp denrv unl	X	-	X	-	X	-
	Trnscth renal symp denrv bil	X	-	X	-	X	-
	Ins bone device for rsa	X	-	X	-	X	-
	Rsa spine exam	X	-	X	-	X	-
	Rsa upper extr exam	X	-	X	-	X	-
	Rsa lower extr exam	X	-	X	-	X	-
	Intraop oct brst/node spec	X	-	X	-	X	-
	Oct brst/node i&r per spec	X	-	X	-	X	-
	Intraop oct breast cavity	X	-	X	-	X	-
	Oct breast surg cavity i&r	X		X	_	X	-
	Bia whole body	X	-	X	_	X	-
10001		~	-	~	-	~	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, they the Pharmacy link option within the website. race limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic						
00041	dosimetry, when performed	Х	-	Х	-	Х	-
0395T	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction,						
00001	includes basic dosimetry, when performed	Х	-	Х	-	Х	-
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list						
00071	separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0403T							
0.001	Preventive behavior change, intensive program of prevention of diabetes using a standardized	-	_	х	-	_	-
	diabetes prevention program curriculum, provided to individuals in a group setting			~			
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including						
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including						
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including			~			
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including	V		V		X	
	contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Х	-	Х	-	Х	-
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or	V		V		v	
	ventricular)	Х	-	Х	-	Х	-
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator	х		х		х	
	only	~	-	^	-	^	-
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode,	х		Х		Х	
	(atrial or ventricular lead)	^	-	^	-	^	-
	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Х	-	Х	-	Х	-
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to	х		х		х	
	test the function of the device and select optimal permanent programmed values	^	-	^	-	^	-
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection,	х		х		Х	
	recording and disconnection per patient encounter; implantable cardiac contr	~	-	^	-		-
	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Х	-	Х	-	Х	-
	Myocrd contrast prfuj echo	Х	-	Х	-	Х	-
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity	х	_	х	_	х	_
	distal/peripheral nerve	~	_	^		~	-
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity	х	_	х	_	х	-
	distal/peripheral nerve	~				~	
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal	х	-	х	-	х	-
	nerve (eg, brachial plexus, pudendal nerve)	~				, î	

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	harmacy link option within the website. limited to ACA 10 essential health benefits.						
	al time spectral analysis of prostate tissue by fluorescence spectroscopy	Х	-	Х	-	Х	-
	ial placement of a drug-eluting ocular insert under one or more eyelids, including fitting,						
	ining, and insertion, unilateral or bilateral	Х	-	Х	-	Х	-
	bsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-						
	ining, and removal of existing insert, unilateral or bilateral	Х	-	Х	-	Х	-
	j subq insj impltbl glucose sensor sys	Х	-	Х	-	Х	-
	nvl impltbl glucose sensor subq pocket via inc	X	-	X	-	X	-
	nvl insj impltbl gluc sensor dif anatomic site	X	-	X	-	X	-
	ual ep testing for glaucoma w/interpj & reprt	X	-	X	-	X	-
	t skn img acquisj i&r 1st	Х	-	Х	-	Х	-
	t skn img acquisj i&r addl	X	-	X	-	X	-
	grmg io rta eltrd ra	Х	-	Х	-	Х	-
	prgrmg io rta eltrd ra	X	-	X	-	X	-
	j aqueous drg dev io rsvr	Х	-	Х	-	Х	-
	anscatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous						
	proach, including transseptal puncture, when performed	-	Х	-	Х	-	Х
	anscatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic						
	posure (eg, thoracotomy, transapical)	-	Х	-	Х	-	Х
	t middle ear with i&r unilateral	Х	-	Х	-	Х	-
	t middle ear with i&r bilateral	Х	-	Х	-	Х	-
	abetes prev online/electronic prgrm pr 30 days	Х	-	Х	-	Х	-
	tol regn cell tx scleroderma hands	Х	-	Х	-	Х	-
	tol regn cell tx scldr mlt inj one or both hands	Х	-	Х	-	Х	-
	moval of sinus tarsi implant	Х	-	Х	-	Х	-
0511T Rei	moval and reinsertion of sinus tarsi implant	Х	-	Х	-	Х	-
0512T Ext	tracorporeal shock wave for integumentary wound healing, high energy, including topical	V		V		V	
app	plication and dressing care; initial wound	Х	-	Х	-	Х	-
0513T Esv	w integ wnd hlg ea addl	Х	-	Х	-	Х	-
	cath dir chem abltj w/img	Х	-	Х	-	Х	-
0543T Tra	ansapical mitral valve repair, including transthoracic echocardiography, when performed, with	V		V		V	
pla	cement of artificial chordae tendineae	Х	-	Х	-	Х	-
	anscatheter mitral valve annulus reconstruction, with implantation of adjustable annulus	V		v		v	
	onstruction device, percutaneous approach including transseptal puncture	Х	-	Х	-	Х	-
0545T Tra	anscatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus		Y		Y		Y
	construction device, percutaneous approach	-	Х	-	Х	-	Х
	ne-material quality testing by microindentation(s) of the tibia(s), with results reported as a	v		v			
sco		X	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional	х	-	х	-	х	-
0554T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report	х	-	x	-	x	-
	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data	х	-	х	-	x	-
	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	х	-	x	-	x	-
0557T	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	-	х	-	х	-
	Computed tomography scan taken for the purpose of biomechanical computed tomography analysis	Х	-	х	-	х	-
	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	х	-	х	-	х	-
0560T	Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)	х	-	х	-	x	-
	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Х	-	Х	-	Х	-
0562T	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	-	х	-	х	-
	Evac meibomian glnd heat bi	Х	-	Х	-	Х	-
	Autol cell implt adps hrvg	Х	-	Х	-	Х	-
	Autol cell implt adps njx	Х	-	Х	-	Х	-
	Ttvr perq appr 1st prosth	-	Х	-	Х	-	Х
	Ttvr perq ea addl prosth	-	Х	-	Х	- 1	Х
	Perq islet cell transplant	Х	-	Х	-	Х	-
	Laps islet cell transplant	Х	-	Х	-	Х	-
	Open islet cell transplant	Х	-	Х	-	Х	-
	Hlth&wb coaching indiv 1st	Х	-	Х	-	Х	-
	Hlth&wb coaching indiv f-up	Х	-	Х	-	Х	-
	Hlth&wb coaching group	Х	-	Х	-	Х	-
	Osteot hum xtrnl Ingth dev	Х	-	Х	-	Х	-
0596T	Temp fml iu vlv-pmp 1st insj	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Temp fml iu valve-pmp rplcmt	Х	-	Х	-	Х	-
	Nonto r-t fluor wnd img 1st	X	-	X		X	-
	Nonto r-t fluor who ing ea	X	-	X		X	-
	Ire ablti 1+tum organ perg	X	-	X	-	X	
	Ire ablt 1+tumors open	X		X		X	
	Transdermal gfr measurements	X	-	X		X	
	Transdermal gfr monitoring	X	-	X	-	X	-
	Rem oct rta dev setup&educaj	X	-	X		X	-
	Rem oct rta techl sprt min 8	X		X		X	
	Rem oct rta phys/ghp ea 30d	X	-	X	-	X	-
	Rem mntr pulm flu mntr setup	X	-	X	-	X	-
	Rem mntr pulm flu mntr alys	X	-	X		X	
	Mrs disc pain acquisi data	X	-	X	-	X	-
			-		-	X	
	Mrs disc pain transmis data Mrs disc pain alg alys data	X X	-	X X	-	X	-
			-		-		-
	Mrs discogenic pain i&r	X	-	X	-	X	-
	Perq tcat intratrl septl sht	X	-	X	-	X	-
	Eye mvmt alys w/o calbrj i&r	X	-	Х	-	X	-
	Trabeculostomy interno laser	X	-	X	-	X	-
	Trabeculostomy int lsr w/scp	Х	-	X	-	Х	-
	Auto quantification c plaque	X	-	X	-	Х	-
	Auto quan c plaq data prep	Х	-	Х	-	Х	-
	Auto quan c plaq cptr alys	Х	-	Х	-	Х	-
	Auto quan c plaq i&r	Х	-	Х	-	Х	-
	Perq njx algc fluor Imbr 1st	Х	-	Х	-	Х	-
	Perq njx algc fluor Imbr ea	Х	-	Х	-	Х	-
	Perq njx algc ct lmbr 1st	Х	-	Х	-	Х	-
	Perq njx algc ct lmbr ea	Х	-	Х	-	Х	-
	Perq tcat us abltj nrv p-art	Х	-	Х	-	Х	-
	Ct breast w/3d uni c	Х	-	Х	-	Х	-
	Ct breast w/3d uni c+	Х	-	Х	-	Х	-
	Ct breast w/3d uni c-/c+	Х	-	Х	-	Х	-
	Ct breast w/3d bi c	Х	-	Х	-	Х	-
	Ct breast w/3d bi c+	Х	-	Х	-	Х	-
	Ct breast w/3d bi c-/c+	Х	-	Х	-	Х	-
0639T	Wrls skn snr anisotropy meas	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of						
	deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition,	Х	_	х	-	х	-
	interpretation and report, each flap or wound						
0643T	Transcatheter left ventricular restoration device implantation including right and left heart	V		V		N/	
	catheterization and left ventriculography when performed, arterial approach	Х	-	Х	-	Х	-
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction						
	(eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of	Х	-	Х	-	х	-
	aspirated blood, including imaging guidance, when performed						
0645T	Transcatheter implantation of coronary sinus reduction device including vascular access and						
	closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging	Х	-	Х	-	Х	-
	guidance, and supervision and interpretation, when performed						
0647T	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound	х		х		х	
	guidance, image documentation and report	~	-	^	-	^	-
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including	х		х		х	
	intraprocedural positioning of capsule, with interpretation and report	^	-	^	-	^	-
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of	х		х		х	
	specimen(s) by brushing or washing, when performed (separate procedure)	^	-	^	-	^	-
	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Х	-	Х	-	Х	-
0654T		х	_	х	_	х	_
	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	~	_	^	_	~	
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging	х	_	х	_	х	_
	guidance, with mr-fused images or other enhanced ultrasound imaging		_		_		
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-	Х	-	Х	-
0657T	Vertebral body tethering, anterior; 8 or more vertebral segments	Х	-	Х	-	Х	-
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Х	-	х	-	х	-
0659T							
	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous	х	_	х	_	х	_
	coronary revascularization during acute myocardial infarction, including catheter placement,	~	_	~	_	~	
	imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation						
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal	х	_	х	_	х	-
	approach	~				~	
0661T	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting	х	-	х	-	Х	-
0000-	implant						
	Scalp cooling, mechanical; initial measurement and calibration of cap	Х	-	Х	-	Х	-
0663T	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
0664T	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	-	Х	-	Х	-
0665T	Donor hysterectomy (including cold preservation); open, from living donor	Х	-	Х	-	Х	-
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	х	-	х	-	х	-
0667T	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	х	-	х	-	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	-	х	-	х	-
	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	х	-	х	-	х	-
	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	х	-	х	-	х	-
0672T	Ndovag cryg rf remdl tiss	Х	-	Х	-	Х	-
0673T	Abltj b9 thyr ndul perq lasr	Х	-	Х	-	Х	-
0674T	Laps insj nw/rpcmt prm isdss	Х	-	Х	-	Х	-
0675T	Laps insj nw/rpcmt isdss 1ld	Х	-	Х	-	Х	-
0676T	Laps insj nw/rpcmt isdss ea	Х	-	Х	-	Х	-
0677T	Laps repos lead isdss 1st ld	Х	-	Х	-	Х	-
	Laps repos lead isdss ea add	Х	-	Х	-	Х	-
0679T	Laps rmvl lead isdss	Х	-	Х	-	Х	-
0680T	Insj/rplcmt pg only isdss	Х	-	Х	-	Х	-
0681T	Ricj pulse gen only isdss	Х	-	Х	-	Х	-
0682T	Removal pulse gen only isdss	Х	-	Х	-	Х	-
0683T	Prgrmg dev eval isdss ip	Х	-	Х	-	Х	-
0684T	Peri-px dev eval isdss ip	Х	-	Х	-	Х	-
0685T	Interrog dev eval isdss ip	Х	-	Х	-	Х	-
0686T	Histotripsy mal hepatcel tis	Х	-	Х	-	Х	-
0687T	Tx amblyopia dev setup 1st	Х	-	Х	-	Х	-
	Tx amblyopia assmt w/report	Х	-	Х	-	Х	-
0689T	Quan us tis charac w/o dx us	Х	-	Х	-	Х	-
0690T	Quan us tis charac w/dx us	Х	-	Х	-	Х	-
0691T	Auto alys xst ct std vrt fx	Х	-	Х	-	Х	-
0692T	Therapeutic ultrafiltration	Х	-	Х	-	Х	-
	Compre ful bdy 3d mtn alys	Х	-	Х	-	Х	-
0694T	3d vol img&rcnstj brst/ax	Х	-	Х	-	Х	-
0695T	Bdy srf mpg pm/cvdfb tm impl	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Bdy surf mapg pm/cvdfb f/up	Х	-	Х	-	Х	-
	Quan mr tis wo mri mlt orgn	X	-	X	_	X	-
	Quan mr tiss w/mri mlt orgn	X	_	X	_	X	-
	Molec fluor img sus nev 1st	X	_	X	_	X	-
	Molec fluor img sus nev ea	X	-	X	-	X	-
	Rem tx amblyopia setup&edu	Х	-	Х	-	Х	-
	Rem tx amblyopia tech sprt	X	-	X	-	X	-
	Rem tx amblyopia i&r phy/ghp	Х	-	Х	-	Х	-
	Nix b1 sub mtrl sbchdrl dfct	Х	-	Х	-	Х	-
	Id ca immntx prep & 1st njx	Х	-	Х	-	Х	-
	ld ca immntx each addl nix	Х	-	Х	-	Х	-
0710T	N-invas artl plag alys	Х	-	Х	-	Х	-
	N-nvs artl plag alvs dat prp	Х	-	Х	-	Х	-
0712T	N-nvs arti plag alys guan	Х	-	Х	-	Х	-
	N-nvs artl plag alvs rvw i&r	Х	-	Х	-	Х	-
	Tprnl lsr ablt b9 prst8 hypr	Х	-	Х	-	Х	-
0716T	Car acous wavfrm rec cad rsk	Х	-	Х	-	Х	-
0717T	Adrc ther prtl rc tear	Х	-	Х	-	Х	-
0718T	Adrc ther prtl rc tear nix	Х	-	Х	-	Х	-
0719T	Pst vrt jt rplcmt lmbr 1 sgm	Х	-	Х	-	Х	-
	Prq elc nrv stim cn wo implt	Х	-	Х	-	Х	-
0721T	Quan ct tiss charac w/o ct	Х	-	Х	-	Х	-
0722T	Quan ct tiss charac w/ct	Х	-	Х	-	Х	-
0723T	Qmrcp w/o dx mri sm anat ses	Х	-	Х	-	Х	-
0724T	Qmrcp w/dx mri same anatomy	Х	-	Х	-	Х	-
0725T	Vestibular dev impltj uni	Х	-	Х	-	Х	-
0726T	Rmvl implt vstibular dev uni	Х	-	Х	-	Х	-
0727T	Rmvl&rplcmt implt vstblr dev	Х	-	Х	-	Х	-
0728T	Dx alys vstblr implt uni 1st	Х	-	Х	-	Х	-
	Dx alys vstblr implt uni sbq	Х	-	Х	-	Х	-
0730T	Trabeculotomy lsr w/oct gdn	Х	-	Х	-	Х	-
	Augmnt ai-based fcl phnt a/r	Х	-	Х	-	Х	-
	Immntx admn electroporatn im	Х	-	Х	-	Х	-
	Rem bdy&Imb knmtc ther sply	Х	-	Х	-	Х	-
	Rem bdy&Imb knmtc tx mgmt	Х	-	Х	-	Х	-
	Colonic lavage 35+I water	Х	-	Х	-	Х	-
	Xenograft impltj artclr surf	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.	r			-		
	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data	х	-	х	-	Х	-
	from previously performed magnetic resonance imaging (mri) examination					~	
	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural,						
	transperineal needle/catheter placement for nanoparticle installation and intraprocedural	Х	-	х	-	х	-
	temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle						
	activation						
	Remote autonomous algorithm-based recommendation system for insulin dose calculation and	х	-	х	-	Х	-
	titration; initial set-up and patient education	~		~		Â	
0741T							
	Remote autonomous algorithm-based recommendation system for insulin dose calculation and	Х	-	Х	-	Х	-
	titration; provision of software, data collection, transmission, and storage, each 30 days						
	Absolute quantitation of myocardial blood flow (aqmbf), single-photon emission computed						
	tomography (spect), with exercise or pharmacologic stress, and at rest, when performed (list	Х	-	Х	-	Х	-
	separately in addition to code for primary procedure)						
	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral						
	density, with concurrent vertebral fracture assessment, utilizing data from a computed						
	tomography scan, retrieval and transmission of the scan data, measurement of bone strength	х	_	х	_	x	-
	and bone mineral density and classification of any	~				~	
	vertebral fractures, with overall fracture risk assessment, interpretation and report						
0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging						
	guidance, when performed, including autogenous or nonautogenous patch graft (eg, polyester,	Х	-	Х	-	Х	-
	eptfe, bovine pericardium), when performed						
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation	V		V		V	
	(eg, removal of setons, fistula curettage, closure of internal openings)	Х	-	Х	-	Х	-
0749T	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral						
	density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray,	V		V		v	
	retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk	Х	-	Х	-	Х	-
	and bmd, interpretation and report;						
0750T	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral						
	density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray,						
	retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk	v		v			
	and bmd, interpretation and report; with single-view digital x-ray examination of the hand taken	Х	-	Х	-	Х	-
	for the						
	purpose of dxr-bmd						
0751T	Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic	х		х		Х	
	examination (list separately in addition to code for primary procedure)	^	-	^	-		-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Digitization of glass microscope slides for level iii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	х	-	Х	-
	Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	х	-	Х	-
	Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	х	-	Х	-
	Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	х	-	х	-	Х	-
	Digitization of glass microscope slides for special stain, including interpretation and report, group i, for microorganisms (eg, acid fast, methenamine silver) (list separately in addition to code for primary procedure)	х	-	х	-	х	-
	Digitization of glass microscope slides for special stain, including interpretation and report, group ii, all other (eg, iron, trichrome), except stain for microorganisms, stains for enzyme constituents, or immunocytochemistry and immunohistochemistry (list separately in addition to code for primary procedure)	х	-	x	-	x	-
0758T	Digitization of glass microscope slides for special stain, including interpretation and report, histochemical stain on frozen tissue block (list separately in addition to code for primary procedure)	х	-	х	-	x	-
	Digitization of glass microscope slides for special stain, including interpretation and report, group iii, for enzyme constituents (list separately in addition to code for primary procedure)	х	-	х	-	x	-
	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, initial single antibody stain procedure (list separately in addition to code for primary procedure)	х	-	х	-	x	-
	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each additional single antibody stain procedure (list separately in addition to code for primary procedure)	х	-	х	-	x	-
	Digitization of glass microscope slides for immunohistochemistry or immunocytochemistry, per specimen, each multiplex antibody stain procedure (list separately in addition to code for primary procedure)	х	-	х	-	х	-
	Digitization of glass microscope slides for morphometric analysis, tumor immunohistochemistry (eg, her-2/neu, estrogen receptor/progesterone receptor), quantitative or semiquantitative, per specimen, each single antibody stain procedure, manual (list separately in addition to code for primary procedure)	х	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Indivi	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low- ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (list separately in addition to code for primary procedure)	х	-	x	-	x	-
	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low- ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	х	-	x	-	х	-
	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	х	-	x	-	x	-
	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; each additional nerve (list separately in addition to code for primary procedure)	x	-	x	-	x	-
	Virtual reality technology to assist therapy (list separately in addition to code for primary procedure)	Х	-	х	-	х	-
0771T	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; initial 15 minutes of intraservice time, patient age 5 years or older	x	-	x	-	x	-
	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service)	x	-	x	-	x	-
	Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	х	-	x	-	x	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, they the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older each additional 15 minutes intraservice time (list separately in addition to code for primary service	х	-	x	-	х	-
	Therapeutic induction of intra-brain hypothermia, including placement of a mechanical temperature-controlled cooling device to the neck over carotids and head, including monitoring (eg, vital signs and sport concussion assessment tool 5 [scat5]), 30 minutes of treatment	х	-	x	-	х	-
	Real-time pressure-sensing epidural guidance system (list separately in addition to code for primary procedure)	Х	-	х	-	х	-
	Surface mechanomyography (smmg) with concurrent application of inertial measurement unit (imu) sensors for measurement of multi-joint range of motion, posture, gait, and muscle function	х	-	х	-	x	-
	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Х	-	х	-	х	-
0780T	Instillation of fecal microbiota suspension via rectal enema into lower gastrointestinal tract	Х	-	Х	-	Х	-
0781T	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; bilateral mainstem bronchi	х	-	х	-	x	-
	Bronchoscopy, rigid or flexible, with insertion of esophageal protection device and circumferential radiofrequency destruction of the pulmonary nerves, including fluoroscopic guidance when performed; unilateral mainstem bronchus	х	-	х	-	x	-
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Х	-	х	-	Х	-
	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed	Х	-	х	-	Х	-
	Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator	Х	-	х	-	Х	-
	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Х	-	х	-	Х	-
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Х	-	х	-	Х	-
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. The ge limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)	-	Х*	-	Х*	-	Χ*
	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	х	-	х	-	х	-
	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	х	-	x	-	х	-
	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure)	х	-	х	-	х	-
	Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities	х	-	х	-	х	-
	Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or equal to 50 mL	Х	-	х	-	Х	-
	High-resolution gastric electrophysiology mapping with simultaneous patient symptom profiling, with interpretation and report	Х	-	х	-	Х	-
	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging	х	-	х	-	х	-
	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	-	x	-	x	-
	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	-	x	-	х	-
	Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report	х	-	х	-	х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
0882T	Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)	х	-	х	-	x	-
	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	-	x	-	x	-
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Х	-	х	-	х	-
0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold–starting location, neuronavigation files and target report, review and interpretation	х	-	x	-	x	-
0890T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day	х	-	х	-	х	-
0891T	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day	х	-	х	-	х	-
	Accelerated, repetitive high-dose functional connectivity MRI–guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day	х	-	х	-	х	-
	Noninvasive prostate cancer estimation map, derived from augmentative analysis of image- guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report	х	-	х	-	х	-
0902T	QTc interval derived by augmentative algorithmic analysis of input from an external, patient- activated mobile ECG device	Х	-	х	-	х	-
0903T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report	х	-	х	-	х	-
0904T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only	х	-	х	-	х	-
0905T	Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only	х	-	х	-	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	-	х	-	х	-

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	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	-	х	-	x	-
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	-	х	-	x	-
	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	-	х	-	x	-
	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only	х	-	x	-	x	-
	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only	х	-	х	-	х	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only	х	-	х	-	х	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only	Х	-	х	-	х	-
0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only	Х	-	х	-	х	-
	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only	х	-	х	-	х	-
	Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only	Х	-	х	-	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	х	-	х	-	х	-
	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator	Х	-	х	-	х	-
	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system	х	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
lirected to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system	х	-	х	-	x	-
	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation- defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional	х	-	х	-	х	-
	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	-	х	-	x	-
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 implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	х	-	х	-	x	-
	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator	х	-	х	-	х	-
	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	-	х	-	x	-
	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	-	х	-	х	-
	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 qualified health care professional	х	-	x	-	х	-
0935T	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, contrast injection(s), and fluoroscopy, bilateral	х	-	х	-	х	-
	Photobiomodulation therapy of retina, single session	Х	-	Х	-	Х	-
	Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization	Х	-	х	-	х	-
	Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold	Х	-	Х	-	Х	_

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
0943T	Cystourethroscopy, flexible; with removal of prostatic urethral scaffold	Х	-	Х	-	Х	-
0944T	3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation	х	-	х	-	x	-
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 or extremity performed with paired views)	х	-	x	-	х	-
	Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed	х	-	x	-	×	-
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional	х	-	x	-	х	-
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results	х	-	x	-	x	-
0950T	Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance	Х	-	х	-	х	-
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	Х	-	х	-	х	-
0952T	revision or replacement, with mastoidectomy and replacement of sound processor	Х	-	Х	-	Х	-
0953T	revision or replacement, without mastoidectomy and replacement of sound processor	Х	-	Х	-	Х	-
0954T	replacement of sound processor only, with attachment to existing transducers	Х	-	Х	-	Х	-
	removal, including removal of sound processor and all implant components	Х	-	Х	-	Х	-
0961T	Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)	х	-	x	-	х	-
0962T	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 qualified health care professional	х	-	x	-	x	-
0963T	Anoscopy with directed submucosal injection of bulking agent into anal canal	Х	-	Х	-	Х	-
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism	х	-	x	-	х	-
0965T	dual arch, with additional mandibular advancement, non-fixed hinge mechanism	Х	-	Х	-	Х	-
	dual arch, with additional mandibular advancement, fixed hinge mechanism	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
ected to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
)970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor	Х	-	Х	-	х	-
971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral	Х	-	х	-	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	-	х	-	x	-
977T	Upper gastrointestinal blood detection, sensor capsule, with interpretation and report	Х	-	Х	-	Х	-
978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Х	-	Х	-	Х	-
)979T	soft palate only	Х	-	Х	-	Х	-
980T	base of tongue and lingual tonsil only	Х	-	Х	-	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	-	x	-	x	-
)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	-	х	-	x	-
	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	-	х	-	x	-
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	-	x	-	x	-
985T	each additional vessel (List separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
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	-	x	-	x	-
987T	each additional vessel (List separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
001U	Rbc dna hea 35 ag 11 bld grp whi bld cmn allel	-	Х	-	Х	-	Х
	Onc clrct quan 3 ur metabolites alg adnmts plp	Х	-	Х	-	Х	-
	Onc ovarian assay 5 proteins serum alg scor	Х	-	Х	-	Х	-
	Onco prst8 3 gene ur alg	-	Х	-	Х	-	Х
	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in	Х	-	х	-	х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
0008U	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa						
	and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	Х	-	Х	-	Х	-
	Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed						
	paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting	Х	-	Х	-	Х	-
	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based	V		V		X	
	report of strain relatedness, per submitted isolate	Х	-	Х	-	Х	-
0011U	Prescription drug monitoring, evaluation of drugs present by lc-ms/ms, using oral fluid, reported	х		х		Х	
	as a comparison to an estimated steady-state range, per date of service inclu	~	-	^	-	^	-
0012U	Germline disorders, gene rearrangement detection by whole genome next-generation		х	-	х	-	Х
	sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	~	-	~	-	^
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next-		х	_	х		х
	generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	_	~		~	_	Λ
0014U							
	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-	-	Х	-	Х	-	Х
	generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra						
	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle	-	х	-	х	_	Х
	aspirate, algorithm reported as a positive or negative result for moderate to		~		~		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin	_	х	_	х	-	Х
	embedded tissue or fresh frozen tissue, predictive algorithm reported as potential		~		~		~
	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-	х	-	х	-	Х	-
	ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow			~		~	
0022U	-						
	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis,	Х	-	Х	-	Х	-
	23 genes, interrogation for sequence variants and rearrangements, reported as pr	V		V		X	
	Glyca nuc mr spectroscopy quantitative Tenofovir lig chrom tandem mass spect ur quan	X	-	X	-	X	-
	Onc thyr dna&mrna 112 genes fna ndul alg alys	X	-	X -	- V	Х	-
	Rx metab advrs rx rxn & rspse trgt seq alys	-	X X	-	X	-	X X
	Rx metab warfarin rx response trgt seq alys	-	X		X	-	× ×
	Comt gene analysis c.472g>a variant	-	X	-	X	-	× X
	Htr2a htr2c gene analysis common variants	-	^ X	-	X	-	<u> </u>
	Neurology (prion disease), cerebrospinal fluid, detection of prion protein by quaking-induced	-	~		^	-	^
	conformational conversion, qualitative	Х	-	Х	-	Х	-
	Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and			<u> </u>			
	normal specimen, sequence analyses	-	Х	-	Х	-	Х
	Trgt gen seq alys sld orgn neo dna 324 genes	-	Х	-	Х	-	Х
	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Х	-	X	-	X	-

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

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



As of: 06/17/25

	Description	La	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	Х	-	Х	-	Х	-
	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint,	~	-	~	-	~	
	quantitative	-	Х	-	Х	-	Х
	Onc brst dux carc is mrna 12 genes alg rsk scor	-	Х	-	Х		Х
	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd)					1 1	
	variants, quantitative	-	Х	-	Х	-	Х
	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	-	Х	_	Х		Х
	Onc sld org neo dna 468 cancer associated genes	-	X	_	X		X
	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194						
	genes, interrogation for sequence variants, copy number variants or rearrangements	-	Х	-	Х	-	Х
	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	Х	-	Х	-	Х	-
	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle						
	biopsy specimen, algorithm reported as probability of higher tumor grade	Х	-	Х	-	Х	-
	Rx mntr 14+ class drugs & sbsts capillary blood	Х	-	Х	-	Х	_
	Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single	~		~			
	nucleotide polymorphism targets and two control targets), plasma	-	Х	-	Х	-	Х
	Hem aml dna gene rearrangement blood/bone marrow	-	Х	-	Х	- 1	Х
	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
	oncoprotein (small t antigen), serum, quantitative	Х	-	Х	-	Х	-
	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid						
	protein (vp1), serum, reported as positive or negative	Х	-	Х	-	Х	-
	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free						
	fetal dna in maternal blood	Х	-	Х	-	Х	-
	Tc meas 5 biomarkers w/sfdi multi-spectral alys	Х	-	Х	-	Х	-
	Cyp2d6 gen com&slct rar vrnt	-	Х	-	Х	- 1	Х
	Cyp2d6 full gene sequence	-	X	-	X	- 1	X
	Cyp2d6 gen cyp2d6-2d7 hybrid	-	Х	-	Х	- 1	Х
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	Х	-	Х	- 1	Х
	Cyp2d6 nonduplicated gene	-	Х	-	Х	- 1	Х
	Cyp2d6 5' gene dup/mlt	-	Х	-	Х	- 1	Х
	Cyp2d6 3' gene dup/mlt	-	Х	-	Х	- 1	Х
	Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine						
	and buccal dna, for specimen identity verification	-	Х	-	Х	-	Х
0080U	Onc Ing 5 clin rsk factr alg	Х	-	Х	-	Х	-
	Rx test def 90+ rx/sbsts ur	Х	-	X	-	X	-
	Onc rspse chemo cntrst tomog	X	-	X	-	X	-
0084U	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Х	-	X	-	X	-

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

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



As of: 06/17/25

0		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rrna fish, 6 or more organism targets, reported as positive or negative with phenotypi	Х	-	х	-	х	-
0087U	Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro	-	Х	-	Х	-	Х
0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil	-	Х	-	Х	-	Х
0089U	Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)	Х	-	Х	-	Х	-
0090U	Oncology (cutaneous melanoma), mrna gene expression profiling by rt-pcr of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorit	Х	-	Х	-	Х	-
0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive o	Х	-	Х	-	Х	-
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Х	-	х	-	Х	-
	Prescription drug monitoring, evaluation of 65 common drugs by lc-ms/ms, urine, each drug reported detected or not detected	Х	-	х	-	Х	-
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	Х	-	Х	-	Х
0095U	Inflammation (eosinophilic esophagitis), elisa analysis of eotaxin-3 (ccl26 [c-c motif chemokine ligand 26]) and major basic protein (prg2 [proteoglycan 2, pro eosinophil majo	Х	-	х	-	Х	-
0097U	Gastrointestinal pathogen, multiplex reverse transcription and multiplex amplified probe technique, multiple types or subtypes, 22 targets (campylobacter [c. jejuni/c. coli/c.	Х	-	х	-	Х	-
0101U	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a	-	х	-	х	-	х
	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing	-	х	-	Х	-	Х
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr	-	Х	-	Х	-	Х
	Neph ckd mult eclia tum nec	Х	-	Х	-	Х	-
	C diff tox ag detcj ia stool	X	-	X	-	X	-
	Gi barrett esoph 9 prtn bmrk Id aspergillus dna 4 species	X X	-	X X		X X	-
	Rx mntr 1+oral onc rx&sbsts	X	-	X	-	X	-
	ladi 16s&18s rrna genes	X	-	X		X	-
	Onc prst8 pca3&tmprss2- erg	-	X	-	X	-	X
	Gi barretts esoph vim&ccna1	_	X	-	X	-	X X
					· · ·		~ ~ ~

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	by plan type and may not follow the listed services. These codes are update	d quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to the Pharmacy link option within the w *Plan coverage limited to ACA 10 essential healt							
0115U Respir iadna 18 viral&2 b		Х	-	Х	-	Х	-
0116U Rx mntr nzm ia 35+oral fl		X		X	-	X	
0117U Pain mgmt 11 endogenou		X	-	X	-	X	
0118U Trnsplj don-drv cll-fr dna		-	X	-	X	-	X
0119U Crd ceramides lig chrom	nlsm	X	-	X	-	X	-
0120U Onc b cll lymphm mrna 5		~	X	-	X	~	X
0121U Sc dis vcam-1 whole bloc		X	-	X	-	X	-
0122U Sc dis p-selectin whi bloc		X	-	X	-	X	
0123U Mchnl fragility rbc prflg		X	-	X	-	X	-
0129U Hered brst ca rltd do pan		*	X	-	X	~	X
0130U Hered colon ca do mrna			X	-	X	-	X
0131U Hered brst ca rltd do pnl			X	-	X	-	× ×
0132U Hered ova ca ritd do pni			X	-	X		× ×
0133U Hered prst8 ca rltd do 11			X	-	X		X
0134U Hered pan ca mrna pnl 1			X	-	X	-	× ×
0135U Hered gyn ca mrna pnl 12			X	-	X	-	X
0136U Atm mrna seq alys			X	-	X	-	× X
0137U Palb2 mrna seq alys			X	-	X	-	X
0138U Brca1 brca2 mrna seq alv			X	-	X	-	X
0140U Nfct ds fungi dna 15 trgt	13	X	-	X	-	X	-
01410 Nfct ds bact&fng gram po		X	-	X	-	X	-
01420 Nfct ds bact&fng gram ne	20	X	-	X	-	X	-
0143U Drug assay 120+ rx/meta		X	-	X		X	-
0144U Drug assay 120+ rx/meta		X	-	X	-	X	-
0145U Drug assay 65+ rx/metab		X	-	X	-	X	-
0146U Drug assay 80+ rx/metab		X	-	X	-	X	-
0147U Drug assay 85+ rx/metab		X	-	X	-	X	-
0148U Drug assay 00+ rx/meta		X	-	X	-	X	-
0149U Drug assay 100+ rx/metab		X	-	X	-	X	-
0150U Drug assay 001 Tx/metab		<u>х</u>		X	-	X	-
0152U Nfct bct fng prst dna >10		X	-	X	-	X	-
0153U Onc breast mrna 101 ger		<u> </u>	X	-	X	-	X
0154U Fgfr3 gene analysis			X	-	X	-	× ×
0155U Pik3ca gene analysis			X	-	X	-	<u> </u>
0156U Copy number sequence a	alvs		-	X	-	X	-
0157U Apc mrna seq alys	<i>лу</i> о	<u> </u>	X	-	X		X
0158U Mlh1 mrna seq alys			X	-	X	-	<u> </u>
0159U Msh2 mrna seq alys			X		X	-	X X
UTOSU INISHZ MIMA SEY Alys		-	Λ	-	Λ	-	٨

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	vary by plan type and may not follow the listed services. These codes are update	d quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
lirected to the Pharmacy link option within the Plan coverage limited to ACA 10 essential							
0160U Msh6 mrna seq alys		-	Х	-	Х		Х
0161U Pms2 mrna seq alys			X	_	X	-	X
0162U Hered colon ca trgt mi	ma nnl		X	_	X	-	X
0163U Onc clrct scr 3 prtn alg		X	-	X	-	X	-
0164U Gi ibs ia anticdtb&vinc		X	-	X	-	X	-
0165U Peanut allg spec asmi		X	-	X	-	X	-
0166U Liver ds 10 biochem a		X		X	-	X	-
0168U Ftl aneuploidy dna sec		-	X	-	X	-	X
0170U Neuro asd rna next ge		X	-	X	-	X	-
01710 Trgt gen seg alys pnl		~	X	-	X	~	X
01720 Onc sld tum alys brca			X	-	X	-	× ×
0173U Psyc gen alys panel 1		X	-	X	-	X	-
0174U Onc solid tumor 30 pr		X		X	-	X	
0175U Psyc gen alys panel 1		X	-	X		X	-
0176U Cdtb&vinculin igg ant		X	-	X		X	-
0177U Onc brst ca dna pik3c		^	X	-	X	-	X
0178U Peanut allg asmt epi c		X	-	X	-	X	-
0179U Onc nonsm cll lng ca		^	X	^	X	^	X
0180U Abo gnotyp abo 7 exo		<u> </u>		X		X	-
0181U Co gnotyp app1 exon		X		X		X	
0182U Crom gnotyp cd55 exc		X	-	X	-	X	-
0183U Di gnotyp slc4a1 exon		X	-	X	-	X	-
0184U Do gnotyp art4 exon 2		X	-	X	-	X	_
0185U Fut1 gnotyp fut1 exon		X	-	X	-	X	-
0186U Fut2 gnotyp fut2 exon		X	-	X	-	X	-
0187U Fy gnotyp ackr1 exon		X X	_	X	-	X	-
0188U Ge gnotyp gypc exons		X	-	X	-	X	-
0189U Gypa gnotyp ntrns 1 5		X	-	X	-	X	-
0190U Gypb gnotyp ntrns 1 5			-		-		-
01900 Gypb ghotyp nums 1 5 01910 In gnotyp cd44 exons		X	-	X X	-	X X	-
01910 In gnotyp cd44 exons 01920 Jk gnotyp slc14a1 exc		X X	-	X	-		-
01920 JK gnotyp sic14a1 exc 01930 Jr gnotyp abcg2 exons			-		-	X	-
	5 2-20	X	-	X	-	X	-
0194U Kel gnotyp kel exon 8	ing	X X	-	X	-	X	-
0195U Klf1 targeted sequenc		X	-	X	-	X	-
0196U Lu gnotyp bcam exon		<u>X</u>	-	X	-	Х	-
0197U Lw gnotyp icam4 exor		X	-	X	-	Х	-
0198U Rhd&rhce gntyp rhd1-	1U&rnce5	X	-	X	-	Х	-
0199U Sc gnotyp ermap exor	ns 4 12	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

9		Lar	ge Employer	Individ	ual Benchmark*	Small Emp	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
0200U	Xk gnotyp xk exons 1-3	Х	_	Х	-	Х	_
	Yt gnotyp ache exon 2	X	_	X	-	X	-
	Ai ibd mrna xprsn prfl 17	X	_	X	-	X	
	Onc thyr mrna xprsn alys 593	-	Х	-	Х	- 1	Х
	Oph amd alys 3 gene variants	Х	-	Х	-	Х	-
	Neuro alzheimer cell aggregi	X	_	X	-	X	
	Neuro alzheimer quan imaging	X	-	X	-	X	-
	Cytog const alvs interrog	-	Х	-	Х	-	Х
	Syphilis tst antb ia quan	Х	-	Х	-	Х	-
	Onc pan-tum dna&rna gnrj seq	-	Х	-	Х	-	Х
	Rare ds gen dna alys proband	-	Х	-	Х	- 1	Х
	Rare ds gen dna alys ea comp	-	Х	-	Х	- 1	Х
	Rare ds xom dna alys proband	-	Х	-	Х	- 1	Х
0215U	Rare ds xom dna alys ea comp	-	Х	-	Х	- 1	Х
	Neuro inh ataxia dha 12 com	-	Х	-	Х	- 1	Х
0217U	Neuro inh ataxia dna 51 gene	-	Х	-	Х	- 1	Х
0218U	Neuro musc dys dmd seq alys	-	Х	-	Х	- 1	Х
0219U	Nfct agt hiv gnri seq alys	Х	-	Х	-	Х	-
	Onc brst ca ai assmt 12 feat	Х	-	Х	-	Х	-
0221U	Abo gnotyp next gnrj seq abo	Х	-	Х	-	Х	-
0222U	Rhd&rhce gntyp next gnrj seq	Х	-	Х	-	Х	-
0227U	Rx asy prsmv 30+rx/metablt	Х	-	Х	-	Х	-
0228U	Onc prst8 ma molec prfl alg	Х	-	Х	-	Х	-
0229U	Bcat1 promoter mthyltn alys	Х	-	Х	-	Х	-
0230U	Ar full sequence analysis	-	Х	-	Х	-	Х
0231U	Cacna1a full gene analysis	-	Х	-	Х	-	Х
0232U	Cstb full gene analysis	-	Х	-	Х	-	Х
0233U	Fxn gene analysis	-	Х	-	Х	-	Х
0235U	Pten full gene analysis	-	Х	-	Х	-	Х
0237U	Car ion chnlpthy gen seq pnl	-	Х	-	Х	-	Х
0239U	Trgt gen seq alys pnl 311+	-	Х	-	Х	- 1	Х
	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	-	х	-	х	-	х
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	х	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0244U	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	х	-	x	-	x	-
0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage	-	х	-	х	-	х
	Red blood cell antigen typing, dna, genotyping of at least 16 blood groups with phenotype prediction of at least 51 red blood cell antigens	Х	-	х	-	Х	-
0247U	Obstetrics (preterm birth), insulin-like growth factor–binding protein 4 (ibp4), sex hormone– binding globulin (shbg), quantitative measurement by lc-ms/ms, utilizing maternal serum, combined with clinical data, reported as predictive-risk stratification for spontaneous preterm birth	х	-	х	-	х	-
0248U	Onc brn sphrd cll 12 rx pnl	Х	-	Х	-	Х	-
	Onc brst alys 32 phsprtn alg	Х	-	Х	-	Х	-
	Onc sld org neo dna 505 gene	-	Х	-	Х	-	Х
	Hepcidin-25 elisa serum/plsm	Х	-	Х	-	Х	-
0252U	Ftl aneuploidy str alys dna	-	Х	-	Х	-	Х
0253U	Rprdtve med rna gen prfl 238	-	Х	-	Х	-	Х
0254U	Reprdtve med alys 24 chrmsm	-	Х	-	Х	-	Х
0255U	Andrology infertility assmt	Х	-	Х	-	Х	-
	Tma/tmao prfl ms/ms ur alg	Х	-	Х	-	Х	-
0257U	Vlcad leuk nzm actv whl bld	Х	-	Х	-	Х	-
0258U	Ai psor mrna 50-100 gen alg	Х	-	Х	-	Х	-
	Neph ckd nuc mrs meas gfr	Х	-	Х	-	Х	-
	Rare ds id opt genome mapg	-	Х	-	Х	-	Х
	Onc clrct ca img alys w/ai	Х	-	Х	-	Х	-
	Onc sld tum rtpcr 7 gen	-	Х	-	Х	-	Х
	Neuro asd meas 16 c metblt	Х	-	Х	-	Х	-
	Rare ds id opt genome mapg	-	Х	-	Х	-	Х
	Rar do whl gn&mtcdrl dna als	-	Х	-	Х	-	Х
	Unxpl cnst hrtbl do gn xprsn	-	Х	-	Х	-	Х
	Rare do id opt gen mapg&seq	-	Х	-	Х	-	Х
	Hem ahus gen seq alys 15 gen	-	Х	-	Х	-	Х
	Hem aut dm cgen trmbctpna 14	-	Х	-	Х	-	Х
	Hem cgen coagj do 20 genes	-	Х	-	Х	-	Х
0271U	Hem cgen neutropenia 23 gen	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	e note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	armacy link option within the website. mited to ACA 10 essential health benefits.						
0	n genetic bld do 51 genes	-	Х	-	Х	- 1	Х
	n gen hyprfibrnlysis 8 gen	-	X	-	X		X X
	n gen pltlt do 43 genes	-	X	-	X		X X
	n heprn nduc trmbctpna srm	Х	-	Х	-	Х	-
	n inh thrombocytopenia 23	~	X	-	X	-	X
	n gen pitit funcj do 31	_	X	-	X	_	X
	n gen thrombosis 12 genes	-	X	-	X	_	X X
	n vw factor&clgn iii bndg	X	-	X	-	X	-
	n vw factor&clgn iv bndg	X	-	X	-	X	-
	n vwd propeptide ag Ivl	X		X		X	-
	c dna gntyp 12 bld grp gen	X	-	X		X	-
	factor type 2b eval plsm	X	-	X		X	-
	factor type 2n eval plsm	X	-	X		X	-
	c rsps radj cll fr dna tox	-	X	-	X	-	X
	thyr dna&mrna 112 genes		X	-	^ X	-	× ×
	c lung mrna quan pcr 11&3	-	X	-	X	-	× ×
	iro alzheimer mrna 24 gen	X	-	X	-	X	-
	n mgmt mrna gen xprsn 36	X		X		X	
	c mood do mrna 144 genes	X	-	X	-	X	-
	c strs do mrna 72 genes	X		X		X	
	c suicidal idea mma 54	X	-		-		-
	vty&mrtity rsk mrna 18gen	X	-	X X	-	X X	-
	b brst dux carc 7 proteins		-		-		-
	c orl&/orop ca 20 mlc feat	X	-	Х	-	Х	-
		-	X	-	X	-	<u>X</u>
	c pan tum whi gen seq dna	-	X	-	X	-	X
	c pan tum whi trns seq rna	-	X	-	X	-	X
	c pan tum whi gen opt mapg	-	X	-	X	-	X
	c pan tum whl gen seq&opt	-	Х	-	Х	-	Х
	na bartonella ddpcr	X	-	X	-	X	-
	na brtnla ddpcr flwg liq	X	-	X	-	Х	-
	n rbc ads whi bid hypoxic	X	-	X	-	Х	-
	n rbc ads whi bid normoxic	X	-	X	-	X	-
	n rbc fnclty&dfrm shr strs	Х	-	Х	-	Х	-
	c mrd nxt-gnrj alys 1st	-	X	-	X	-	X
	c mrd nxt-gnrj alys sbsq	-	Х	-	Х	-	Х
	cad alys 3 prtn plsm alg	Х	-	Х	-	Х	-
	cv ds aly 4 prtn plm alg	Х	-	Х	-	Х	-
0310U Ped	l vsclts kd alys 3 bmrks	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	by plan type and may not follow the listed services. These codes are updated	quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to the Pharmacy link option within the we *Plan coverage limited to ACA 10 essential health	bsite.						
0311U Nfct ds bct quan antmcrb		Х	-	Х	-	Х	-
0312U Ai ds sle alys 8 igg autoar		X		X		X	
0313U Onc pncrs dna&mrna seq		~	X	-	X	~	X
0314U Onc cutan mlnma mrna 3		X	-	X	-	X	-
0315U Onc cutan sq cll ca mrna		X	-	X	-	X	
0316U B brgdrferi lyme ds ospa e		X		X		X	
0317U Onc lung ca 4-prb fish as		×	X	-	X	-	X
0318U Ped whi gen mthyltn alys			X	-	X	-	X
0319U Neph rna pretrnspl perph			X	-	X	-	X
0320U Neph rna psttrnspl perph		-	X	-	X	-	X
03210 ladna gu pthgn 20bct&fng		- X	-	X	-	X	-
0322U Neuro asd meas 14 acyl c		X	-	X	-	X	
0323U ladna cns pthgn next gen		X	-	X	-	X	
0324U Onc ovar sphrd cell 4 rx p		X	-	X	-	X	
0325U Onc ovar sphrd cell parp	11	<u> </u>	-	X	-	X	
0326U Trgt gen seq alys pnl 83+		^	X		 X	^	X
0328U Drug assay 120+ rx&meta	, blt	- X	-	X	-	X	-
0329U Onc neo xome&trns seq a		^	X		 X	^	 X
03290 Onc neo xomexims seq a		-		- V		X	-
0331U Onc hl neo opt gen mappi		Х	- X	Х		1 1	
				-	X	-	X
0332U Onc pan tum gen prflg 8 d 0333U Onc lvr surveilanc hcc cfd			X X	-	X	-	X X
03330 One for surveilanc nee crd				-		-	
0335U Rare ds whl gen seq fetal	+		X	-	X	-	X
0336U Rare ds whi gen seq bld/s	h z	-	X X	-	X	-	X X
03360 Rare ds whi gen sed bid/s		-		- -		-	
		X	-	X	-	X	-
0338U Onc sld tum crcg tum cl sl 0339U Onc prst8 mrna hoxc6 & c		X	-	Х	-	Х	-
			X	-	X	-	X
0340U Onc pan ca alys mrd plas			X	-	X	-	X
0341U Ftl aneup dna seq cmpr a		-	Х	- -	Х	-	Х
0342U Onc pncrtc ca mult ia eclia		X	-	X	-	X	-
0343U Onc prst8 xom aly 442 sn		X	-	X	-	X	-
0344U Hep nafld semiq evl 28 lip		X	-	X	-	Х	-
0345U Psyc genom alys pnl 15 g		X	-	X	-	X	-
0347U Rx metab/pcx dna 16 gen		X	-	X	-	X	-
0348U Rx metab/pcx dna 25 gen		X	-	Х	-	Х	-
0349U Rx metab/pcx dna 27gen		X	-	Х	-	Х	-
0350U Rx metab/pcx dna 27 gen	alys	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
0351U	Nfct ds bct/viral trail ip10	Х	-	Х	-	Х	-
	Hpv hi rsk qual mrna e6/e7	Х	-	Х	-	Х	-
0355U	Apol1 (apolipoprotein l1) (eg, chronic kidney disease), risk variants (g1, g2)	Х	-	Х	-	Х	-
	Oncology (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell- free dna, algorithm reported as a prognostic risk score for cancer recurrence	Х	-	Х	-	Х	-
0357U	Oncology (melanoma), artificial intelligence (ai)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	х	-	х	-	х	-
0358U	Neurology (mild cognitive impairment), analysis of β-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive, or negative	х	-	х	-	x	-
	Oncology (prostate cancer), analysis of all prostate-specific antigen (psa) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	х	-	х	-	Х	-
0360U	Oncology (lung), enzyme-linked immunosorbent assay (elisa) of 7 autoantibodies (p53, ny-eso-1, cage, gbu4-5, sox2, mage a4, and hud), plasma, algorithm reported as a categorical result for risk of malignancy	х	-	х	-	х	-
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Х	-	Х	-	Х	-
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalin-fixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes	-	х	-	х	-	х
	Oncology (urothelial), mrna, geneexpression profiling by real-time quantitative pcr of 5 genes (mdk, hoxa13, cdc2 [cdk1], igfbp5, and cxcr2), utilizing urine, algorithm incorporates age, sex, smoking history, and macrohematuria frequency, reported as a risk score for having urothelial carcinoma	-	Х	-	х	-	х
	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (pcr) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s), reported as presence or absence of minimal residual disease (mrd) with quantitation of disease burden, when appropriate	х	-	х	-	х	-
	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of bladder cancer	х	-	х	-	x	-
0366U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of recurrent bladder cancer	х	-	х	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
0367U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	х	-	x	-	x	-
	Oncology (colorectal cancer), evaluation for mutations of apc, braf, ctnnb1, kras, nras, pik3ca, smad4, and tp53, and methylation markers (myo1g, kcnq5, c9orf50, fli1, clip4, znf132 and twist1), multiplex quantitative polymerase chain reaction (qpcr), circulating cell-free dna (cfdna), plasma, report of risk score for advanced adenoma or colorectal cancer	x	-	x	-	x	-
	Infectious agent detection by nucleic acid (dna and rna), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique	х	-	х	-	x	-
0370U	Infectious agent detection by nucleic acid (dna and rna), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique, wound swab	х	-	х	-	x	-
0371U	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine	х	-	x	-	x	-
	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	х	-	x	-	х	-
	Infectious agent detection by nucleic acid (dna and rna), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified probe technique, upper or lower respiratory specimen	х	-	х	-	х	-
	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antibiotic-resistance genes, multiplex amplified probe technique, urine	х	-	х	-	х	-
	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein a-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	х	-	х	-	х	-
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prostate cancerspecific mortality, includes predictive algorithm to androgen deprivationtherapy response, if appropriate	х	-	х	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
0377U							
	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (nmr) spectrometry with report of a lipoprotein profile (including 23 variables)	х	-	х	-	х	-
	Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat- primed pcr, blood, saliva, or buccal swab	х	-	х	-	х	-
0379U							
	Targeted genomic sequence analysis panel, solid organ neoplasm, dna (523 genes) and rna (55 genes) by nextgeneration sequencing, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutational burden	х	-	х	-	х	-
	Maple syrup urine disease monitoring by patient-collected blood card sample, quantitative measurement of alloisoleucine, leucine, isoleucine, and valine, liquid chromatography with tandem mass spectrometry (Icms/ms)	х	-	x	-	x	-
	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	х	-	x	-	x	-
	Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	х	-	х	-	x	-
	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (lcms/ms) and hba1c and estimated glomerular filtration rate (gfr), with risk score reported for predictive progression to high-stage kidney disease	х	-	x	-	x	-
0385U	Nephrology (chronic kidney disease), apolipoprotein a4 (apoa4), cd5 antigen-like (cd5l), and insulin-like growth factor binding protein 3 (igfbp3) by enzyme-linked immunoassay (elisa), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (gfr) and clinical data reported as a risk score for developing diabetic kidney disease	х	-	x	-	×	-
	Gastroenterology (barrett's esophagus), p16, runx3, hpp1, and fbn1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	х	-	x	-	х	-
	Oncology (melanoma), autophagy and beclin 1 regulator 1 (ambra1) and loricrin (amlo) by immunohistochemistry, formalinfixed paraffin-embedded (ffpe) tissue, report for risk of progression	х	-	х	-	x	-
	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	х	-	х	-	х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0389U	Pediatric febrile illness (kawasaki disease [kd]), interferon alphainducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcemp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd	х	-	x	-	x	-
	Obstetrics (preeclampsia), kinase insert domain receptor (kdr), endoglin (eng), and retinol- binding protein 4 (rbp4), by immunoassay, serum, algorithm reported as a risk score	Х	-	х	-	х	-
	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (ffpe) tissue, 437 genes, interpretive report for single nucleotide variants, splicesite variants, insertions/deletions, copy number alterations, gene fusions, tumor mutational burden, and microsatellite instability, with algorithm quantifying immunotherapy response score	-	х	-	х	-	Х
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [adhd]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication analysis of cyp2d6, reported as impact of gene-drug interaction for each drug	-	х	-	х	-	х
0393U	Neurology (eg, parkinson disease, dementia with lewy bodies), cerebrospinal fluid (csf), detection of misfolded α-synuclein protein by seed amplification assay, qualitative	Х	-	х	-	Х	-
0394U	Perfluoroalkyl substances (pfas) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 pfas compounds by liquid chromatography with tandem mass spectrometry (lc-ms/ms), plasma or serum, quantitative	х	-	х	-	x	-
	Oncology (lung), multi-omics (microbial dna by shotgun nextgeneration sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	х	-	x	-	x	-
	Oncology (non-small cell lung cancer), cell-free dna from plasma, targeted sequence analysis of at least 109 genes, including sequence variants, substitutions, insertions, deletions, select rearrangements, and copy number variations	х	-	х	-	x	-
	Neurology (cerebral folate deficiency), serum, detection of anti-human folate receptor iggbinding antibody and blocking autoantibodies by enzyme-linked immunoassay (elisa), qualitative, and blocking autoantibodies, using a functional blocking assay for igg or igm, quantitative, reported as positive or not detected	-	х	-	х	-	х
	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, dna, reported as carrier positive or negative	-	х	-	х	-	х
0401U	Cardiology (coronary heart disease [cad]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a coronary event	х	-	х	-	х	-

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

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



As of: 06/17/25

0		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
0403U	Oncology (prostate), mrna, gene expression profiling of 18 genes, first-catch post-digital rectal						
	examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood	-	Х	-	Х	_	Х
	of detecting clinically significant prostate cancer						
0404U	Oncology (breast), semiquantitative measurement of thymidine kinase activity by immunoassay,						
	serum, results reported as risk of disease progression	Х	-	Х	-	Х	-
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing,	V		v		X	
	plasma, reported as cancer signal detected or not detected	Х	-	Х	-	Х	-
0406U	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4- carboxyphenyl] porphyrin	V		V		V	
	[tcpp], cd206, cd66b, cd3, cd19), algorithm reported as likelihood of lung cancer	Х	-	Х	-	Х	-
0407U	Nephrology (diabetic chronic kidney disease [ckd]), multiplex electrochemiluminescent						
	immunoassay (eclia) of soluble tumor necrosis factor receptor 1 (stnfr1), soluble tumor necrosis	х		х		х	
	receptor 2 (stnfr2), and kidney injury molecule 1 (kim-1) combined with clinical data, plasma,	~	-	^	-	^	-
	algorithm reported as risk for progressive decline in kidney function						
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute	х		х		Х	
	respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])	^	-	^	-	^	-
0409U							
	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from		х	_	х		Х
	plasma, including single nucleotide variants, insertions/deletions, copy number alterations,	-	~	_	~	-	Λ
	microsatellite instability, and fusions, report showing identified mutations with clinical actionability						
0410U	Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine	х	_	х	_	х	_
	enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	~	_	~	_	~	_
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [adhd]), genomic						
	analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of cyp2d6	х	_	х	_	х	_
	(for additional pla code with identical clinical descriptor, see 0345u. see appendix o to determine	~		~		X	
	appropriate code assignment)						
0412U							
	Beta amyloid, $a\beta 42/40$ ratio, immunoprecipitation with quantitation by liquid chromatography with	Х	-	х	-	Х	-
	tandem mass spectrometry (Ic-ms/ms) and qualitative apoe isoformspecific proteotyping, plasma						
	combined with age, algorithm reported as presence or absence of brain amyloid pathology						
0414U							
	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes	-	Х	-	Х	-	Х
	(alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-I1, if performed, formalin-						
044511	fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker						
0415U	Cardiovascular disease (acute coronary syndrome [acs]), il-16, fas, fasligand, hgf, ctack, eotaxin,						
	and mcp-3 by immunoassay combined with age, sex, family history, and personal history of	Х	-	Х	-	Х	-
	diabetes, blood, algorithm reported as a 5-year (deleted risk) score for acs						
	ulabeles, blood, algorithin reported as a b-year (deleted fisk) score for ads						

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Infectious agent detection by nucleic acid (dna), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	х	-	x	-	x	-
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder–associated genetic variants	х	-	x	-	x	-
0418U	Oncology (breast), augmentative algorithmic analysis of digitized whole slide imaging of 8 histologic and immunohistochemical features, reported as a recurrence score	Х	-	х	-	Х	-
	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Х	-	х	-	Х	-
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis of 6 single-nucleotide polymorphisms (SNPs) genes TERT and FGFR3, urine, algorithm reported as a risk score for urothelial carcinoma	-	х	-	х	-	х
0421U	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	х	-	x	-	x	-
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate	х	-	x	-	х	-
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	х	-	x	-	x	-
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	х	-	x	-	x	-
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	-	х	-	х	-	Х
	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	-	х	-	Х	-	Х
0427U	Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	Х	-	х	-	х	-
0431U	Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative	Х	-	х	-	х	-
0432U	Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative	Х	-	х	-	Х	-
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Х	-	х	-	Х	-
	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Х	-	х	-	Х	-
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotoxicity percentage observed, minimum of 14 drugs or drug combinations	х	-	х	-	x	-
0436U	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	х	-	x	-	x	-
	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Х	-	х	-	Х	-
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions	х	-	х	-	х	-
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	x	-	x	-	x	-
0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1, cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for CHD	Х	-	x	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	х	-	x	-	x	-
0442U	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	х	-	x	-	x	-
0443U	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	Х	-	Х	-	Х	-
0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin- fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	x	-	x	-	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	-	x	-	x	-
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	-	x	-	x	-
0450U	Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides	х	-	х	-	x	-
0451U	Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance	Х	-	х	-	Х	-
0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer	х	-	x	-	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	-	x	-	х	-

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

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



As of: 06/17/25

0		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping		Х		х		x
	(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)	-	~	-	~	-	~
	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative	х	-	х	-	Х	-
	Oncology (breast cancer), S100A8 and S100A9, by enzymelinked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score	Х	-	х	-	Х	-
	β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology	х	-	х	-	х	-
	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real- time PCR of 24 genes, with variant analysis and reported phenotypes	х	-	х	-	х	-
	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes	х	-	х	-	х	-
	Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme- linked immunosorbent assay (ELISA), saliva, screening/preliminary	Х	-	х	-	Х	-
	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	x	-	x	-	х	-
	Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive or negative result	x	-	x	-	x	-
0465U	Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative	х	-	х	-	х	-
	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	-	x	-	x	-
	Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden	х	-	х	-	x	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis	х	-	х	-	x	-
0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination	-	x	-	х	-	х
0470U	Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma	х	-	х	-	x	-
0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalinfixed paraffin-embedded (FFPE), predictive, identification of detected mutations	-	х	-	Х	-	х
0472U	Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiqualitative, blood, reported as predictive evidence of early Sjögren syndrome	х	-	х	-	x	-
	Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden	-	Х	-	х	-	х
0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene	-	х	-	Х	-	х
0 475U	Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next- generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer	-	х	-	х	-	х

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
0476U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis and reported phenotypes	х	-	х	-	x	-
0477U	Drug metabolism, psychiatry (eg, major depressive disorder, general anxiety disorder, attention deficit hyperactivity disorder [ADHD], schizophrenia), whole blood, buccal swab, and pharmacogenomic genotyping of 14 genes and CYP2D6 copy number variant analysis, including impacted gene-drug interactions and reported phenotypes	х	-	x	-	x	-
0478U	Oncology (non-small cell lung cancer), DNA and RNA, digital PCR analysis of 9 genes (EGFR, KRAS, BRAF, ALK, ROS1, RET, NTRK 1/2/3, ERBB2, and MET) in formalin-fixed paraffin- embedded (FFPE) tissue, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and reported as actionable detected variants for therapy selection	-	x	-	Х	-	х
0479U	Tau, phosphorylated, pTau217	Х	-	Х	-	Х	-
0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with positive pathogen identification	х	-	х	-	х	-
0481U	IDH1 (isocitrate dehydrogenase 1 [NADP+]), IDH2 (isocitrate dehydrogenase 2 [NADP+]), and TERT (telomerase reverse transcriptase) promoter (eg, central nervous system [CNS] tumors), next-generation sequencing (single-nucleotide variants [SNV], deletions, and insertions)	-	х	-	х	-	х
	Obstetrics (preeclampsia), biochemical assay of soluble fmslike tyrosine kinase 1 (sFlt-1) and placental growth factor (PIGF), serum, ratio reported for sFlt1/PIGF, with risk of progression for preeclampsia with severe features within 2 weeks	х	-	х	-	х	-
0483U	Infectious disease (Neisseria gonorrhoeae), sensitivity, ciprofloxacin resistance (gyrA S91F point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of fluoroquinolone resistance	х	-	x	-	х	-
0484U	Infectious disease (Mycoplasma genitalium), macrolide sensitivity (23S rRNA point mutation), oral, rectal, or vaginal swab, algorithm reported as probability of macrolide resistance	х	-	х	-	х	-
0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden	-	x	-	х	-	х
0486U	Oncology (pan-solid tumor), nextgeneration sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction	х	-	х	-	х	-

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

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



As of: 06/17/25

0		Laı	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidycorrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability	х	-	х	-	х	-
	Obstetrics (fetal antigen noninvasive prenatal test), cellfree DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected	-	х	-	х	-	х
	Obstetrics (single-gene noninvasive prenatal test), cellfree DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)	-	х	-	х	-	Х
	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular–weight melanomaassociated antigen, CD34 and CD45 protein biomarkers, peripheral blood	х	-	х	-	x	-
	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of estrogen receptor (ER) protein biomarker–expressing cells, peripheral blood	х	-	x	-	x	-
	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytokeratins 8, 18, and 19, CD45 protein biomarkers, and quantification of PD-L1 protein biomarker– expressing cells, peripheral blood	х	-	x	-	x	-
	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using nextgeneration sequencing, plasma, reported as percentage of donorderived cell-free DNA	-	х	-	Х	-	Х
	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, family history of prostate cancer, prior negative prostate biopsy), algorithm reported as risk of likelihood of detecting clinically significant prostate cancer	х	-	x	-	x	-
0496U	Oncology (colorectal), cell-free DNA, 8 genes for mutations, 7 genes for methylation by real-time RT-PCR, and 4 proteins by enzyme-linked immunosorbent assay, blood, reported positive or negative for colorectal cancer or advanced adenoma risk	х	-	x	-	x	-
	Oncology (prostate), mRNA geneexpression profiling by real-time RT-PCR of 6 genes (FOXM1, MCM3, MTUS1, TTC21B, ALAS1, and PPP2CA), utilizing formalinfixed paraffin-embedded (FFPE) tissue, algorithm reported as a risk score for prostate cancer	-	х	-	х	-	х

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
0498U	Oncology (colorectal), nextgeneration sequencing for mutation detection in 43 genes and methylation pattern in 45 genes, blood, and formalin-fixed paraffin-embedded (FFPE) tissue, report of variants and methylation pattern with interpretation	-	Х	-	х	-	х
	Oncology (colorectal and lung), DNA from formalin-fixed paraffinembedded (FFPE) tissue, nextgeneration sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection	-	х	-	х	-	х
	Autoinflammatory disease (VEXAS syndrome), DNA, UBA1 gene mutations, targeted variant analysis (M41T, M41V, M41L, c.118-2A>C, c.118-1G>C, c.118- 9_118-2del, S56F, S621C)	х	-	x	-	х	-
	Oncology (colorectal), blood, quantitative measurement of cellfree DNA (cfDNA)	Х	-	Х	-	Х	-
	Human papillomavirus (HPV), E6/E7 markers for high-risk types (16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68), cervical cells, branched-chain capture hybridization, reported as negative or positive for high risk for HPV	х	-	х	-	x	-
	Neurology (Alzheimer disease), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio) and tau-protein (ptau217, np-tau217, ptau217/nptau217 ratio), blood, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS), algorithm score reported as likelihood of positive or negativefor amyloid plaques	х	-	x	-	х	-
	Infectious disease (urinary tract infection), identification of 17 pathologic organisms, urine, realtime PCR, reported as positive or negative for each organism	Х	-	х	-	Х	-
	Infectious disease (vaginal infection), identification of 32 pathogenic organisms, swab, real-time PCR, reported as positive or negative for each organism	х	-	х	-	х	-
	Gastroenterology (Barrett's esophagus), esophageal cells, DNA methylation analysis by next- generation sequencing of at least 89 differentially methylated genomic regions, algorithm reported as likelihood for Barrett's esophagus	х	-	x	-	х	-
0507U	Oncology (ovarian), DNA, wholegenome sequencing with 5- hydroxymethylcytosine (5hmC) enrichment, using whole blood or plasma, algorithm reported as cancer detected or not detected	х	-	x	-	х	-
	Transplantation medicine, quantification of donor-derived cell-free DNA using 40 singlenucleotide polymorphisms (SNPs), plasma, and urine, initial evaluation reported as percentage of donor-derived cellfree DNA with risk for active rejection	-	х	-	х	-	х
	Transplantation medicine, quantification of donor-derived cell-free DNA using up to 12 single- nucleotide polymorphisms (SNPs) previously identified, plasma, reported as percentage of donor- derived cell-free DNA with risk for active rejection	-	х	-	x	-	х
0510U	Oncology (pancreatic cancer), augmentative algorithmic analysis of 16 genes from previously sequenced RNA wholetranscriptome data, reported as probability of predicted molecular subtype	х	-	x	-	x	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug	Х	-	х	-	х	-
0512U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) status, formalin-fixed paraffinembedded (FFPE) tissue, reported as increased or decreased probability of MSI-high (MSI-H)	х	-	x	-	×	-
0513U	Oncology (prostate), augmentative algorithmic analysis of digitized whole-slide imaging of histologic features for microsatellite instability (MSI) and homologous recombination deficiency (HRD) status, formalinfixed paraffin-embedded (FFPE) tissue, reported as increased or decreased probability of each biomarker	х	-	x	-	x	-
0514U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of adalimumab (ADL) levels in venous serum in patients undergoing adalimumab therapy, results reported as a numerical value as micrograms per milliliter (µg/mL)	х	-	х	-	х	-
0515U	Gastroenterology (irritable bowel disease [IBD]), immunoassay for quantitative determination of infliximab (IFX) levels in venous serum in patients undergoing infliximab therapy, results reported as a numerical value as micrograms per milliliter (μ g/mL)	х	-	х	-	х	-
	Drug metabolism, whole blood, pharmacogenomic genotyping of 40 genes and CYP2D6 copy number variant analysis, reported as metabolizer status	Х	-	х	-	х	-
0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications	х	-	х	-	x	-
0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC- MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	х	-	х	-	x	-
0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LCMS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic minimally effective range of prescribed, non-prescribed, and illicit medications in circulation	х	-	x	-	×	-
0520U	Therapeutic drug monitoring, 200 or more drugs or substances, LCMS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of prescribed and non-prescribed medications	х	-	х	-	x	-
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	х	-	х	-	Х	-
0522U	Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiqualitative, blood	Х	-	х	-	Х	-

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	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	-	х	-	х
0524U	Obstetrics (preeclampsia), sFIt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Х	-	х	-	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	-	х	-	x	-
	Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time	х	-	х	-	Х	-
	Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected	Х	-	х	-	х	-
	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	-	x	-	x	-
	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	-	х	-	x	-
	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	-	х	-	х	-
	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	-	х	-	х
	Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donorderived cell-free DNA to determine probability of rejection	-	х	-	х	-	х
0543U	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	-	х	-	Х
	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA,	-	Х	-	Х	-	Х

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
	Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Х	-	х	-	Х	-
	Low-density lipoprotein receptor-related protein 4 (LRP4), antibody identification by immunofluorescence, using live cells, reported as positive or negative	Х	-	х	-	Х	-
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	х	-	х	-	Х	-
0548U	Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma	х	-	х	-	Х	-
0549U	Oncology (urothelial), DNA, quantitative methylated real time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)	х	-	х	-	x	-
	Oncology (prostate), enzyme linked immunosorbent assays (ELISA) for total prostate specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer	x	-	x	-	x	-
0551U	Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma	Х	-	х	-	Х	-
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder	-	х	-	х	-	х
0553U	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 score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested	-	Х	-	Х	-	x
	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, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	unizations, injectable dru	igs, or specialty m	edications and should be
	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	-	х	-	Х	-	Х
	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	-	х	-	х	-
	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	-	х	-	x	-
	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	-	х	-	х	-
	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD	-	Х	-	Х	-	х
	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	-	х	-	х
	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell free DNA, plasma, algorithm reported as cancer signal detected or not detected	-	х	-	х	-	х
	Oncology (lung), qPCR based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result	-	х	-	Х	-	х
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long 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 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	-	х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology	x	-	х	-	x	-
	Oncology (solid tumor), next generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate	-	х	-	х	-	х
	Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxyl terminal hydrolase L1 (UCH L1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison	x	-	х	-	x	-
	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants	-	х	-	х	-	х
	Oncology (prostate), high throughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer	-	х	-	Х	-	Х
0573U	Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous	х	-	х	-	х	-
0574U	Mycobacterium tuberculosis, culture filtrate protein–10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS	х	-	х	-	х	-
A0080	percentage reported as risk	Х	-	Х	-	Х	-
A0090	for rejection	Х	-	Х	-	Х	-
	Nonemergency transport taxi	Х	-	Х	-	Х	-
	Nonemergency transport bus	Х	-	Х	-	Х	-
	Noner transport mini-bus	Х	-	Х	-	Х	-
	Noner transport case worker	Х	-	Х	-	Х	-
	Noner transport parking fees	Х	-	Х	-	Х	-
	Noner transport lodgng recip	Х	-	Х	-	Х	-
	Noner transport meals recip	Х	-	Х	-	Х	-
	Noner transport lodgng escrt	Х	-	Х	-	Х	-
	Noner transport meals escort	Х	-	Х	-	Х	-
	Ambulance waiting 1/2 hr	Х	-	Х	-	Х	-
	Extra ambulance attendant	Х	-	Х	-	Х	-
	Pi volunteer ambulance co	X	-	X	-	Х	-
A0888	Noncovered ambulance mileage	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
A2002	Mirragen adv wnd mat per sq	Х	-	Х	-	Х	-
A2003	Bio-connekt wound matrix	Х	-	Х	-	Х	-
A2004	Xcellistem, 1 mg	Х	-	Х	-	Х	-
A2005	Microlyte matrix, per sq cm	Х	-	Х	-	Х	-
A2006	Novosorb synpath per sq cm	Х	-	Х	-	Х	-
A2008	Theragenesis, per sq cm	Х	-	Х	-	Х	-
A2009	Symphony, per sq cm	Х	-	Х	-	Х	-
	Apis, per square centimeter	Х	-	Х	-	Х	-
	Supra sdrm, per square cm	Х	-	Х	-	Х	-
	Suprathel, per sq cm	Х	-	Х	-	Х	-
	Omeza collagen matrix, per 100 mg	Х	-	Х	-	Х	-
	Phoenix wound matrix, per square centimeter	Х	-	Х	-	Х	-
	Permeaderm b, per square centimeter	Х	-	Х	-	Х	-
	Permeaderm glove, each	Х	-	Х	-	Х	-
A2018	Permeaderm c, per square centimeter	Х	-	Х	-	Х	-
	Kerecis marigen shld sq cm	Х	-	Х	-	Х	-
	Ac5 wound system	Х	-	Х	-	Х	-
	Neomatrix per sq cm	Х	-	Х	-	Х	-
	Innovaburn or innovamatrix xl, per square centimeter	Х	-	Х	-	Х	-
	Innovamatrix pd, 1 mg	Х	-	Х	-	Х	-
	Resolve matrix, per square centimeter	Х	-	Х	-	Х	-
	Miro3d, per cubic centimeter	Х	-	Х	-	Х	-
	Matriderm, per square centimeter	Х	-	Х	-	Х	-
	Micromatrix flex, per mg	Х	-	Х	-	Х	-
	Mirotract wound matrix sheet, per cubic centimeter	Х	-	Х	-	Х	-
	Miro3d fibers, per milligram	Х	-	Х	-	Х	-
	Mirodry wound matrix, per square centimeter	Х	-	Х	-	Х	-
	Myriad matrix, per square centimeter	Х	-	Х	-	Х	-
	Myriad morcells, 4 milligrams	Х	-	Х	-	Х	-
A2034	Foundation drs solo, per square centimeter	Х	-	Х	-	Х	-
	Corplex p or theracor p or allacor p, per milligram	Х	-	Х	-	Х	-
A4100	Skin sub fda clrd as dev nos	Х	-	Х	-	Х	-
	Supplies for maintenance of insulin infusion pump	X	-	X	-	X	-
	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by	-	-	X	-	-	-
	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, eac	-	-	х	-	-	-

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

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



As of: 06/17/25

	Description	Lai	rge Employer	Individ	lual Benchmark*	Small Emp	ployer and Individual
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these tables are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Replacement battery, lithium, for use with medically necessary home blood glucose monitor						
	owned by patient, each	-	-	Х	-	-	-
A4236	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor						
	owned by patient, each	-	-	Х	-	-	-
4238	Adju cgm supply allowance	-	Х	-	Х	-	Х
A4239	Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes		N/		V		Y
	all supplies and accessories, 1 month supply = 1 unit of service	-	Х	-	Х	-	Х
44253	Blood glucose/reagent strips	-	-	Х	-	-	-
	Replacement lens shield cartridge for use with laser skin piercing device, each	Х	-	Х	-	Х	-
4262	Temporary tear duct plug	Х	-	Х	-	Х	-
4263	Permanent tear duct plug	Х	-	Х	-	Х	-
4265	Paraffin	Х	-	Х	-	Х	-
4267	Contraceptive supply, condom, male, each	Х	-	Х	-	Х	-
4268	Contraceptive supply, condom, female, each	Х	-	Х	-	Х	-
4269	Contraceptive supply, spermicide (e.g., foam, gel), each	Х	-	Х	-	Х	-
	Disposable endoscope sheath	Х	-	Х	-	Х	-
	Integrated lancing and blood sample testing cartridges for home blood glucose monitor, per month	-	-	х	-	-	-
	Tubing for breast pump, replacement	Х	-	Х	-	Х	-
	Adapter for breast pump, replacement	Х	-	Х	-	Х	-
4283	Cap for breast pump bottle, replacement	Х	-	Х	-	Х	-
4284	Breast shield and splash protector for use with breast pump, replacement	Х	-	Х	-	Х	-
4285	Polycarbonate bottle for use with breast pump, replacement	Х	-	Х	-	Х	-
4286	Locking ring for breast pump, replacement	Х	-	Х	-	Х	-
4287	Disposable collection and storage bag for breast milk, any size, any type, each	Х	-	Х	-	Х	-
\4300	Cath impl vasc access portal	Х	-	Х	-	Х	-
	Incontinence supply	Х	-	Х	-	Х	-
	Enema tube, with or without adapter, any type, replacement only, each	Х	-	Х	-	Х	-
	Enema bag with tubing, reusable	Х	-	Х	-	Х	-
	Non-elastic extremity binder	Х	-	Х	-	Х	-
	Exsufflation belt, includes all supplies and accessories	Х	-	Х	-	Х	-
	Above knee surgical stocking	-	-	Х	-	-	-
4495	Thigh length surg stocking	_	-	Х	-	-	-
	Below knee surgical stocking	-	-	Х	-	-	-
	Full length surg stocking	_	-	Х	-	-	-
	Incontinence garment anytype	Х	-	Х	-	Х	-
4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	-	-	х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
*Plan cover	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Monthly supplies for use of device coded at E0733	-	_	Х	_	I - I	-
	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of						
	the wrist	Х	-	Х	-	Х	-
	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per						
/ 10 10	month	Х	-	Х	-	Х	-
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Х	-	Х	-	Х	-
	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes,						
	etc.), needed for one month	Х	-	Х	-	Х	-
	Surgical trays	Х	-	Х	-	Х	-
	Nondisp underpads, all sizes	X	-	X	-	X	-
	Disposable underpads	X	-	X	-	X	-
	Conductive paste or gel	X	-	X	-	X	-
	Nmes disposable	X	-	X	-	X	-
	Hyperbaric o2 chamber disps	X	-	X	-	X	-
	Cast supplies (plaster)	X	-	X	-	X	-
	Special casting material	X	-	X	-	X	-
	Tens suppl 2 lead per month	-	-	X	-	X	-
	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	Х	-	Х	-	Х	-
	Lithium ion battery for non-prosthetic use, replacement	X	-	X	-	X	-
	Tubing with integrated heating element for use with positive airway pressure device	-	-	Х	-	-	-
	Heavy duty battery	Х	-	Х	-	Х	-
	Battery cables	Х	-	Х	-	Х	-
	Battery charger	Х	-	Х	-	Х	-
	Repl bat t.e.n.s. own by pt	Х	-	Х	-	Х	-
	Replacement bulb for therapeutic light box, tabletop model	Х	-	Х	-	Х	-
	Replacement battery for patient-owned ear pulse generator, each	Х	-	Х	-	Х	-
	Replacement pad for infrared heating pad system, each	Х	-	Х	-	Х	-
A4642	Satumomab pendetide per dose	Х	-	Х	-	Х	-
A4660	Esrd blood pressure device	Х	-	Х	-	Х	-
A4663	Esrd blood pressure cuff	Х	-	Х	-	Х	-
A4670	Auto blood pressure monitor	Х	-	-	Х	-	Х
	Activated carbon filters	Х	-	Х	-	Х	-
A4690	Dialyzers	Х	-	Х	-	Х	-
A4931	Oral thermometer, reusable, any type, each	Х	-	Х	-	Х	-
A4932	Rectal thermometer, reusable, any type, each	Х	-	Х	-	Х	-
A5200	Percutaneous catheter anchor	Х	-	Х	-	Х	-
A5503	Diabetic shoe w/roller/rockr	Х	-	Х	-	Х	-
A5504	Diabetic shoe with wedge	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Diab shoe w/metatarsal bar	Х	-	Х	-	Х	-
	Diabetic shoe w/off set heel	X	-	X	-	X	-
A5507	Modification diabetic shoe	X	-	X	-	X	-
A5508	Diabetic deluxe shoe	Х	-	Х	-	Х	-
A5510	For diabetics only, direct formed, compression molded to patient's foot without external heat						
	source, multiple-density i	Х	-	Х	-	Х	-
	Non-contact wound warming wound cover for use with the non-contact wound warming device						
	and warming card	Х	-	Х	-	Х	-
	Adhesive bandage, first-aid type, any size, each	Х	-	Х	-	Х	-
	Gradient compression wrap with adjustable straps, full leg, each, custom	-	-	X	-	-	-
	Gradient compression wrap with adjustable straps, foot, each, custom	-	-	X	-	-	-
	Gradient compression wrap with adjustable straps, below knee, each, custom	-	-	X	-	- 1	-
	Gradient compression wrap with adjustable straps, arm, each, custom	-	-	X	-	-	-
	Gradient compression garment, not otherwise specified, for nighttime use, each	-	-	Х	-	-	-
	Gradient compression garment, glove, padded, for nighttime use, each	-	-	X	-	-	-
	Gradient compression garment, glove, padded, for nighttime use, custom, each	-	-	Х	-	-	-
	Gradient compression garment, arm, padded, for nighttime use, each	-	-	X	-	-	-
	Gradient compression garment, arm, padded, for nighttime use, custom, each	-	-	Х	-	-	-
	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	-	-	Х	-	-	-
A6525				v			
	Gradient compression garment, lower leg and foot, padded, for nighttime use, custom, each	-	-	Х	-	-	-
	Gradient compression garment, full leg and foot, padded, for nighttime use, each	-	-	Х	-	-	-
A6527	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	-	-	Х	-	-	-
A6528	Gradient compression garment, bra, for nighttime use, each	-	-	Х	-	-	-
	Gradient compression garment, bra, for nighttime use, custom, each	-	-	Х	-	-	-
A6530	Gradient compression stocking, below knee, 18-30 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 30-40 mmhg, each	-	-	Х	-	-	-
A6532	Gradient compression stocking, below knee, 40-50 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 18-30 mmhg, each	-	-	Х	-	-	-
A6534	Gradient compression stocking, thigh length, 30-40 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 40-50 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 40-50 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 18-30 mmhg, each	-	-	Х	-	- 1	-
	Gradient compression stocking, waist length, 30-40 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 40-50 mmhg, each	-	-	Х	-	-	-
	Gradient compression stocking, garter belt	-	-	Х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each	- I	-	Х	-	- 1	-
	Gradient compression stocking/sleeve, not otherwise specified	-	-	X	-	-	_
A6550	Chadient compression stocking/sieeve, not otherwise specified		-	~	-	-	-
A0000	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Х	-	Х	-	Х
A6552	Gradient compression stocking, below knee, 30-40 mm Hg, each	<u> </u>	_	Х	_		
	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each		-	X	-	-	-
	Gradient compression stocking, below knee, 40 mm Hg or greater, each		-	X	-	-	-
	Gradient compression stocking, below knee, 40 mm Hg or greater, each	-	-	X	-	-	-
	Gradient compression stocking, below knee, 40 min rig of greater, custom, each	-	-	X	-	-	-
		-	-		-	-	-
	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	-	-	X	-	-	-
	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	-	-	X	-	-	-
	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
A6561		-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	-					
	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
	Gradient compression gauntlet, custom, each	-	-	Х	-	-	-
	Gradient compression garment, neck/head, each	-	-	Х	-	-	-
	Gradient compression garment, neck/head, custom, each	-	-	Х	-	-	-
	Gradient compression garment, torso and shoulder, each	-	-	Х	-	-	-
	Gradient compression garment, torso/shoulder, custom, each	-	-	Х	-	-	-
A6570	Gradient compression garment, genital region, each	-	-	Х	-	-	-
	Gradient compression garment, genital region, custom, each	-	-	Х	-	-	-
A6572	Gradient compression garment, toe caps, each	-	-	Х	-	-	-
A6573	Gradient compression garment, toe caps, custom, each	-	-	Х	-	-	-
A6574	Gradient compression arm sleeve and glove combination, custom, each	-	-	Х	-	-	-
A6575	Gradient compression arm sleeve and glove combination, each	-	-	Х	-	-	-
A6576	Gradient compression arm sleeve, custom, medium weight, each	-	-	Х	-	-	-
A6577	Gradient compression arm sleeve, custom, heavy weight, each	-	-	Х	-	-	-
	Gradient compression arm sleeve, each	-	-	Х	-	-	-
	Gradient compression glove, custom, medium weight, each	-	-	Х	-	-	-
	Gradient compression glove, custom, heavy weight, each	-	-	Х	-	-	-
	Gradient compression glove, each	-	-	X	-	- 1	-
	Gradient compression gauntlet, each	- 1	-	X	-	- 1	-
		1	1		1	t	
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	-	-	Х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Discrete services within the work its	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Gradient pressure wrap with adjustable straps, above knee, each	_	-	Х	-	-	-
	Gradient pressure wrap with adjustable straps, full leg, each	_	-	X	-	-	-
	Gradient pressure wrap with adjustable straps, foot, each	-	-	X	-	-	_
	Gradient pressure wrap with adjustable straps, arm, each	-	-	X	-	-	-
	Gradient pressure wrap with adjustable straps, bra, each	-	-	X	-	-	-
	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise						
	specified	-	-	Х	-	-	-
A6594							
	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length,						
	each	-	-	Х	-	-	-
A6596							
	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandage roll, elastic long stretch, linear yd, any width, each	_	-	Х	-	-	-
	Gradient compression bandage roll, elastic medium stretch, per linear yd, any width, each	_	-	X	-	-	-
	Gradient compression bandage roll, inelastic short stretch, per linear yd, any width, each	-	-	X	-	-	-
	Gradient compression bandaging supply, high density foam sheet, per 250 sq cm, each	-	-	X	-	-	-
	Gradient compression bandaging supply, high density foam pad, any size or shape, each	-	-	X	-	-	-
	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any						
	width, each	-	-	Х	-	-	-
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	-	-	х	-	-	-
46604	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	-	-	х	-	-	-
	Gradient compression bandaging supply, padded foam, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, padded textile, per linear yd, any width, each	-	-	Х	-	-	-
	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	-	-	х	-	-	-
	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	-	-	х	-	-	-
	Gradient compression bandaging supply, not otherwise specified	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	-	-	X	-	- 1	_
	Gradient compression wrap with adjustable straps, above knee, each, custom	-	-	X	-	- 1	_
	Disposable canister for pump	-	-	-	Х	-	-
	Interface, cough stim device	-	Х	-	X	- 1	Х
	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-	Х	-	Х	-
7025	High frequency chest wall oscillation system vest, replacement for use withpatient owned equipment, each	-	-	X	-	-	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
A7026	High frequency chest wall oscillation system hose, replacement for use withpatient owned						
	equipment, each	-	-	Х	-	-	-
	Combination oral/nasal mask, used with continuous positive airway pressure device, each	-	-	Х	-	-	-
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	-	-	Х	-	-	-
	Nasal pillows for combination oral/nasal mask, replacement only, pair	-	-	Х	-	-	-
A7030	Full face mask used with positive airway pressure device, each	-	-	Х	-	-	-
A7031	Face mask interface, replacement for full face mask, each	-	-	Х	-	-	-
	Replacement cushion for nasal application device, each	-	-	Х	-	-	-
	Replacement pillows for nasal application device, pair	-	-	Х	-	-	-
A7034	Nasal interface (mask or cannula type) used with positive airway pressuredevice, with or without			v			
	head strap	-	-	Х	-	-	-
	Headgear used with positive airway pressure device	-	-	Х	-	-	-
	Chinstrap used with positive airway pressure device	-	-	Х	-	-	-
A7037	Tubing used with positive airway pressure device	-	-	Х	-	-	-
	Filter, disposable, used with positive airway pressure device	-	-	Х	-	-	-
	Filter, non disposable, used with positive airway pressure device	-	-	Х	-	-	-
A7044	Oral interface used with positive airway pressure device, each	-	-	Х	-	-	-
	Repl exhalation port for pap	-	-	Х	-	-	-
A7046		_	_	х	_		_
	Water chamber for humidifier, used with positive airway pressure device, replacement, each	-	-	^	-	-	-
	Epap nasal valve	Х	-	Х	-	Х	-
	Misc/exper non-prescript dru	Х	-	Х	-	Х	-
	Single vitamin nos	Х	-	Х	-	Х	-
	Multi-vitamin nos	Х	-	Х	-	Х	-
A9154	Artificial saliva, 1 ml	Х	-	Х	-	Х	-
A9180	Naturopaths	Х	-	Х	-	Х	-
A9268	Programmer for transient, orally ingested capsule	Х	-	Х	-	Х	-
A9269	Programable, transient, orally ingested capsule, for use with external programmer, per month	х	-	х	-	х	-
A9270	Non-covered item or service	Х	-	Х	-	Х	-
	Mechanical wound suction, disposable, includes dressing, all accessories and components, each	-	Х	-	Х	-	Х
A9273	Hot/cold h2obot/cap/col/wrap	Х	-	Х	-	Х	-
	External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories	-	х	-	Х	-	Х
A9275	Home glucose disposable monitor, includes test strips	Х	-	Х	-	Х	-
	Transmitter; external, for use with interstitial continuous glucose monitoring system	-	X	-	X		X

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	-	Х	-	Х	- 1	Х
	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no	х	-	х	-	х	-
A9281	Reaching/grabbing device, any type, any length, each	Х	-	Х	-	Х	-
	Wig, any type, each	Х	-	Х	-	Х	-
	Foot pressure off loading/supportive device, any type, each	Х	-	Х	-	Х	-
	Inversion eversion cor devic	X	-	X	-	X	-
	Any hygienic item, device	Х	-	Х	-	Х	-
	Pres digital behav thera fda	Х	-	Х	-	Х	-
	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	Х	-	Х	-	Х	-
	Exercise equipment	Х	-	Х	-	Х	-
	Technetium tc-99m teboroxime, diagnostic, per study dose	Х	-	Х	-	Х	-
	Technetium tc 99m apcitide	Х	-	Х	-	Х	-
	Indium/111 capromab pendetid	Х	-	Х	-	Х	-
	lobenguane sulfate i-131	X	-	X	-	X	-
	Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serumm albumin, 5 microcuries	х	-	х	-	х	-
49536	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	Х	-	Х	-	Х	-
	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	X	-	X	-	X	-
	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries	Х	-	X	-	X	-
	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	X	-	X	-	X	-
	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	Х	-	Х	-	Х	-
	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	Х	-	Х	-	Х	-
	Air poly intrauterine foam	Х	-	Х	-	Х	-
	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Х	-	Х	-	Х	-
	Strontium-89 chloride	X	-	X	-	X	-
	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	-	Х	-	Х	-	Х
	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Х	-	Х	-	Х	-
	Delivery/set up/dispensing	Х	-	Х	-	Х	-
34100	Food thickener, administered orally, per ounce	X	-	X	-	X	-
	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	X	-	X	-	X	-
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	-	Х	-	Х	-	Х
1734	Orth/devic/drug bn/bn,tis/bn	Х	-	Х	-	Х	-
	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	x	-	x	-	X	-
21736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	х	-	х	-	x	-

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

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



As of: 06/17/25

9		Lai	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
	Joint fusion and fixation device(s), sacroiliac and pelvis, including all system components						
	(implantable)	-	Х	-	Х	-	Х
C1747		V		v		v	
	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	Х	-	Х	-	Х	-
C1748	Endoscope, single, ugi	Х	-	Х	-	Х	-
C1749	Endoscope, retrograde imaging/illumination colonoscope device implantable)	Х	-	Х	-	Х	-
	Catheter, intradiscal	Х	-	Х	-	Х	-
	Imaging coil, magnetic resonance (insertable)	Х	-	Х	-	Х	-
	Retrieval device, insertable (used to retrieve fractured medical devices)	Х	-	Х	-	Х	-
	Prothesis, penile, inflatable	-	-	Х	-	-	-
	Prothesis, urinary sphincter (implantable)	-	Х	Х	-	-	Х
	Tissue localization excision	Х	-	Х	-	Х	-
C1821	Interspinous process distraction device (implantable) x-stop	Х	-	Х	-	Х	-
	Generator, ccm, implant	Х	-	Х	-	Х	-
	Gen, neuro, carot sinus baro	-	Х	-	Х	-	Х
	Personalized interbody cage	Х	-	Х	-	Х	-
	Auto cell process sys	Х	-	Х	-	Х	-
	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular		х	_	х		х
	(implantable), excludes mobile (wireless) software application	-	~	_	^	-	^
	Lens, intraocular (telescopic)	Х	-	Х	-	Х	-
C1841	Retinal prosthesis, includes all internal and external components; add-on	Х	-	Х	-	Х	-
	Retinal prosthesis	Х	-	Х	-	Х	-
	Skin substitute, synthetic	Х	-	Х	-	Х	-
	Dialysis access system (implantable)	Х	-	Х	-	Х	-
	No implantable/insertable device used with device-intensive procedures	Х	-	Х	-	Х	-
	Infusion pump, non-programmable, permanent (implantable)	-	Х	-	Х	-	Х
	Lung bx plug w/deliv sys	Х	-	Х	-	Х	-
	Probe, percutaneous lumbar discectomy	Х	-	Х	-	Х	-
	Prothesis, penile, non-inflatable	-	-	Х	-	-	-
	Wireless pressure sensor	-	Х	-	Х	- [Х
	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic						
	and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral	-	Х	-	Х	-	Х
	injection, inclusive of all imaging guidance						
	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and						
	any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection,	-	Х	-	Х	-	Х
	inclusive of all imaging guidance						

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
*Plan cover	age limited to ACA 10 essential health benefits.						
C7507	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar						
	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when		х		х		Х
	performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations,	-	^	-	^	-	~
	inclusive of all imaging guidance						
C7508	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar						
	vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when		х		х		х
	performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations,	-	^	-	^	-	^
	inclusive of all imaging guidance						
C8001	3d anatomical segmentation imaging for preoperative planning, data preparation and						
	transmission, obtained from previous diagnostic computed tomographic or magnetic resonance	Х	-	Х	-	Х	-
	examination of the same anatomy						
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and	х	_	х	_	х	_
	device components (do not report with manual suspension preparation)	~	_	^	_	~	_
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint						
	from distal femur to proximal tibia, open, includes measurements, positioning and adjustments,	Х	-	Х	-	Х	-
	with imaging guidance (eg, fluoroscopy)						
	Injection, glucarpidase, 10 units	Х	-	Х	-	Х	-
	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	-	-	Х	-	-	-
	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Х	-	Х	-	Х	-
	Placement and removal (if performed) of applicator into therapy	Х	-	Х	-	Х	-
	Insertion of implants into the soft palate; minimum of three implants	Х	-	Х	-	Х	-
C9756	Intraoperative near-infrared fluorescence lymphatic mapping of lymph node(s) (sentinel or tumor						
	draining) with administration of indocyanine green (icg) (list separately in addition to code for	Х	-	Х	-	Х	-
-	primary procedure)						
	Spine/lumbar disk surgery	Х	-	Х	-	Х	-
	Interatrial shunt ide	-	X	-	X	-	<u>X</u>
	Non-blind interatrial shunt	-	Х	-	Х	-	Х
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic						
	duct, common bile duct and common hepatic duct) with intravenous administration of	Х	-	Х	-	Х	-
	indocyanine green (icg) (list separately in addition to code for primary procedure)						
	Arthro/shoul surg; w/spacer	-	Х	-	Х	-	Х
	Blind myocar trpl bon marrow	X	-	X	-	X	-
	Blind cor sinus reducer impl	Х	-	Х	-	Х	-
C9784	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with	Ň				, v	
	esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system	Х	-	Х	-	Х	-
	and tissue anchoring components						

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Discrete restriction within the nucleotic	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube						
	insertion, if performed, including all system and tissue anchoring components	-	Х	-	Х	-	Х
C9790	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue,	Х		x		х	
	including image guidance	~	-	~	-	^	-
C9791	Magnetic resonance imaging with inhaled hyperpolarized xenon-129 contrast agent, chest, including preparation and administration of agent	Х	-	х	-	х	-
C9792							
	Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study)	х	-	x	-	x	-
C9793	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac computed tomographic angiography with report	Х	-	х	-	х	-
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medical device for post-surgical pain relief in accordance with section 4135 of the caa, 2023)	-	х	-	х	-	х
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Х	-	х	-	х	-
D0120	Periodic oral examination	Х	-	-	-	-	-
D0140	Limited oral evaluation - problem-focused	Х	-	-	-	-	-
D0145	Oral evaluation for a patient under three years of age and counseling with primary caregiver	х	-	-	-	-	-
D0150	Comprehensive oral evaluation	Х	-	-	-	-	-
D0160	Detailed and extensive oral evaluation - problem-focused, by report	Х	-	-	-	-	-
D0170	Re-evaluation - limited problem focused (established patient; not post-operative visit)	Х	-	Х	-	Х	-
D0171	Re-evaluation- post operative office visit	Х	-	Х	-	Х	-
	Comprehensive periodontal evaluation - new or established patient	Х	-	Х	-	Х	-
D0190	A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist	х	-	х	-	х	-
D0191	A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagno	х	-	х	-	Х	-
D0210	Intraoral- complete series of radiographic images	Х	-	-	-	-	-
D0220	Intraoral- periapical first radiographic image	Х	-	Х	-	Х	-
	Intraoral- periapical each additional radiographic image	Х	-	Х	-	Х	-
	Intraoral- occlusal radiographic image	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
0250	Extra-oral 2d projection radiographic image created using a stationary radiation source, and						
	detector	Х	-	Х	-	Х	-
00251	Extra-oral posterior dental radiographic image	Х	-	Х	-	Х	-
	Bitewing- single radiographic image	Х	-	-	-	- 1	-
	Bitewings- two radiographic images	Х	-	-	-	-	-
	Bitewings- three radiographic images	Х	-	-	-	-	-
00274	Bitewings- four radiographic images	Х	-	-	-	-	-
0277	Vertical bitewings- 7 to 8 radiographic images	Х	-	-	-	-	-
	Sialography	Х	-	Х	-	Х	-
	Tomographic survey	Х	-	Х	-	Х	-
	Panoramic radiographic image	Х	-	-	-	-	-
	2d cephalometric radiographic image-acquisition, measurement and analysis	Х	-	Х	-	Х	-
0350	2d oral/facial photographic image obtained intra-orally or extra-orally	Х	-	Х	-	Х	-
0351	3d photographic image	Х	-	Х	-	Х	-
	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	Х	-	Х	-	Х	-
0365	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Х	-	Х	-	Х	-
0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Х	-	х	-	х	-
0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-	х	-	х	-
0368	Cone beam ct capture and interpretation for tmj series including two or more exposures	Х	-	Х	-	Х	-
	Maxillofacial mri capture and interpretation	Х	-	Х	-	Х	-
	Maxillofacial ultrasound capture and interpretation	Х	-	Х	-	Х	-
0371	Sialoendoscopy capture and interpretation	Х	-	Х	-	Х	-
	Intraoral tomosynthesis - comprehensive seris of rediographic images	Х	-	Х	-	Х	-
	Intraoral tomosynthesis - bitewing radiographic image	Х	-	Х	-	Х	-
	Intraoral tomosynthesis - periapical radiographic image	Х	-	Х	-	Х	-
0380	Cone beam ct image capture with limited field of view- less than one whole jaw	Х	-	Х	-	Х	-
0381	Cone beam ct image capture with field of view of one full dental arch-mandilbe	Х	-	Х	-	Х	-
0382	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-	х	-	х	-
0383	Cone beam ct image capture with field of view of both jaws, with or without cranium	Х	-	Х	-	Х	-
	Cone beam ct image capture for tmj series including two or more exposures	X	-	X	-	X	-
	Maxillofacial mri image capture	X	-	X	-	X	-
	Maxillofacial ultrasound image capture	X	-	X	-	X	-
0387		X	-	X	-	X	-
0000	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	-	Х	_	Х	_

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

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



As of: 06/17/25

0		Lar	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	Intraoral tomosynthesis - periapical radiographic image- image capture only	Х	-	Х	-	Х	-
	Interpretation of diagnostic image by a practitioner not associated with capture of the image,						
	including report	Х	-	Х	-	Х	-
	Treatment simulation using 3d image volume	Х	_	Х	_	Х	-
	Digital subtraction of two or more images or image volumes of the same modality	X	-	X	-	X	-
	Fusion of two or more 3d image volumes of one or more modalities	Х	-	Х	-	Х	-
	3D printing of a 3D dental surface scan	X	-	X	-	X	-
	Hba1c in-office point of service testing	Х	-	Х	-	Х	-
	Blood glucose level test-in-office using a glucose meter	Х	-	Х	-	Х	-
	Laboratory processing of microbial specimen to include culture and sensitivity studies,						
	preparation and transmission of written report	Х	-	Х	-	Х	-
	Bacteriologic studies for determination of pathologic agents	Х	-	Х	-	Х	-
	Viral culture	X	-	X	-	X	-
	Collection and preparation of saliva sample for laboratory diagnostic testing	Х	_	Х	-	Х	-
	Analysis of saliva sample	Х	-	Х	-	Х	-
	Assessment of salivary flow by measurement	Х	-	Х	-	Х	-
	Collection and preparation of genetic sample material for laboratory analysis and report	X	-	X	-	X	-
	Genetic test for susceptibility to diseases- specimen analysis	Х	-	Х	-	Х	-
	Caries susceptibility tests	Х	-	Х	-	Х	-
	Diag tst detect mucos abnorm	Х	-	Х	-	Х	-
	Pulp vitality tests	Х	-	Х	-	Х	-
D0470	Diagnostic casts	Х	-	Х	-	Х	-
D0472	Accession of tissue gross examination prep/transmission of written report	Х	-	Х	-	Х	-
	Accession of tissue gross and microscopic examination prep/trans of report	Х	-	Х	-	Х	-
	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	х	-	х	-	Х	-
D0475	Decalcification procedure	Х	-	Х	-	Х	-
	Spec stains for microorganis	Х	-	Х	-	Х	-
D0477	Spec stains not for microorg	Х	-	Х	-	Х	-
D0478	Immunohistochemical stains	Х	-	Х	-	Х	-
D0479	Tissue in-situ hybridization	Х	-	Х	-	Х	-
	Processing and interpretation of cytologic smears incl the prep/trans of written report	Х	-	Х	-	Х	-
D0481	Electron microscopy	Х	-	Х	-	Х	-
D0482	Direct immunofluorescence	Х	-	Х	-	Х	-
D0483	Indirect immunofluorescence	Х	-	Х	-	Х	-
D0484	Consult slides prep elsewher	Х	-	Х	-	Х	-
D0485	Consult inc prep of slides	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation					1	
20100	and transmission of written report	Х	-	Х	-	Х	-
D0502	Other oral pathology procedures, by report	Х	-	Х	-	Х	-
	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in						
20000	structure of enamel, dentin, and cementum	Х	-	Х	-	Х	-
D0601	Caries risk assessment and documentation, with a finding of low risk	Х	_	Х	-	Х	-
	Caries risk assessment and documentation, with a finding of moderate risk	X	_	X	-	X	-
	Caries risk assessment and documentation, with a finding of high risk	X	_	X	-	X	-
	Cone beam - three-dimensional image reconstruction using existing data, includes multiple						
	limages	Х	-	Х	-	Х	-
D0701	Panoramic radiographic image – image capture only	Х	_	Х	-	Х	-
	2-d cephalometric radiographic image – image capture only	X	_	X	-	X	-
	2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only	X	_	X	-	X	-
	3-d photographic image – image capture only	X	_	X	-	X	-
	Extra-oral posterior dental radiographic image – image capture only	X	-	X	-	X	-
	Intraoral – occlusal radiographic image – image capture only	X	-	X	-	X	-
	Intraoral – periapical radiographic image – image capture only	X	-	X	-	X	-
	Intraoral – bitewing radiographic image – image capture only	Х	-	Х	-	Х	-
	Intraoral – complete series of radiographic images – image capture only	Х	-	Х	-	Х	-
	3d dental scan direct	Х	-	Х	-	Х	-
D0802	3d dental scan indirect	Х	-	Х	-	Х	-
	3d facial scan direct	Х	-	Х	-	Х	-
D0804	3d facial scan indirect	Х	-	Х	-	Х	-
D0999	Unspecified diagnostic procedure, by report	Х	-	Х	-	Х	-
D1110	Prophylaxis-adult	Х	-	Х	-	Х	-
	Prophylaxis-child	Х	-	Х	-	Х	-
D1206	Topical application of fluoride varnish	Х	-	Х	-	Х	-
D1208	Topical application of fluoride- excluding varnish	Х	-	Х	-	Х	-
D1301	Immunization counseling	Х	-	Х	-	Х	-
D1310	Nutritional counseling for the control of dental disease	Х	-	Х	-	Х	-
D1320	Tobacco counseling for the control and prevention of oral disease	Х	-	Х	-	Х	-
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	Х	-	х	-	х	-
D1330	Oral hygiene instruction	Х	-	Х	-	Х	-
	Sealant-per tooth	X	-	X	-	X	-
	Prev resin rest, perm tooth	X	_	X	-	X	-
	Sealant repair- per tooth	X	-	X	-	X	-
000	Interim caries arresting medicament application-per tooth	X		X		X	

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	se note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Addi	tionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	narmacy link option within the website. mited to ACA 10 essential health benefits.						
0	ies preventive medicament application – per tooth	Х	-	Х	-	Х	-
	ace maintainer-fixed unilateral	X	_	X	_	X	_
	ace maintainer-fixed-bilateral, maxillary	X	-	X	-	X	-
	ace maintainer-fixed-bilateral, mandibular	X	-	X	-	X	-
	ace maintainer-removable unilateral	X	_	X	-	X	-
	ace maintainer -removable-bilateral, maxillary	X	-	X	-	X	-
	ace maintainer -removable-bilateral, mandibular	X	_	X	-	X	-
	cement or re-bond bilateral space maintainer-maxillary	X	-	X	-	X	-
	cement or re-bond bilateral space maintainer-mandibular	X	_	X	-	X	-
	cement or re-bond unilateral space maintainer-per quadrant	X	_	X	-	X	_
	moval of fixed unilateral space maintainer- per quadrant	X	_	X	-	X	-
	moval of fixed bilateral space maintainer- maxillary	X	_	X	-	X	_
	moval of fixed bilateral space maintainer- mandibular	X	-	X	-	X	-
	tal shoe space maintainer-fixed-unilateral	Х	-	Х	-	Х	-
	ccine administration - human papillomavisrus - dose 1	Х	-	Х	-	Х	-
	ccine administration - human papillomavisrus - dose 2	Х	-	Х	-	Х	-
	ccine administration - human papillomavisrus - dose 3	Х	-	Х	-	Х	-
D1999 Uns	specified preventive procedure, by report	Х	-	Х	-	Х	-
D2140 Ama	algam-one surface, permanent	Х	-	Х	-	Х	-
D2150 Ama	algam-two surfaces, permanent	Х	-	Х	-	Х	-
D2160 Ama	algam-three surfaces, permanent	Х	-	Х	-	Х	-
D2161 Ama	algam-fouror more surfaces, permanent	Х	-	Х	-	Х	-
D2330 Res	sin-one surface, anterior	Х	-	Х	-	Х	-
D2331 Res	sin-two surfaces, anterior	Х	-	Х	-	Х	-
D2332 Res	sin-three surfaces, anterior	Х	-	Х	-	Х	-
D2335 Res	sin-fouror more surfacesor involving incisal angle (anterior)	Х	-	Х	-	Х	-
D2390 Res	sin-based composite crown, anterior	Х	-	Х	-	Х	-
	sin-based composite - one surface, posterior	Х	-	Х	-	Х	-
	sin-based composite - two surfaces, posterior	Х	-	Х	-	Х	-
D2393 Res	sin-based composite - three surfaces, posterior	Х	-	Х	-	Х	-
	sin-based composite - four or more surfaces, posterior	Х	-	Х	-	Х	-
-	d foil-one surface	Х	-	Х	-	Х	-
	d foil-two surfaces	Х	-	Х	-	Х	-
	d foil-three surfaces	Х	-	Х	-	Х	-
	y-metallic-one surface	Х	-	Х	-	Х	-
D2520 Inla	y-metallic-two surfaces	Х	-	Х	-	Х	-
	y-metallic-three surfaces	Х	-	Х	-	Х	-
D2542 Onla	ay - metallic - two surfaces	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

	La	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additional	y, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
lirected to the Pharmacy link option within the website. Plan coverage limited to ACA 10 essential health benefits.						
D2543 Onlay - metallic - three surfaces	Х	-	Х	-	Х	-
D2544 Onlay - metallic - four or more surfaces	X	_	X	_	X	-
D2610 Inlay-porcelain/ceramic-one surface	X	-	X		X	-
D2620 Inlay-porcelain/ceramic-two surfaces	X	_	X	_	X	-
D2630 Inlay-porcelain/ceramic-three surfaces	X	-	X		X	-
D2642 Onlay - porcelain/ceramic - two surfaces	X	_	X	_	X	-
D2643 Onlay - porcelain/ceramic - three surfaces	X		X		X	-
D2644 Onlay - porcelain/ceramic - four or more surfaces	X	-	X	_	X	-
D2650 Inlay-composite/resin-one surface (laboratory processed)	X		X		X	-
D2651 Inlay-composite/resin-two surfaces (laboratory processed)	X		X		X	
D2652 Inlay-composite/resin-three surfaces (laboratory processed)	X	-	X	-	X	-
D2662 Onlay - composite/resin - two surfaces (laboratory processed)	X		X		X	
D2663 Onlay - composite/resin - three surfaces (laboratory processed)	X	-	X		X	
D2664 Onlay - composite/resin - four or more surfaces (laboratory processed)	X	-	X	-	X	
D2710 Crown resin (laboratory)	X	-	X		X	
D2710 Crown 3/4 resin-based compos	X	-	X	-	X	-
D2712 Crown-resin with high noble metal	X	-	X	-	X	-
D2720 Crown-resin with predominantly base metal	X	-	X	-	X	
D2722 Crown-resin with noble metal	X		X	-	X	-
D2740 Crown-porcelain/ceramic	× ×	-	X	-	X	
D2750 Crown-porcelain fused to high noble metal	X	-	X	-	X	
D2751 Crown-procelain fused to predominantly base metal	X	-	X	-	X	
D2751 Crown-porcelain fused to predominantly base metal	X	-	X	-	X	-
D2753 Crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
D2735 Crown-porceian rused to tranium and tranium anoys	X	-	X	-	X	
D2780 Crown - 3/4 cast predominately base metal	X	-	X	-	X	-
D2781 Crown - 3/4 cast noble metal	X	-	X	-	X	
D2783 Crown - 3/4 porcelain/ceramic	X	-	X	-	X	
D2790 Crown-full cast high noble metal	X		X	-	X	
D2790 Crown-full cast fright toble metal	X	-	X	-	X	-
D2791 Crown-full cast predominantly base metal			X		X	-
	X	-		-	X	-
D2794 Crown-titanium		-	Х	-	~	-
D2799 Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	х	-	Х	-	Х	-
			v		× ×	
D2910 Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration D2915 Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	-	X	-	X	-
	X	-	X	-	X	-
D2920 Re-cement or re-bond crown	X	-	X	-	X	-
D2921 Reattachment of tooth fragment, incisal edge or cusp	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the service of the	nese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Prefabricated porcelain/ceramic crown – permanent tooth	Х	_	Х	-	Х	-
	Prefabricated porcelain/ceramic crown- primary tooth	X		X	-	X	
	Prefabricated stainless steel crown-primary tooth	X	_	X	-	X	
	Prefabricated stainless steel crown-permanent tooth	X		X	-	X	-
	Prefabricated resin crown	X		X		X	
	Prefabricated stainless steel crown with resin window	X		X	-	X	
	Prefab steel crown primary	X		X		X	
	Protective restoration	X	_	X	_	X	
	Interim therapeutic restoration- primary dentition	X	_	X	-	X	-
	Restorative foundation for an indirect restoration	X	-	X	-	X	_
	Core buildup, including any pins when required	X	-	X	-	X	
	Pin retention-per tooth, in addition to restoration	X	-	X	-	X	-
	Cast post and core in addition to crown	X	-	X	-	X	
	Each additional cast post - same tooth	X	-	X	-	X	
	Prefabricated post and core in addition to crown	X	-	X	-	X	
	Post removal	X	-	X	-	X	
	Removal of an indirect restoration on a natural tooth	X	-	X		X	-
	Each additional prefabricated post - same tooth	X	-	X	-	X	
	Labial veneer (laminate)-chairside	X	-	X	-	X	
	Labial veneer (resin laminate)-laboratory	X	-	X	-	X	
	Labial veneer (porcelain laminate)-laboratory	X	-	X	-	X	
	Add proc construct new crown	X	-	X	-	X	
	Coping	X		X		X	
	Band stabilization – per tooth	X	-	X	-	X	-
	Crown repair necessitated by restorative material failure	X	-	X	-	X	-
	Inlay repair necessitated by restorative material failure	X	-	X	-	X	-
	Onlay repair necessitated by restorative material failure	X		X	-	X	
	Veneer repair necessitated by restorative material failure	X	-	X	-	X	-
	Excavation of a tooth resulting in the determination of non-restorability	X	-	X		X	-
	Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the	^	-	^	-		-
	progression of the lesion	Х	-	Х	-	Х	-
D2991	Application of hydroxyapatite regeneration medicament – per tooth	Х	-	Х	-	Х	-
	Unspecified restorative procedure, by report	Х	-	Х	-	Х	-
	Pulp cap-direct (excluding final restoration)	Х	-	Х	-	Х	-
	Pulp cap-indirect (excluding final restoration)	Х	-	Х	-	Х	-
D3220	Therapeutic pulpotomy (excluding final restoration)	Х	-	Х	-	Х	-
D3221	Gross pulpal debridement primary and permanent teeth	Х	-	Х	-	Х	-
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Discrete services within the work life.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	Х	-	Х	-	Х	-
	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	X	-	X	-	X	-
	Anterior (excluding final restoration)	X	-	X	-	X	-
	Endodontic therapy, premolar tooth (excluding final restoration)	X	-	X	-	X	-
	Endodontic therapy, molar tooth (excluding final restoration)	X	-	X	-	X	-
	Treatment of root canal obstruction; non-surgical access	X	-	X	-	X	-
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	X	-	X	-	X	-
	Internal root repair of perforation defects	X	-	X	-	X	-
	Retreatment-anterior, by report	X	-	X	-	X	-
	Retreatment of previous root canal therapy-premolar	Х	-	Х	-	Х	-
	Retreatment-molar, by report	Х	-	Х	-	Х	-
D3351	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	Х	-	Х	-	х	-
D3352	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	х	-	х	-	х	-
D3353	Apexification/recalcification-final visit (includes completed root can	Х	-	Х	-	Х	-
	Pulpal regeneration- initial visit	Х	-	Х	-	Х	-
D3356	Pulpal regeneration- interim medication replacement	Х	-	Х	-	Х	-
D3357	Pulpal regeneration- completion of treatment	Х	-	Х	-	Х	-
	Apicoectomy-anterior	Х	-	Х	-	Х	-
D3421	Apicoectomy-premolar (first root)	Х	-	Х	-	Х	-
	Apicoectomy - molar (first root)	Х	-	Х	-	Х	-
	Apicoectomy - (each additional root)	Х	-	Х	-	Х	-
	Bone graft in conjunction with periradicular surgery- per tooth, single site	Х	-	Х	-	Х	-
	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	Х	-	х	-	х	-
D3430	Retrograde filling-per root	Х	-	Х	-	Х	-
	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Х	-	Х	-	х	-
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	х	-	х	-	х	-
	Root amputation-per root	Х	_	Х	_	Х	_
	Endodontic endosseous implant	X	_	X	_	X	-
	Intentional replantation (including necessary splinting)	X	-	X		X	-
	Surgical repair of root resorption - anterior	X	-	X		X	
	Surgical repair of root resorption – premolar	X	-	X	-	X	-
	Surgical repair of root resorption – molar	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
D3501	•						
	Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior	Х	-	Х	-	Х	-
D3502							
	Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar	Х	-	Х	-	Х	-
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption – molar	Х	-	Х	-	Х	-
	Surgical procedure for isolation of tooth with rubber dam	X	-	X	-	X	-
	Intraorifice barrier	X	-	X	-	X	-
	Hemisection (including any root removal), not including root canal the	Х	-	Х	-	Х	-
	Decoronation or submergence of an erupted tooth	X	-	X	-	X	-
	Canal preparation and fitting of preformed dowelor post	X	-	X	-	X	-
D3999	Unspecified endodontic procedure, by report	X	-	X	-	X	-
	Gingivectomyor gingivoplasty-per quadrant	X	-	X	-	X	_
	Gingivectomyor gingivoplasty-per tooth	X	-	X	-	X	_
	Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	X	-	X	-	X	-
	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per						
	guadrant	Х	-	Х	-	Х	-
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-
	Gingival flap procedure, including root planing-per quadrant	Х	-	Х	-	Х	-
	Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	-	X	-	X	-
	Apically positioned flap	Х	-	Х	-	Х	-
	Crown lengthening-hard and soft tissue, by report	Х	-	Х	-	Х	-
04260	Osseous surgery (including elevation of a full thickness flap and closure)- four or more						
	contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-
D4261	Osseous surgery (including elevation of a full thickness flap and closure)- one to three						
	contiguous teeth or tooth bounded spaces per quadrant	Х	-	Х	-	Х	-
	Bone replacement graft - retained natural tooth - first site in quadrant	Х	-	Х	-	Х	-
	Bone replacement graft - retained natural tooth - each additional site in quadrant	Х	-	Х	-	Х	-
	Biologic materials to aid in soft and osseous tissue regeneration	Х	-	Х	-	Х	-
	Guided tissue regeneration - resorbable barrier, per site, per tooth	Х	-	Х	-	Х	-
	Guided tissue regeneration - non-resorbable barrier, per site, per too	X	-	X	-	X	-
	Surgical revision procedure per tooth	X	-	X	-	X	-
	Pedicle soft tissue graft procedure	X	-	X	-	X	-
	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first						
	tooth, implant, or edentulous tooth position in graft	Х	-	Х	-	Х	-
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical			, <i>.</i>			
	procedures in the same anatomical area)	Х	-	Х	-	Х	-
	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth,						
	implant, or edentulous tooth position in graft	Х	-	Х	-	Х	-
	Implant, of edentulous tooth position in gran						

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
irected to	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Combined connective tissue and double pedicle graft	Х	-	Х	-	X	-
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant,		-	~	-	~	
54211	or edentulous tooth position in graft	Х	-	Х	-	Х	-
74278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional					<u> </u>	
7210	contiguous tooth, implant or edentulous tooth position in same graft site	Х	-	Х	-	Х	-
14283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)-					1 1	
1200	each additional contiguous tooth, implant or edentulous tooth position in same gra	Х	-	Х	-	Х	-
14285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor					1 1	
1200	material)- each additional contiguous tooth, implant or edentulous tooth position	Х	-	Х	-	Х	-
)4286	Removal of non-resorbable barrier	Х	_	Х	-	Х	_
	Provisional splinting-intracoronal	X	-	X	-	X	_
	Provisional splinting-extracoronal	X	-	X	_	X	-
	Splint - intra-coronal; natural teeth or prosthetic crowns	X	_	X	_	X	_
	Splint - extra-coronal; natural teeth or prosthetic crowns	X	-	X	-	X	-
	Periodontal scaling and root planing-per quadrant	X	_	X	_	X	_
	Periodontal scaling and root planing - one to three teeth, per quadrant	X	_	X	_	X	_
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	X	-	X	-	X	-
4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	x	-	х	-	х	-
4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	х	-	х	-	Х	-
)4910	Periodontal maintenance procedures (following active therapy)	Х	_	Х	_	Х	_
	Unscheduled dressing change (by someone other than treating dentist)	X	-	X	-	X	-
	Gingival irrigation- per quadrant	X	-	X	-	X	_
	Unspecified periodontal procedure, by report	X	-	X	-	X	-
	Complete upper	X	-	X	-	X	-
	Complete lower	X	-	X	-	X	_
	Immediate upper	X	-	X	-	X	-
	Immediate lower	X	-	X	-	X	_
5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	X	-	X	-	X	-
5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	х	-	х	-	x	-
5213	Upper partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	Х	-
	Lower partial-cast metal base with resin saddles (including any conven	X	-	X	-	X	-
	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and					1	
DOLLL	teeth)	Х	-	Х	-	Х	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including					1	
	any conventional clasps, rests and teeth	Х	-	Х	-	Х	-
D5224	Immediate mandibular partial denture- cast metal framework with resin denture bases (including						
	any conventional clasps, rests and teeth	Х	-	Х	-	Х	-
D5225	Maxillary part denture flex	Х	-	Х	-	Х	-
	Mandibular part denture flex	Х	-	Х	-	Х	-
	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Х	-	Х	-	Х	-
D5228		V		V		X	
	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Х	-	X	-	Х	-
D5282		V		v		v	
	Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary	Х	-	Х	-	Х	-
D5283	Removable unilateral partial denture-one piece cast metal (including clasps and teeth),	х		v		v	
	mandibular	~	-	Х	-	Х	-
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per	х		х		Х	
	quadrant	^	-	^	-	^	-
D5286		х		х		Х	
	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	^	-	^	-	^	-
	Adjust complete denture-upper	Х	-	Х	-	Х	-
	Adjust complete denture-lower	Х	-	Х	-	Х	-
	Adjust partial denture-upper	Х	-	Х	-	Х	-
	Adjust partial denture-lower	Х	-	Х	-	Х	-
	Repair broken complete denture base, mandibular	Х	-	Х	-	Х	-
	Repair broken complete denture base, maxillary	Х	-	Х	-	Х	-
	Replace missingor broken teeth-complete denture (each tooth)	Х	-	Х	-	Х	-
	Repair resin partial denture base, mandibular	Х	-	Х	-	Х	-
	Repair resin partial denture base, maxillary	Х	-	Х	-	Х	-
	Repair cast partial framework, mandibular	Х	-	Х	-	Х	-
	Repair cast partial framework, maxillary	Х	-	Х	-	Х	-
	Repair or replace broken retentive/clasping materials per tooth	Х	-	Х	-	Х	-
	Replace broken teeth-per tooth	Х	-	Х	-	Х	-
	Add tooth to existing partial denture	Х	-	Х	-	Х	-
	Add clasp to existing partial denture- per tooth	Х	-	Х	-	Х	-
	Replace all teeth and acrylic on cast metal framework (maxillary)	Х	-	Х	-	Х	-
	Replace all teeth and acrylic on cast metal framework (mandibular)	Х	-	Х	-	Х	-
	Rebase complete upper denture	Х	-	Х	-	Х	-
D5711	Rebase complete lower denture	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Addition	ally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Rebase upper partial denture	X	_	Х	_	X	-
	Rebase lower partial denture	×	_	X		X	
	Rebase hybrid prosthesis	X	-	X	-	X	
	Reline upper complete denture (chairside)	X		X	-	X	
	Reline lower complete denture (chairside)	X	-	X	-	X	
	Reline upper partial denture (chairside)	X	-	X	-	X	
	Reline lower partial denture (chairside)	X	-	X	-	X	-
	Reline upper complete denture (laboratory)	X	-	X	-	X	-
	Reline lower complete denture (laboratory)	X	-	X		X	-
	Reline upper partial denture (laboratory)	^ X	-	X	-	X	-
	Reline lower partial denture (laboratory)	<u>х</u>	-	X	-	X	-
	Soft liner for complete or partial removable denture - indirect	^ X	-	X	-	X	-
	Interim complete denture (upper)	^ X	-	X	-	X	-
	Interim complete denture (lower)	^ X	-	X	-	X	
	Interim partial denture (upper)	^ X	-	X	-		-
			-		-	X X	-
	Interim partial denture (lower)	X	-	X	-		-
	Tissue conditioning, upper-per denture unit	X	-	X	-	X	-
	Tissue conditioning, lower-per denture unit	X	-	X	-	X	-
	Precision attachment, by report	X	-	X	-	Х	-
	Overdenture- complete maxillary	X	-	X	-	X	-
	Overdenture- partial maxillary	X	-	X	-	Х	-
	Overdenture- complete mandibular	X	-	X	-	Х	-
	Overdenture- partial mandibular	X	-	X	-	X	-
	Replacement of replaceable part of semi-precision/attachment (m/f component)	X	-	X	-	Х	-
	Modification of removable prosthesis following implant surgery	X	-	X	-	Х	-
	Add metal substructure to acrylic full denture (per arch)	X	-	X	-	Х	-
	Unspecified removable prosthodontic procedure, by report	<u>X</u>	-	X	-	X	-
	Facial moulage (sectional)	X	-	X	-	Х	-
	Facial moulage (complete)	<u>X</u>	-	X	-	Х	-
	Nasal prosthesis	X	-	X	-	X	-
	Auricular prosthesis	X	-	Х	-	Х	-
	Orbital prosthesis	X	-	X	-	Х	-
	Ocular prosthesis	X	-	Х	-	Х	-
	Facial prosthesis	Х	-	Х	-	Х	-
	Nasal septal prosthesis	Х	-	Х	-	Х	-
	Ocular prosthesis, interim	Х	-	Х	-	Х	-
	Cranial prosthesis	Х	-	Х	-	Х	-
D5925	Facial augmentation implant prosthesis	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Nasal prosthesis, replacement	Х	- I	Х	-	Х	-
	Auricular prosthesis, replacement	X	_	X	-	X	-
	Orbital prosthesis, replacement	X	_	X	_	X	-
	Facial prosthesis, replacement	X	_	X	-	X	-
	Obturator prosthesis, surgical	X		X	-	X	-
	Obturator prosthesis, definitive	X	_	X	-	X	-
	Obturator prosthesis, modification	X	_	X		X	-
	Mandibular resection prosthesis with guide flange	X	_	X	-	X	-
	Mandibular resection prosthesis without guide flange	X	-	X	-	X	-
	Obturator/prosthesis, interim	X		X	-	X	
	Trismus appliance (not for tm treatment)	X	-	X	-	X	
	Feeding aid	X	-	X	-	X	-
	Speech aid prosthesis, pediatric	X		X		X	
	Speech aid prosthesis, adult	X	-	X	-	X	-
	Palatal augmentation prosthesis	X	-	X	-	X	
	Palatal lift prosthesis, definitive	X		X		X	-
	Palatal lift prosthesis, interim	X	-	X	-	X	
	Palatal lift prosthesis, modification	X		X	_	X	
	Speech aid prosthesis, modification	X		X		X	
	Surgical stent	X	_	X		X	-
	Radiation carrier	X	-	X		X	-
	Radiation shield	X		X		X	
	Radiation cone locator	X	-	X	-	X	-
	Fluoride gel carrier	X		X	-	X	-
	Commissure splint	X	-	X	-	X	
	Surgical splint	X		X	-	X	-
	Vesiculobullous disease medicament carrier	X	-	X	-	X	-
	Adjust max prost appliance	X		X	-	X	
	Main/clean max prosthesis	X	_	X		X	
	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X	-	X	-	X	
	Periodontal medicament carrier with peripheral seal – laboratory processed – maximaly	X		X	-	X	-
	Unspecified maxillofacial prosthesis, by report	X	-	X	-	X	
	Surgical placement of implant body: endosteal implant. see also 21248	X	_	X	-	X	
	Second stage implant surgery	X	-	X		X	
	Surgical placement of interim implant body for transitional prosthesis: endosteal implant	X		X		X	
	Surgical placement of mini implant	X	-	X	-	X	
	Subperiosteal implant	X	-	X		X	
	Transosseous implant	X	-	X	-	X	-
		^	-	^	-	^	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	ncludes placement and removal. a healing cap is not an interim abutment	Х	-	Х	-	Х	-
	mplant connecting bar	X		X		X	
	Prefabricated abutment- includes modification and placement	X	-	X	-	X	
	Custom fabricated abutment- includes placement	X	-	X		X	
	Abutment supported porcelain/ceramic crown	X	-	X		X	
	Abutment supported porcelain fused to metal crown (high noble metal)	X		X		X	
	Abutment supported porcelain fused to metal crown (predominantly base metal)	X	-	X		X	-
	Abutment supported porcelain fused to metal crown (procediminantly base metal)	X	-	X	-	X	-
	Abutment supported cast metal crown (high noble metal)	X		X		X	
	Abutment supported cast metal crown (predominantly base metal)	X		X	_	X	
	Abutment supported cast metal crown (predominantly base metal)	X	-	X	-	X	
	mplant supported porcelain/ceramic crown	X		X	_	X	
	mplant supported porcelain fused to metal crown (titanium/alloy high noble metal)	X		X		X	
	mplant supported metal crown (titanium/alloy high noble metal)	X		X		X	
	Abutment supported retainer for porcelain/ceramic fpd	X	-	X	_	X	
	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	X	-	X	_	X	
	Abutment supported retainer for porcelain fused to metal fpd (nigh hole metal)	X		X		X	
	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	X	-	X	-	X	
	Abutment supported retainer for cast metal fpd (high noble metal)	X	-	X	-	X	
	Abutment supported retainer for cast metal fpd (predominately base metal)	X		X		X	-
	Abutment supported retainer for cast metal fpd (noble metal)	X	-	X	-	X	
	mplant supported retainer for ceramic fpd	X	-	X		X	
D6075		~	-	~	-	^	-
h	mplant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)	Х	-	Х	-	Х	-
	mplant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	Х	-	Х	-	Х	-
	mplant maintenance procedures, when prostheses are removed and reinserted, including leansing of prostheses and abutments	х	-	Х	-	х	-
D6081 S	Scaling and debridement in the presence of inflammation of mucositis of a single implant, ncluding cleaning of the implant surfaces, without flap entry and closure	Х	-	х	-	х	-
	mplant supported crown-porcelain fused to predominantly base alloys	Х		Х		Х	
	mplant supported crown-porcelain fused to predominantly base anoys	X		X		X	-
	mplant supported crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
	Provisional implant crown	X	-	X	-	X	-
	mplant supported crown-predominantly base alloys	X		X	-	X	-
	mplant supported crown-predominantly base alloys	X	-	X		X	-
	mplant supported crown-titanium and titanium alloys	X	-	X	-	X	-
	Accessing and retorquing loose implant screw - per screw	X	-	X	-	X	-
	Repair implant, by report	X	-	X	-	X	-
	ceded effer eartein number of visite. Limit denende en plan/provider turc	^	-		-	^	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, th the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
D6091	Replacement of semi-precision or precision attachment (male or female component) of						
	implant/abutment supported prosthesi	Х	-	Х	-	Х	-
D6092	Re-cement or re-bond implant/abutment supported crown	Х	-	Х	-	Х	-
D6093	Re-cement or re-bond implant/abutment supported fixed partial denture	Х	-	Х	-	Х	-
	Abut support crown titanium	Х	-	Х	-	Х	-
D6095	Repair implant abutment, by report. see also code 21299	Х	-	Х	-	Х	-
	Remove broken implant retaining screw	Х	-	Х	-	Х	-
D6097	Abutment supported crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-	Х	-
D6098	Implant supported retainer-porcelain fused to predominantly base alloys	Х	-	Х	-	Х	-
D6099	Implant supported retainer for fpd-porcelain fused to noble alloys	Х	-	Х	-	Х	-
D6100	Implant removal, by report	Х	-	Х	-	Х	-
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure	Х	-	х	-	х	-
06102	Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces	х	-	х	-	х	-
06103	Bone graft for repair of peri-implant defect- does not include flap entry and closure.	Х	-	Х	-	Х	-
	Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately	X	-	X	-	X	-
76105	Removal of implant body not requiring bone removal nor flap elevation	Х	_	Х	_	Х	_
	Guided tissue regeneration - resorbable barrier, per implant	X	-	X	-	X	-
	Guided tissue regeneration - non-resorbable barrier, per implant	X	_	X	_	X	_
	Implant/abutment supported removable denture for edentulous arch-maxillary	X	_	X	_	X	_
	Implant/ abutment supported removable denture for edentulous arch- mandibular	X	_	X	_	X	_
	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	X	-	X	-	X	-
	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	X	-	X	-	X	_
	Implant/ abutment supported fixed denture for edentulous arch- maxillary	X	-	X	-	X	-
	Implant/ abutment supported fixed denture for edentulous arch- mandibular	X	-	X	-	X	_
	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	X	-	X	-	X	-
	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	X	-	X	-	X	-
	Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	X	-	X	_	X	-
	Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	Х	-	X	_	X	-
	Implant supported retainer -porcelain fused to titanium and titanium alloys	X	-	X	_	X	-
	Implant supported retainer for metal fpd -predominantly base alloys	X	-	X	_	X	-
	Implant supported retainer for metal fpd -noble alloys	X	-	X	_	X	-
	Implant supported retainer for metal fpd -titanium and titanium alloys	X	-	X	_	X	-
	Implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments	X	-	X	-	X	-
	Radio/surgical implant index	Х	_	Х		Х	_

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

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



As of: 06/17/25

			rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Semi-precision abutment – placement	Х	-	Х	-	Х	-
	Semi-precision attachment – placement	X	-	X	-	X	-
	Replacement of an implant screw	X	-	X	-	X	-
	Abut support retainer titani	X	-	X	-	X	-
	Abutment supported retainer-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
	Replacement of restorative material used to close an access opening of a screw-retained						
	implant supported prosthesis, per implant	Х	-	Х	-	Х	-
	Remove interim implant component	Х	-	Х	-	Х	-
	Unspecified implant procedure, by report	X	-	X	-	X	-
	Pontic-indirect resin based	X	_	X	-	X	-
	Pontic-cast high noble metal	X	_	X	-	X	-
	Pontic-cast predominantly base metal	X	_	X	_	X	-
	Pontic-cast noble metal	X	_	X	-	X	-
	Pontic titanium	X	_	X	_	X	-
	Pontic-porcelain fused to high noble metal	X	_	X	_	X	-
	Pontic-porcelain fused to predominantly base metal	X	_	X	_	X	-
	Pontic-porcelain fused to noble metal	X	-	X	-	X	-
	Pontic-porcelain fused to titanium and titanium alloys	X	_	X	_	X	-
	Pontic - porcelain/ceramic	X	_	X	-	X	-
	Pontic-resin with high noble metal	X	_	X	_	X	-
	Pontic-resin with predominantly base metal	X	_	X	_	X	-
	Pontic-resin with noble metal	X	_	X	_	X	-
	Provisional pontic- further treatment or completion of diagnosis necessary prior to final						
	impression	Х	-	Х	-	Х	-
	Retainer-cast metal for acid etched fixed prosthesis	Х	-	Х	-	Х	-
	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	Х	-	Х	-	Х	-
	Resin retainer- for resin bonded fixed prosthesis	Х	-	Х	-	Х	-
	Retainer inlay-porcelain/ceramic, two surfaces	Х	-	Х	-	Х	-
D6601	Retainer inlay - porcelain/ceramic, three or more surfaces	Х	-	Х	-	Х	-
D6602	Retainer inlay - cast high noble metal, two surfaces	Х	-	Х	-	Х	-
	Retainer inlay - cast high noble metal, three or more surfaces	Х	-	Х	-	Х	-
D6604	Retainer inlay - cast predominantly base metal, two surfaces	Х	-	Х	-	Х	-
	Retainer inlay - cast predominantly base metal, three or more surfaces	Х	-	Х	-	Х	-
D6606	Retainer inlay - cast noble metal, two surfaces	Х	-	Х	-	Х	-
D6607	Retainer inlay - cast noble metal, three or more surfaces	Х	-	Х	-	Х	-
	Retainer onlay - porcelain/ceramic, two surfaces	Х	-	Х	-	Х	-
D6609	Retainer onlay - porcelain/ceramic, three or more surfaces	Х	-	Х	-	Х	-
	Retainer onlay - cast high noble metal, two surfaces	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
	Retainer onlay - cast high noble metal, three or more surfaces	Х	-	Х	-	Х	-
	Retainer onlay - cast predominantly base metal, two surfaces	X	-	X	-	X	-
	Retainer onlay - cast predominantly base metal, three or more surfaces	X	-	X	-	X	_
	Retainer onlay - cast noble metal, two surfaces	X	-	X	-	X	-
	Retainer onlay - cast noble metal, three or more surfaces	X	-	X	-	X	_
	Retainer inlay titanium	X	-	X	-	X	-
	Retainer onlay titanium	X	-	X	-	X	_
	Retainer crown-indirect resin based composite	X	-	X	-	X	-
	Retainer crown-resin with high noble metal	X	-	X	-	X	_
	Retainer crown-resin with predominantly base metal	X	-	X	-	X	-
	Retainer crown-resin with noble metal	X	-	X	-	X	_
	Retainer crown - porcelain/ceramic	X	-	X	-	X	-
	Retainer crown-porcelain fused to high noble metal	X	-	X	-	X	_
	Retainer crown-porcelain fused to predominantly base metal	X	-	X	-	X	-
	Retainer crown-porcelain fused to noble metal	X	-	X	-	X	_
	Retainer crown-porcelain fused to titanium and titanium alloys	X	-	X	-	X	-
	Retainer crown-3/4 cast high noble metal	X	-	X	-	X	_
	Retainer crown - 3/4 cast predominately based metal	X	-	X	-	X	-
	Retainer crown - 3/4 cast noble metal	X	-	X	-	X	-
	Retainer crown - 3/4 porcelain/ceramic	X	-	X	-	X	-
	Retainer crown 3/4-titanium and titanium alloys	X	-	Х	-	X	-
	Retainer crown-full cast high noble metal	X	-	Х	-	X	-
	Retainer crown-full cast predominantly base metal	Х	-	Х	-	Х	-
	Retainer crown-full cast noble metal	X	-	X	-	X	-
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	х	-	х	-	Х	-
D6794	Retainer crown titanium	Х	-	Х	-	Х	-
D6920	Connector bar	Х	-	Х	-	Х	-
D6930	Re-cement or re-bond fixed partial denture	Х	-	Х	-	Х	-
	Stress breaker	Х	-	Х	-	Х	-
	Precision attachment	Х	-	Х	-	Х	-
D6980	Fixed partial denture repair, necessitated by restorative material failure	Х	-	Х	-	Х	-
	Pediatric partial denture, fixed	Х	-	Х	-	Х	-
D6999	Unspecified fixed prosthodontic procedure, by report	Х	-	Х	-	Х	-
	Extraction, coronal remnants - primary tooth	Х	-	Х	-	Х	-
D7140	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	Х	-	Х	-	Х	-
D7210	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiopsteal flap if indicated.	х	-	х	-	х	-

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

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



As of: 06/17/25

			rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. race limited to ACA 10 essential health benefits.						
D7220	Removal of impacted tooth-soft tissue	Х	-	Х	-	Х	-
	Removal of impacted tooth-partially bony	X	-	X	-	X	-
	Removal of impacted tooth-completely bony	X	-	X	-	X	-
	Removal of impacted tooth-completely bony, with unusual surgical compl	X	-	X	-	X	-
	Removal of residual tooth roots (cutting procedure)	X	-	X	-	X	-
	Coronectomy	X	-	X	-	X	-
	Partial extraction for immediate implant placement	X	-	X	-	X	-
	Nerve dissection	X	-	X	-	X	-
	Oral antral fistula closure	X	-	X	-	X	-
	Primary closure of a sinus perforation	X	-	X	-	X	-
	Tooth re-implantation and/or stabilization of accidentally evulsedor d	X	-	X	-	X	-
	Tooth transplantation	X	-	X	-	X	-
	Exposure of an unerupted tooth	X	-	X	-	X	-
	Mobilization of erupted or malpositioned tooth to aid eruption	X	-	X	-	X	-
	Place device impacted tooth	X	-	X	-	X	-
	Excisional biopsy of minor salivary glands	X	-	X	-	X	-
	Incisional biopsy of oral tissue-hard (bone, tooth)	X	-	X	-	X	-
	Incisional biopsy of oral tissue-soft	X	-	X	-	X	-
D7287	Cytology sample collection	X	-	X	-	X	-
	Brush biopsy	X	-	X	-	X	-
	Surgical repositioning of teeth	X	-	X	-	X	-
	Transseptal fiberotomy	X	-	X	-	X	-
	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	х	-	х	-	х	-
D7293	Placement of temporary anchorage device requiring flap; includes device removal	Х	-	Х	-	Х	-
D7294	Placement of temporary anchorage device without flap; includes device removal	X	-	X	-	X	-
	Bone harvest,auto graft proc	Х	-	Х	-	Х	-
	Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	X	-	X	-	X	-
	Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	Х	-	Х	-	Х	-
	Removal of temporary anchorage device (screw retained plate), requiring flap	Х	-	Х	-	Х	-
	Removal of temporary anchorage device, requiring flap	Х	-	Х	-	Х	-
	Removal of temporary anchorage device without flap	X	-	X	-	X	-
	Alveoloplasty in conjunction with extractions - per quadrant	X	-	X	-	X	-
	Alveoloplasty w/extract 1-3	X	-	X	-	X	-
	Alveoloplasty not in conjunction with extractions - per quadrant	X	-	X	-	X	-
	Alveoloplasty not w/extracts	X	-	X	-	X	-
	Vestibuloplasty-ridge extension (second epithelialization)	X	-	X	-	X	-
	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. A	additionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Radical excision-lesion diameter up to 1.25 cm	Х	_	Х	_	Х	-
	Excision of benign lesion greater than 1.25 cm	X	-	X		X	-
	Excision of benign lesion, complicated	X	-	X	-	X	-
	Excision of malignant lesion up to 1.25 cm	X	-	X		X	-
	Excision of malignant lesion greater than 1.25 cm	X	-	X	-	X	-
	Excision of malignant lesion, complicated	X	-	X	-	X	-
	Excision of malignant tumor-lesion diameter up to 1.25 cm	X	-	X		X	-
	Excision of malignant tumor-lesion diameter greater than 1.25 cm	X	-	X	-	X	_
	Removal of odontogenic cystor tumor-lesion diameter up to 1.25 cm	X	-	X	-	X	
	Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	X	-	X	-	X	
	Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	× X		X	-	X	-
	Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	X	-	X	-	X	
	Destruction of lesion(s) by physicalor chemical methods, by report	× X	-	X	-	X	
	Removal of exostosis - per site	X		X	-	X	
	Removal of torus palatinus	× ×	-	X	-	X	-
	Removal of torus mandibularis	X	-	X	-	X	
	Reduction of osseous tuberosity	X	-	X	-	X	
	Radical resection of mandible with bone graft	X	-	X	-	X	-
	Marsupialization of odontogenic cyst	X	-	X	-	X	
	Incision and drainage of abscess-intraoral soft tissue	X	-	X	-	X	
	Incision/drain abscess intra	X	-	X	-	X	-
	Incision and drainage of abscess-extraoral soft tissue	× X	-	X	-	X	
	Incision/drain abscess extra	X		X		X	
	Removal of foreign body, skin,or subcutaneous areolar tissue	X	-	X	-	X	-
	Removal of reaction-producing foreign bodies-musculoskeletal system	× X	-	X	-	X	-
	Sequestrectomy for osteomyelitis	X	-	X	-	X	
	Maxillary sinusotomy for removal of tooth fragmentor foreign body	X	-	X	-	X	
	Maxilla-open reduction (teeth immobilized if present)	× X	-	X	-	X	
	Maxilla-closed reduction (teeth immobilized if present)	^ X	-	X	-	X	-
	Mandible-open reduction (teeth immobilized if present)	X	-	X	-	X	
	Mandible-open reduction (teeth immobilized if present)	^ X	-	X	-	X	
	Malar and/or zygomatic arch-open reduction	X	-	X	-	X	-
	Malar and/or zygomatic arch-closed reduction	× X	-	X	-	X	-
	Alveolus-stabilization of teeth, open reduction splinting	^ X	-	X	-	X	-
	Alveolus - open reduction, may include stabilization of teeth	× X	-	X	-	X	-
	Facial bones-complicated reduction with fixation and mul- tiple surgic	^ X	-	X	-	X	
	Maxilla-open reduction	× X	-	X	-	X	-
-	Mandible-open reduction	X X	-	X	-	X	-
01130		X	-	~	-	~	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the transmission of the product of	ese coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to *Plan cove	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Malar and/or zygomatic arch-open reduction	Х	-	Х	-	Х	-
	Malar and/or zygomatic arch-closed reduction	X	-	X	-	X	-
	Alveolus-stabilization of teeth, open reduction splinting	X	-	Х	-	X	-
	Alveolus, closed reduction stabilization of teeth	X	-	X	-	X	-
	Facial bones - complicated reduction with fixation and multiple approaches	X	-	X	-	X	-
	Open reduction of dislocation	Х	-	Х	-	Х	-
	Oclussal orthotic device adjustment	Х	-	Х	-	Х	-
	Suture of recent small wounds up to 5 cm	Х	-	Х	-	Х	-
	Complicated suture-up to 5 cm	Х	-	Х	-	Х	-
	Complicated suture-greater than 5 cm	Х	-	Х	-	Х	-
	Skin grafts (identify defect covered, location, and type of graft)	Х	-	Х	-	Х	-
D7921	Collection and application of autologous blood concentrate product	Х	-	Х	-	Х	-
D7922							
	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-	Х	-	Х	-
D7939		v		V		X	
	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-	Х	-	Х	-
D7940	Osteoplasty-for orthognathic deformities	Х	-	Х	-	Х	-
D7946	Lefort i (maxilla-total)	Х	-	Х	-	Х	-
D7947	Lefort i (maxilla-segmented)	Х	-	Х	-	Х	-
D7948	Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	Х	-	Х	-	Х	-
D7949	Lefort iior lefort iii-with bone graft	Х	-	Х	-	Х	-
D7950	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	Х	-	Х	-	Х	-
	Sinus augmentation with bone or bone substitutes via a lateral open approach	Х	-	Х	-	Х	-
D7952	The augmentation of the sinus to increase alveolar height by vertical access through the ridge	V		V		v	
	crest by raising the floor of the sinus and grafting as necessary. this include	Х	-	Х	-	Х	-
D7953	Bone replacement graft	Х	-	Х	-	Х	-
	Repair of maxillofacial soft and hard tissue defects	Х	-	Х	-	Х	-
	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Х	-	Х	-	Х	-
	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Х	-	Х	-	Х	-
	Buccal / labial frenectomy (frenulectomy)	Х	-	Х	-	Х	-
D7962	Lingual frenectomy (frenulectomy)	Х	-	Х	-	Х	-
	Frenuloplasty	Х	-	Х	-	Х	-
	Excision of hyperplastic tissue-per arch	Х	-	Х	-	Х	-
D7971	Excision of pericoronal gingiva	Х	-	Х	-	Х	-
D7972	Surgical reduction of fibrous tuberosity	Х	-	Х	-	Х	-
	Non ¿ surgical sialolithotomy	Х	-	Х	-	Х	-
	Surgical sialolithotomy	Х	-	Х	-	Х	-
D7981	Excision of salivary gland	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	erage 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 imn	nunizations, injectable dru	gs, or specialty m	edications and should be
lirected to the Pharmacy link opti Plan coverage limited to ACA 10							
D7982 Sialodochopla		Х	-	Х	-	Х	-
D7983 Closure of sali		X	-	X	_	X	-
D7990 Emergency tra		X	-	X	-	X	-
D7991 Coronoidecton	•	X	-	X	-	X	-
	ment of craniofacial implant – extra oral	X	-	X	-	X	-
	ment: zygomatic implant	X	-	X	-	X	-
	- mandible or facial bones, by report. see also 21299	X	-	X	-	X	-
	lible for augmentation purposes see also code 21299	X	-	X	-	X	-
	oval (not by dentist who placed appliance) incl removal of archbar	X	-	X	-	X	-
	ment of a fixation device not in conjunction with a fracture	X	-	X	-	X	-
07999 Unspecified or	al surgery procedure, by report	X	-	X	-	X	-
	ontic treatment of the primary dentition	Х	-	Х	-	Х	
	ontic treatment of the transitional dentition	X	-	X	-	X	-
	ontic treatment of the adolescent dentition	Х	-	Х	-	Х	-
08040 Limited orthod	ontic treatment of the adult dentition	Х	-	Х	-	Х	-
	thodontic treatment of the primary dentition	Х	-	Х	-	Х	-
	thodontic treatment of the transitional dentition	Х	-	Х	-	Х	-
08070 Comprehensiv	e orthodontic treatment of the transitional dentition	Х	-	Х	-	Х	-
08080 Comprehensiv	e orthodontic treatment of the adolescent dentition	Х	-	Х	-	Х	-
08090 Comprehensiv	e orthodontic treatment of the adult dentition	Х	-	Х	-	Х	-
08091 Comprehensiv	e orthodontic treatment with orthognathic surgery	Х	-	Х	-	Х	-
08210 Removable ap	pliance therapy	Х	-	Х	-	Х	-
08220 Fixed applianc	e therapy	Х	-	Х	-	Х	-
08660 Pre-orthodintic	treatment examination to monitor growth and development	Х	-	Х	-	Х	-
	dontic treatment visit (as part of contract)	Х	-	Х	-	Х	-
08671 Periodic orthoo	dontic treatment visit associated with orthognathic surgery	Х	-	Х	-	Х	-
08680 Orthodontic ret	tention (removal of appliances, construction and placem	Х	-	Х	-	Х	-
08681 Removable ort	hodontic retainer adjustment	Х	-	Х	-	Х	-
08690 Orthodontic tre	eatment (alternative billing to a contract fee)	Х	-	Х	-	Х	-
8695 Removal of fixe	ed orthodontic appliances for reasons other than completion of treatment	Х	-	Х	-	Х	-
	odontic appliance-maxillary	Х	-	Х	-	Х	-
	odontic appliance-mandibular	Х	-	Х	-	Х	-
	re-bond fixed retainer-maxillary	Х	-	Х	-	Х	-
8699 Re-cement or	re-bond fixed retainer-mandibular	Х	-	Х	-	Х	-
08701 Repair of fixed	retainer, includes reattachment-maxillary	Х	-	Х	-	Х	-
	retainer, includes reattachment-mandibular	Х	-	Х	-	Х	-
08703 Replacement of	of lost or broken retainer-maxillary	Х	-	Х	-	Х	-
08704 Replacement of	of lost or broken retainer-mandibular	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
Plan cover	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
D8999	Unspecified orthodontic procedure, by report	Х	_	Х	-	Х	-
	Palliative (emergency) treatment of dental pain-minor procedures	X	_	X	-	X	-
	Fixed partial denture sectioning	X	_	X	-	X	-
	Temporomandibular joint dysfunction-non-invasive physical therapies	X	_	X	-	X	-
	Local anesthesia n0t in conjunction with operativeor surgical procedu	X	-	X	-	X	-
	Regional block anesthesia	X	_	X	-	X	-
	Trigeminal division block anesthesia	X	_	X	-	X	-
	Lcl ansthsa w oprtv or srgcl prcdrs	X	_	X	-	X	-
	Evaluation for moderate sedation, deep sedation or general anesthesia	X	_	X	-	X	-
	Deep sedation/general anesthesia ¿ first 15 minutes	X	_	X	-	X	-
	Deep sedation/general anesthesia-each subsequent 15 minute increment	X	_	X	-	X	-
	Inhltn ntrs oxd/anlgsa, anxlyss	X	_	X	-	X	-
	Intravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	X	_	X	-	X	-
D9243							
	Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	Х	-	Х	-	Х	-
D9248	Non-intravenous conscious sedation	Х	-	Х	-	Х	-
	Consultation (diagnostic service provided by dentistor physician other	X	_	X	-	X	-
	Consultation with a medical health care professional	X	-	X	-	X	-
	House call	X	-	X	-	X	-
	Hsptl or asc call	X	-	X	-	X	-
	Office visit for observation (during regularly scheduled hours) no oth	X	_	X	-	X	-
	Office visit-after regularly scheduled hours	X	-	X	-	X	-
	Case presentation, detailed and extensive treatment planning	Х	_	Х	-	Х	-
	Therapeutic drug injection, by report	X	-	X	-	X	-
	Therapeutic parenteral drugs, two or more administrations, different medications	Х	_	Х	-	Х	-
	Infiltration of sustained release therapeutic drug-single or multiple sites	X	-	X	-	X	-
	Drugs or medicaments dispensed in the office for home use	X	_	X	-	X	-
	Application of desensitizing medicaments	X	_	X	-	X	-
	Application of desensitizing resin for cervical and/or root surface per tooth	X	_	X	-	X	-
	Pre-visit patient screening	X	_	X	-	X	-
	Administration of neuromodulators	X	_	X	-	X	-
	Administration of dermal fillers	X	_	X	-	X	-
	Behavior management, by report	X	_	X	-	X	-
	Treatment of complications (postsurgical) - unusual circumstances, by	X	_	X	-	X	-
	Cleaning and inspection of removable complete denture, maxillary	X	-	X	-	X	-
	Cleaning and inspection of removable complete denture, mandibular	X	_	X	-	X	-
	Cleaning and inspection of removable partial denture, maxillary	X	-	X	-	X	-
	Cleaning and inspection of removable partial denture, mandibular	X		X		X	

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

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



As of: 06/17/25

	Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.						
D9938 Fabrication of a custom removable clear plastic temporary aesthetic appliance	Х	-	Х	-	Х	-
D9939 Placement of a custom removable clear plastic temporary aesthetic appliance	X	_	X	_	X	-
D9941 Fabrication of athletic mouthguards	X	-	X	-	X	-
D9942 Repair/reline occlusal guard	X	-	X	-	X	-
D9943 Occlusal guard adjustment	X	_	X	-	X	-
D9944 Occlusal guard-hard appliance, full arch	X	_	X	-	X	-
D9945 Occlusal guard-soft appliance, full arch	X	_	X	-	X	-
D9946 Occlusal guard-hard appliance, partial arch	X	_	X	-	X	-
D9947 Custom sleep apnea appliance fabrication and placement	Х	-	X	-	X	-
D9948 Adjustment of custom sleep apnea appliance	X	_	X	-	X	-
D9949 Repair of custom sleep apnea appliance	X	-	X	-	X	-
D9950 Occlusion analysis-mounted case	X	_	X	-	X	-
D9953 Reline custom sleep apnea appliance (indirect)	X	-	X	-	X	-
D9956 administration of home sleep apnea test	Х	-	Х	-	Х	-
D9957 screening for sleep related breathing disorders	Х	-	Х	-	Х	-
D9959 Unspecified sleep apnea services procedure, by report	Х	-	Х	-	Х	-
D9961 Duplicate/copy patient's records	Х	-	Х	-	Х	-
D9970 Enamel microabrasion	Х	-	Х	-	Х	-
D9971 Odontoplasty 1-2 teeth; includes removal of enamel projections	Х	-	Х	-	Х	-
D9972 External bleaching- per arch- perfmored in offic	Х	-	Х	-	Х	-
D9973 External bleaching - per tooth	Х	-	Х	-	Х	-
D9974 Internal bleaching - per tooth	Х	-	Х	-	Х	-
D9975 External bleaching for home application, per arch; includes materials and fabrication of custom trays	Х	-	х	-	х	-
D9985 Sales tax	Х	-	Х	-	Х	-
D9986 Missed appointment	Х	-	Х	-	Х	-
D9987 Cancelled appointment	Х	-	Х	-	Х	-
D9990 Certified translation or sign-certified translation or sign-language services per visit	Х	-	Х	-	Х	-
D9991 Dental case management- addressing appointment compliance barriers	Х	-	Х	-	Х	-
D9992 Dental case management- care coordination	Х	-	Х	-	Х	-
D9993 Dental case management- motivational interviewing	Х	-	Х	-	Х	-
D9994 Dental case management- patient education to improve oral health literacy	Х	-	Х	-	Х	-
D9995 Teledentistry ¿ synchronous; real-time encounter	Х	-	Х	-	Х	-
D9996 Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	х	-	х	-	х	-
D9997 Dental case management-patients with special health care needs	Х	-	Х	-	Х	-
D9999 Unspecified adjunctive procedure, by report	Х	-	Х	-	Х	-
E0100 Cane adjust/fixed with tip	-	-	Х	-	-	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Ad	ditionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Cane adjust/fixed quad/3 pro	-	-	Х	-	- 1	-
	Crutch forearm pair			X	-	_	-
	Crutch forearm each			X	-	_	-
	Crutch underarm pair wood		_	X	-	- 1	-
-	Crutch underarm each wood			X	-	_	-
	Crutch underarm pair no wood		_	X	-	_	-
	Crutch underarm each no wood		_	X		<u> </u>	_
	Crutch, underarm, articulating, spring assisted, each	Х	-	X	-	Х	-
	Crutch substitute, lower leg platform, with or without wheels, each	-	-	X	-	-	-
	Walker rigid adjust/fixed ht		-	X	-		
	Walker folding adjust/fixed		-	X	-	_	-
	Walker, with trunk support, adjustable or fixed height, any type		_	X	-	- 1	-
	Rigid walker wheeled wo seat		_	X		<u> </u>	-
	Walker folding wheeled w/o s		_	X	-	- 1	_
	Enclosed walker w rear seat	_	_	X	_	- 1	_
	Walker variable wheel resist	_	_	X	-	_	-
	Heavyduty walker no wheels	-	_	X	-	-	-
	Heavy duty wheeled walker	_	_	X	-	-	-
	Walker, battery powered, wheeled, folding, adjustable or fixed height	Х	-	X	-	Х	-
	Forearm crutch platform atta	-	_	X	-	-	-
	Walker platform attachment	_	_	X	-	-	-
	Walker wheel attachment,pair	_	_	X	-	-	-
	Walker seat attachment	_	_	X	-	-	-
	Walker crutch attachment	-	-	X	-	-	-
	Walker leg extenders set of4	_	_	X	-	-	-
	Brake for wheeled walker	-	-	X	-	-	-
	Sitz type bath or equipment	Х	-	X	-	Х	-
	Sitz bath/equipment w/faucet	X	-	X	-	X	-
	Sitz bath chair	X	-	X	-	X	-
	Commode chair stationry fxd	X	-	X	-	X	-
	Commode chair stationry det	X	-	X	-	X	-
	Commode chair pail or pan	X	-	X	-	X	-
	Heavyduty/wide commode chair	X	-	X	-	X	-
	Commode chair with integrated seat lift mechanism, electric, any type	X	-	X	-	X	-
	Commode chair with integrated seat lift mechanism, non-electric, any type	Х	-	Х	-	Х	-
	Seat lift mechanism placed over or on top of toilet, any type	X	-	X	-	X	-
	Commode chair foot rest	Х	-	Х	-	Х	-
	Press pad alternating w/ pum	-	-	X	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.	T	1	V		1	
	Pressure pad alternating pum	-	-	X	-	-	-
	Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	-	-	X	-	-	-
	Dry pressure mattress	-	-	X	-	-	-
	Gel pressure mattress pad	-	-	X	-	-	-
	Air pressure mattress	-	-	X	-	-	-
	Water pressure mattress	-	-	Х	-	-	-
	Synthetic sheepskin pad	-	-	Х	-	-	-
	Lambswool sheepskin pad	-	-	Х	-	-	-
	Positioning cushion/pillow/wedge, any shape or size	Х	-	Х	-	Х	-
	Protector heel or elbow	-	-	Х	-	-	-
	Powered air flotation bed	-	-	Х	-	-	-
	Air fluidized bed	-	Х	Х	-	-	Х
	Gel pressure mattress	-	-	Х	-	-	-
E0197	Air pressure pad for mattres	-	-	Х	-	-	-
E0198	Water pressure pad for mattr	-	-	Х	-	-	-
E0199	Dry pressure pad for mattres	-	-	Х	-	-	-
E0200	Heat lamp without stand	Х	-	Х	-	Х	-
E0201	Penile contracture device, manual, greater than 3 lbs traction force	Х	-	Х	-	Х	-
E0203	Therapeutic lightbox, minimum 10,000 lux, table top model	Х	-	Х	-	Х	-
E0205	Heat lamp with stand	Х	-	Х	-	Х	-
E0210	Electric heat pad standard	Х	-	Х	-	Х	-
	Electric heat pad moist	Х	-	Х	-	Х	-
	Water circ heat pad w pump	Х	-	Х	-	Х	-
	Water circ cold pad w pump	Х	-	Х	-	Х	-
	Infrared heating pad system	X	-	X	-	X	-
	Hydrocollator unit	X	-	X	-	X	-
E0231	Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	х	-	Х	-	х	-
E0232	Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	х	-	х	-	х	-
	Paraffin bath unit portable	v		~		~	
		X X	-	X X	-	X X	-
	Pump for water circulating p Hydrocollator unit portable		-		-		-
	Bath tub wall rail	X	-	X	-	X	-
		X	-	X	-	X	-
	Bath tub rail floor	X	-	X	-	X	-
	Toilet rail	Х	-	Х	-	X	-
E0244	Toilet seat raised	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Tub stool or bench	Х	_	Х	-	Х	-
	Transfer tub rail attachment	X		X		X	-
	Transfer bench for tub or toilet with or without commode opening	X		X	-	X	-
	Transfer bench, heavy duty, for tub or toilet with or without commode opening	X		X	_	X	-
	Pad for water circulating heat unit, for replacement only	X		X		X	-
	Hosp bed fixed ht w/ mattres	~		X	_	-	
	Hosp bed fixed in w/ mattres	-		X			-
	Hospital bed var ht w/ mattr			X	_	_	
	Hospital bed var ht w/o matt			X	-		-
	Hosp bed semi-electr w/ matt	-	_	X	-	-	-
	Hosp bed semi-electr w/o mat	-	-	X	-	-	-
	Hosp bed total electr w/ mat	-		X		_	
	Hosp bed total elec w/o matt		_	X	-	-	-
	Hospital bed institutional t			X	-	-	
	Mattress innerspring	X	-	X	-	X	-
	Mattress foam rubber	~	-	X	-	^	-
	Bed board	X		X	-	X	
	Over-bed table	X		X	-	X	-
	Bed pan standard	X		X	-	X	-
	Bed pan fracture	X		X	-	X	
	Powered pres-redu air mattrs	^	-	X	-	^	-
	Bed cradle	X	-	X	-	X	-
	Hosp bed fx ht w/o rails w/m	~		X	-	-	
	Hosp bed fx ht w/o rails w/m	-	-	X	-	-	
	Hosp bed var ht w/o rail w/o	-	-	X	-	-	
	Hosp bed var ht w/o rail w/	-		X	-	-	-
	Hosp bed semi-elect w/ mattr	-	-	X	-	-	-
	Hosp bed semi-elect w/ matu	-		X	-	-	-
	Hosp bed total elect w/ matt	-	-	X	-	-	-
	Hosp bed total elect w/ mat	-	-	X	-	-	-
	Pediatric crib, hospital grade, fully enclosed		-	X	-	+ -	-
E0300 E0301	ר כטומנווט טוט, ווטסףוגמו צומעב, ועווץ בווטוטסבע	-	-	^	-	-	-
	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	-	Х	-	-	-
E0302	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress	-	Х	х	-	-	Х
E0303	Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress	-	-	Х	-	-	-
	Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress	-	-	X	-	-	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
E0305	Rails bed side half length	-	-	Х	-	-	-
	Rails bed side full length	-	-	Х	-	-	-
	Bed accessory brd/tbl/supprt	Х	-	Х	-	Х	-
E0316	Safety enclosure frame/canopy for use with hospital bed, any type	Х	-	Х	-	Х	-
E0325	Urinal male jug-type	Х	-	Х	-	Х	-
E0326	Urinal female jug-type	Х	-	Х	-	Х	-
E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches	-	-	х	-	-	-
E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	-	-	х	-	-	-
E0350	Control unit bowel system	Х	-	Х	-	Х	-
E0352	Disposable pack w/bowel syst	Х	-	Х	-	Х	-
	Air elevator for heel	Х	-	Х	-	Х	-
E0371	Nonpower mattress overlay	-	-	Х	-	-	-
E0372	Powered air mattress overlay	-	-	Х	-	-	-
	Nonpowered pressure mattress	-	-	Х	-	-	-
	Gas system stationary compre	Х	-	Х	-	Х	-
	Oxygen system liquid portabl	Х	-	Х	-	Х	-
	Oxygen system liquid station	X	-	X	-	X	-
	Topical ox deliver sys, nos	X	-	X	-	X	-
	Rocking bed w/ or w/o side r	-	Х	X	-	-	Х
E0469	Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device	-	х	-	х	-	Х
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	-	X**	Х	-	-	X**
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	-	X**	Х	-	-	X**
E0472	Respiratory assist device, bi-level pressure capability, with backup rate	-	X**	Х	-	-	X**
E0480	Percussor elect/pneum home m	-	-	Х	-	-	-
E0481	Intrapulmonary percussive ventilation system and related accessories	Х	-	Х	-	Х	-
E0483	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	-	х	-	-	-
	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	х	-	х	-	Х	-
	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hardware remote, 90-day supply	х	-	x	-	х	-
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	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,	Х	<u> </u>	х	<u>-</u>	Х	-
	90-day supply			~			
	lppb all types	-	-	Х	-	-	-
	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components						
	and accessories, any type	Х	-	Х	-	Х	-
	Humidif extens supple w ippb	-	-	Х	-	-	-
	Humidifier for use w/ regula	-	-	X	-	-	-
	Humidifier supplemental w/ i	-	-	Х	-	-	-
	Humidifier, non-heated, used with positive airway pressure device	-	X**	Х	-	-	X**
	Humidifier, heated, used with positive airway pressure device	-	X**	Х	-	-	X**
E0574	Ultrasonic generator w svneb	Х	-	Х	-	Х	-
E0601	Cont airway pressure device	-	X**	Х	-	-	X**
E0602	Breast pump	Х	-	Х	-	Х	-
E0605	Vaporizer room type	Х	-	Х	-	Х	-
	Drainage board postural	-	-	Х	-	-	-
E0607	Blood glucose monitor home	-	-	Х	-	-	-
E0621	Patient lift sling or seat	Х	-	Х	-	Х	-
	Patient lift bathroom or toi	Х	-	Х	-	Х	-
	Seat lift incorp lift-chair	Х	-	Х	-	Х	-
	Seat lift for pt furn-non-el	Х	-	Х	-	Х	-
	Patient lift hydraulic	Х	-	Х	-	Х	-
	Patient lift electric	Х	-	Х	-	Х	-
E0636	Multipositional patient support system, with integrated lift, patientaccessible controls	Х	-	Х	-	Х	-
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature,	х	_	х	-	х	-
	with or without wheels	~		~		~	
	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size	х	-	х	-	Х	-
	including pediatric, with or without wheels						
	Moveable patient lift system	Х	-	Х	-	Х	-
	Fixed patient lift system	Х	-	Х	-	Х	-
	Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels	-	-	Х	-	-	-
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	-	-	Х	-	-	-
	Pneuma compresor non-segment	-	-	Х	-	-	-
	Pneum compressor segmental	-	-	Х	-	-	-
	Pneum compres w/cal pressure	-	-	Х	-	-	-
E0655	Pneumatic appliance half arm	-	-	Х	-	-	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	nese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Х	-	Х	_	X	-
	Segmental pneumatic appliance for use with pneumatic compressor, chest	X		X	-	X	-
	Pneumatic appliance full leg	-	X	X	-	-	X
	Pneumatic appliance full arm	-	-	X	_	- 1	-
	Pneumatic appliance half leg		_	X	_	- 1	_
	Seg pneumatic appl full leg	-	_	X	_	- 1	-
	Seg pneumatic appl full arm		_	X	_	- 1	_
	Seg pneumatic appli half leg		_	X	_		-
	Segmental pneumatic appliance for use with pneumatic compressor, half		_	X	_	- 1	_
	Pressure pneum appl full leg		_	X	_		-
	Pressure pneum appl full arm		-	X	-	- 1	_
	Pressure pneum appl half leg		_	X	_	- 1	_
	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	-	_	X	-	-	-
	Non pneum seq comp trunk		Х	-	Х	- 1	Х
	Nonpneumatic sequential compression garment, full leg	Х	-	Х	-	Х	-
	Nonpneumatic sequential compression garment, half leg	X	_	X	_	X	-
	Nonpneumatic compression controller without calibrated gradient pressure	X	-	X	-	X	-
	Non-pneumatic, non-sequential, peristaltic wave compression pump	X	-	X	-	X	-
	Safety equipment, device or accessory, any type	X	-	X	-	X	-
	Transfer board or device, any type, each	X	-	X	-	X	-
	Restraints any type	X	-	X	-	X	-
	Ue enclosure restr rom	Х	-	Х	-	Х	-
-	Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	X	-	X	-	X	-
	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises	Х	-	X	-	X	-
E0720	Tens two lead		-	Х	-	- 1	-
	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	X		X	-	X	-
	Tens four lead	-	-	X	-	-	-
	Cranial electrotherapy stimulation (CES) system, any type	X	-	X	-	X	
	Transcutaneous electrical nerve stimulator for electrical stimulation of the trigeminal nerve	-	-	X	-		-
	External upper limb tremor stimulator of the peripheral nerves of the wrist	X	-	X	-	X	-
	Noninvasive vagus nerve stimulator	X	-	X	-	X	-
	Transcutaneous tibial nerve stimulator	-	-	X	-	-	-
	Transcutaneous tibial nerve stimulator, controlled by phone application	X	-	X	-	X	-
	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-						
_0,00	education, include microprocessor, all components and accessories	Х	-	Х	-	Х	-
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	t coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the Pharmacy lin *Plan coverage limited to A	nk option within the website. CA 10 essential health benefits.						
E0740 Incontinent		Х	-	Х	-	Х	-
	wer extremity nerve stimulator for restless legs syndrome, each	X		X	-	X	
E0744 Neuromus		X	-	X	-	X	-
	cular stim for shock	X		X		X	_
E0746 Electromy	ograph biofeedback	X	-	X	-	X	-
E0747 Elec osteo		-	X	-	X	~	X
E0748 Elec osteo		-	X	-	X	-	X
	gen stim implanted	-	X	-	X		X
E0760 Osteogen			X	_	X	_	X
	al pulsed high frequency radiowaves, high peak power electromagneticenergy	-	Λ	-	Λ	-	Λ
treatment		Х	-	Х	-	Х	-
	neous electrical joint stimulation device system, includes all accessories	Х		Х		Х	
	neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with	^	-	^	-	^	-
	control, used for	Х	-	Х	-	Х	-
E0765 Nerve stim		Х		Х		Х	
	I, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field	^	-	^	-	^	-
	cancer treatment, includes all accessories	Х	-	Х	-	Х	-
	electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any						
		Х	-	Х	-	Х	-
	olete system, n able infusion pump		V		V		v
E0784 Ext amb in		-	X X	-	X	-	X
	e pump replacement	-	X	-	X X	-	X X
E0787 Cgs dose a		X		X		_	^
E0791 Parenteral		~	x	~	- X	Х	- X
E0849 Cervical pr		X		X		X	
E0850 Traction st		X	-	X	-	X	-
E0855 Cervical tra		X	-	X	-	X	-
	action equipment	X	-	X	-	X	-
			-		-		-
E0860 Tract equip E0880 Trac stand		X X	-	X X	-	X X	-
			-		-		-
E0900 Trac stand		Х	-	X	-	Х	-
E0910 Trapeze ba		-	-	Х	-	-	-
	ar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed,	-	-	Х	-	-	-
with grab b		ļ				┨────┤	
	ar, heavy duty, for patient weight capacity greater than 250 pounds, free stadning,	-	-	Х	-	-	-
	vith grab bar					↓	
E0920 Fracture fra		-	-	X	-	-	-
E0930 Fracture fra	ame tree standing	-	-	Х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Trapeze bar free standing	-	-	Х	-	- 1	-
	Gravity assisted traction de	Х	-	X	-	Х	-
	Fracture frame dual w cross	-	-	X	-	-	-
	Fracture frame attachmnts pe	-	-	X	-	-	-
	Fracture frame attachmnts ce	-	-	X	-	-	-
	Loop heel	-	-	X	-	-	-
	Loop tie	-	-	X	-	-	-
	Wheelchair commode seat	Х	-	X	-	Х	-
	Manual wheelchair accessory, push-rim activated power assist, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	X	-	X	-	X
	Wheelchair accessory, power seating system, tilt only	-	X	-	X	-	X
	Wheelchair accessory, power seating system, recline only, without shear	-	X	-	X	-	X
	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	X	-	X	-	X
	Wheelchair accessory, power seatng system, recline only, with power shear	-	Х	-	Х	-	Х
E1006							
	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	-	Х	-	Х	-	Х
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear						
	reduction	-	Х	-	Х	-	Х
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear		× ×		Ň		X
	reduction	-	Х	-	Х	-	Х
E1022	Wheelchair transportation securement system, any type includes all components and						
	accessories	Х	-	Х	-	Х	-
E1022		V		v		Х	
	Wheelchair transit securement system, includes all components and accessories	Х	-	Х	-	~	-
	Wheelchair accessory, ventilator tray, fixed	-	X	-	X	-	X
	Wheelchair accessory, ventilator tray, gimbaled	-	Х	-	Х	-	Х
	Rollabout chair with casters	Х	-	Х	-	Х	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient	Х	-	Х	-	Х	-
E 4000	weight capacity up to an					↓	
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver,	Х	-	Х	-	х	-
E 4000	patient weight capaci	V		V		N N	
	Transport chair pt wt>300lb	Х	- V	Х	- V	Х	-
	Whelchr fxd full length arms	-	X	-	X	-	<u>X</u>
	Wheelchair detachable arms	-	X	-	X	-	<u>X</u>
	Wheelchair detachable foot r	-	X	-	X	-	X
	Hemi-wheelchair fixed arms	-	X	-	X	-	<u>X</u>
	Hemi-wheelchair detachable a	-	X	-	X	-	X
E1085	Hemi-wheelchair fixed arms	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

	La	rge Employer	Individ	ual Benchmark*	Small Em	oloyer and Individual
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Addition	ally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.						
E1086 Hemi-wheelchair detachable a		Х	-	Х	- 1	Х
E1087 Wheelchair lightwt fixed arm		X	-	X	-	X X
E1007 Wheelchair lightweight det a		X	-	X		X X
E1089 Wheelchair lightwt fixed arm		X	_	X		X X
E1009 Wheelchair lightweight det a		X	-	X		X X
E1092 Wheelchair wide w/ leg rests	-	X	-	X	-	X X
E1092 Wheelchair wide w/ log lesis	-	X	-	X	-	X
E1100 Where s-reel fxd arm leg res		X	-	X		X X
E1110 Wheelchair semi-recl detach		X	-	X		× ×
E1130 Whichr stand fxd arm ft rest	<u> </u>	X	-	X	+ - +	× ×
E1140 Wheelchair standard detach a		X	-	X	-	× × ×
E1140 Wheelchair standard w/ leg r		X	-	X	-	× ×
E1160 Wheelchair fixed arms	-	X	-	X	-	× ×
E1100 Wheelchain fixed arms E1161 Manual adult size wheelchair, includes tilt in space		X	-	X	-	× X
E1170 Which rampu fxd arm leg rest	-	X	-	X	-	X
E1171 Wheelchair amputee w/o leg r	-	X		X	-	X
E1172 Wheelchair amputee detach ar	-	X	-	X	-	× X
E1172 Wheelchair amputee detach af	-	X	-	X	-	× X
E1180 Wheelchair amputee w/ log re	-	X	-	X	-	X X
			-		-	
E1195 Wheelchair amputee heavy dut E1200 Wheelchair amputee fixed arm	-	X X	-	X X	-	X X
E1200 Wheelchair amputee fixed ann E1220 Whichr special size/constrc	-		-		-	
E 1220 Which special size/constrc E1221 Wheelchair spec size w foot	-	X	-	X	-	<u>X</u>
	-	X	-	X	-	X
E1222 Wheelchair spec size w/ leg E1223 Wheelchair spec size w foot	-	X	-	X	-	X
E1223 Wheelchair spec size w loot	-	X	-	X	-	<u>X</u>
l e	-	X	-	X	-	<u>X</u>
E1225 Wheelchair spec sz semi-recl	-	X	-	X	-	<u>X</u>
E1226 Wheelchair spec sz full-recl	-	X	-	X	-	X
E1227 Wheelchair spec sz spec ht a		X	-	X	-	<u>X</u>
E1228 Wheelchair spec sz spec ht b		X	-	X	-	<u>X</u>
E1229 Pediatric wheelchair nos	-	Х	-	Х	-	Х
E1230 Power operated vehicle	X	-	Х	-	Х	-
E1231 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem		X	-	X	-	<u>X</u>
E1232 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem	-	X	-	X	-	X
E1233 Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem	-	X	-	X	-	X
E1234 Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem		Х	-	Х	-	Х
E1235 Wheelchair, pediatric size, rigid, adjustable, with seating system	-	Х	-	Х	-	Х
E1236 Wheelchair, pediatric size, folding, adjustable, with seating system	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to *Plan cover	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Wheelchair, pediatric size, rigid, adjustable, without seating system	-	Х	-	Х	<u> </u>	Х
	Wheelchair, pediatric size, folding, adjustable, without seating system	_	X	-	X	_	X X
	Ped power wheelchair nos	_	X	_	X		X X
	Whchr litwt det arm leg rest	_	X	-	X	<u> </u>	X X
	Wheelchair lightwt fixed arm	_	X	_	X	<u> </u>	X X
	Wheelchair lightwt foot rest	_	X	_	X	<u> </u>	X
	Wheelchair lightweight leg r	_	X	_	X	<u> </u>	X X
	Whchr h-duty det arm leg res	_	X	_	X	<u> </u>	X
	Wheelchair heavy duty fixed	_	X	_	X	<u> </u>	X X
	Wheelchair hvy duty detach a	_	X	-	X	<u> </u>	X X
E1200	Wheelchair heavy duty fixed	_	X	_	X	<u> </u>	X X
	Wheelchair special seat heig	_	X	_	X	<u> </u>	X X
	Wheelchair special seat dept	_	X	_	X	<u> </u>	X X
	Wheelchair spec seat depth/w	_	X	-	X	<u> </u>	X
	Whirlpool portable	Х	-	Х	-	Х	-
	Whirlpool non-portable	X	-	X	-	X	-
	Oxygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only, each	X	-	X	-	X	-
F1392	Portable oxygen concentrator, rental (Auth only when purchased)	-	Х	-	Х	-	Х
	Heparin infusion pump for di	-	X	-	X	- 1	X
	Air bubble detector for dial	-	X	-	X	-	X
	Pressure alarm for dialysis	-	X	-	X	- 1	X
	Bath conductivity meter	-	Х	-	Х	-	Х
E1570	Adjustable chair for esrd pt	Х	-	Х	-	Х	-
	Auto interm peritoneal dialy	-	Х	-	Х	- 1	Х
E1594	Cycler dialysis machine	-	Х	-	Х	- 1	Х
	Blood pump for dialysis	-	Х	-	Х	- 1	Х
	Water softening system	Х	-	Х	-	Х	-
	Reciprocating peritoneal dia	-	Х	-	Х	- 1	Х
	Scale, for dialysis, each	Х	-	Х	-	Х	-
E1700	Jaw motion rehab system	Х	-	Х	-	Х	-
	Repl cushions for jaw motion	Х	-	Х	-	Х	-
	Repl measr scales jaw motion	Х	-	Х	-	Х	-
	Adjust elbow ext/flex device	-	-	X	-	-	-
	Bi-directional static progressive stretch elbow device with range of motion adjustment, includes cuffs	-	-	х	-	-	-
E1802	Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial	-	-	Х	-	- 1	-
	Adjust wrist ext/flex device	-	-	X	-	- 1	-

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

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



As of: 06/17/25

	Lai	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
E1806 Bi-directional static progressive stretch wrist device with range of motion adjustment, includes cuffs	-	-	х	-	-	-
E1810 Adjust knee ext/flex device	-	-	Х	-	-	-
E1811 Bi-directional progressive stretch knee device with range of motion adjustment, includes cuffs	-	-	х	-	-	-
E1812 Dynamic knee, extension/flexion device with active resistance control	-	-	Х	-	-	-
E1815 Adjust ankle ext/flex device	-	-	Х	-	-	-
E1816 Bi-directional static progressive stretch ankle device with range of motion adjustment, includes cuffs	-	-	х	-	-	-
E1818 Bi-directional static progressive stretch forearm pronation/supination device with range of motion adjustment, includes	-	-	х	-	-	-
E1820 Soft interface material	-	-	Х	-	-	-
E1821 Replacement soft interface material/cuffs for bi-directional static progressive stretch device	-	-	Х	-	-	-
E1825 Sadjust finger ext/flex devc	-	-	Х	-	-	-
E1830 Adjust toe ext/flex device	-	-	Х	-	-	-
E1831 Static str toe dev ext/flex	-	-	Х	-	-	-
E1840 Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	-	х	-	-	-
E1841 Static str shldr dev rom adj	-	-	Х	-	-	-
E1905 Vr cbt therapy	Х	-	X	-	Х	-
E2100 Blood glucose monitor with integrated voice synthesizer	X	-	X	-	X	-
E2101 Blood glucose monitor with integrated lancing/blood sample	-	-	Х	-	-	-
E2102 Adjunctive continuous glucose monitor or receiver	-	Х	-	Х	-	Х
E2103 Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	Х	-	Х	-	Х
E2104 Home blood glucose monitor for use with integrated lancing/blood sample testing cartridge	-	-	Х	-	-	-
E2201 Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.	-	Х	-	Х	-	Х
E2202 Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	-	Х
E2203 Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.	-	X	-	X	-	X
E2204 Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	-	Х	-	Х	-	Х
E2205 Manual wc accessory, handrim	-	Х	-	Х	-	Х
E2206 Complete wheel lock assembly	-	Х	-	Х	-	Х
E2207 Wheelchair accessory, crutch and cane holder, each	-	Х	-	Х	-	Х
E2208 Wheelchair accessory, cylinder tank carrier, each	-	Х	-	Х	-	Х
E2209 Wheelchair accessory, arm trough, each	-	Х	-	Х	-	Х
E2210 Wheelchair accessory, bearings, any type, replacement only, each	-	Х	-	Х	-	Х
E2211 Manual wheelchair accessory, pneumatic propulsion tire, any size, each	-	Х	-	Х	-	Х
E2212 Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any						
	size, each	-	Х	-	Х	-	Х
E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, foam filled propulsion tire, any size, each	-	X	-	X	-	X
	Manual wheelchair accessory, foam filled caster tire, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, foam propulsion tire, any size, each	-	X	-	X	-	X
	Manual wheelchair accessory, foam caster tire, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	-	X	-	X	-	X
2221							
	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size,						
	each	-	Х	-	Х	-	Х
E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	-	Х	-	Х	-	Х
E2225							
	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, caster fork, any size, replacement only, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, gear reduction drive wheel, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, wheel braking system and lock, complete, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, manual standing system	-	Х	-	Х	-	Х
	Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type						
	mounting hardware	-	Х	-	Х	-	Х
E2291	Planar back for ped size wc	-	Х	-	Х	-	Х
	Planar seat for ped size wc	-	Х	-	Х	-	Х
2293	Contour back for ped size wc	-	Х	-	Х	-	Х
2294	Contour seat for ped size wc	-	Х	-	Х	-	Х
	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows						
	coordinated movement of multi	-	Х	-	Х	-	Х
E2300	Power wheelchair accessory, power seat elevation system	Х	-	Х	-	Х	-
	Power wheelchair accessory, power standing system	X	-	X	-	X	-
	Power wheelchair accessory, electronic connection between wheelchair controller	Х	-	Х	-	Х	-
	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick,				X		
	proportional, including f	-	-	-	Х	-	-
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all						N/
	fasteners, connectors and mounti	-	Х	-	Х	-	Х
2321	Power wheelchair accessory, hand control interface, remote joystick,	-	Х	-	Х	- 1	Х
	Power wheelchair accessory, hand control interface, multiple mechanical switches	-	X	-	X	-	X
	Power wheelchair accessory, specialty joystick handle for hand control	-	X	-	X		X

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

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



As of: 06/17/25

9	i catti	Lai	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
E2324	Power wheelchair accessory, chin cup for chin control interface	-	Х	-	Х	-	Х
E2325	Power wheelchair accessory, sip and puff interface, nonproportional	-	Х	-	Х	-	Х
E2326	Power wheelchair accessory, breath tube kit for sip and puff interface	-	Х	-	Х	-	Х
E2327	Power wheelchair accessory, head control interface, mechanical, proportional	-	Х	-	Х	-	Х
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	-	х	-	х	-	Х
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	Х	-	Х	-	Х
	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	х	-	Х	-	Х
	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	х	-	х	-	Х
E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Х	-	Х	-	Х
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	-	Х
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	Х	-	Х	-	Х
E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	Х	-	Х	-	Х
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	Х	-	Х	-	Х	-
E2358	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	-	Х	Х	-	-	Х
E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)	-	х	х	-	-	Х
E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each	-	Х	Х	-	-	Х
E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each	-	Х	Х	-	-	Х
E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	-	Х	Х	-	-	Х
E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each	-	Х	Х	-	-	Х
E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	-	Х	Х	-	-	Х
E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each	-	Х	Х	-	-	Х
E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	-	Х	х	-	-	Х
E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type	-	Х	Х	-	-	Х
E2368	Power wc motor replacement	-	Х	-	Х	-	Х
	Pwr wc gear box replacement	-	Х	-	Х	-	Х
E2370	Pwr wc motor/gear box combo	-	Х	-	Х	-	Х
E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	х	х	-	-	Х
E2372	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	-	Х	Х	-	-	Х
E2373	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o	-	х	-	х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Descrete within the updated restricts.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Power wheelchair accessory, hand or chin control interface, standard remote joystick (not						
	including controller), proport	-	Х	-	Х	-	Х
E2375	Power wheelchair accessory, non-expandable controller, including all related electronics and		V		V		V
	mounting hardware, replacem	-	Х	-	Х	-	Х
E2376	Power wheelchair accessory, expandable controller, including all related electronics and		х	-	х	_	х
	mounting hardware, replacement	-	^	-	^	-	^
E2377	Power wheelchair accessory, expandable controller, including all related electronics and		х	-	х	_	х
	mounting hardware, upgrade prov	-	^	-	~	-	Λ
E2381		_	х	_	х	_	х
	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	^	-	~	-	Α
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only,	_	х	-	х	_	х
	each	_	~	_	~	_	Х
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any	_	х	_	х	_	Х
	size, replacement only, eac						
	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2385		-	х	_	х	-	Х
	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each		~		~~		**
E2386		-	х	-	х	-	Х
	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each						
	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	-	X	-	X	-	<u>X</u>
	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	-	X	-	X	-	<u>X</u>
	Power wheelchair accessory, foam caster tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
F2391	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement					1	
	only, each	-	Х	-	Х	-	Х
E2392	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size,						
	replacement only, each	-	Х	-	Х	-	Х
E2394	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2395							
	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2396	Power wheelchair accessory, caster fork, any size, replacement only, each	-	Х	-	Х	-	Х
E2397	Power wheelchair accessory, lithium-based battery, each	-	-	Х	-	-	-
E2402	Negative pressure wound therapy electrical pump, stationary or portable	-	Х	-	Х	-	Х
E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	Х	-	Х	-	Х	-
	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Х	-	Х	-	Х	-
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Х	-	Х	-	Х	-
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	dual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Speech generating device, synthesized speech, requiring message formulation by spelling	Х	_	Х	-	Х	-
	Speech generating device, synthesized speech, permitting multiple methods	~	-	X		~	
	Speech generating software program, for personal computer or personal digital assistant	X	-	X	-	X	
	Accessory for speech generating device, mounting system	X		X	_	X	-
	Accessory for speech generating device, electromyographic sensor	X	-	X		X	
	Accessory for speech generating device, not otherwise classified	~		X	_	-	
	Gen w/c cushion wdth < 22 in		X	-	X	-	X
	Gen w/c cushion wdth >=22 in	-	X	-	X		X
	Skin protect wc cus wd <22in	-	X	-	X	-	X
	Skin protect we cus wd <22in Skin protect wc cus wd>=22in	-	X	-	X	-	× ×
	Position we cush wdth <22 in	-	X	-	X	-	X
	Position we cush wdth <22 in	-	X		X	-	X
	Skin pro/pos wc cus wd <22in	-	X	-	X	-	X
		-		-		-	
	Skin pro/pos wc cus wd>=22in Custom fabricate w/c cushion	-	X	-	X	-	<u> </u>
		-	X	-	X	-	<u>X</u>
	Powered w/c cushion	-	X	-	X	-	<u>X</u>
	Gen use back cush wdth <22in	-	X	-	X	-	<u>X</u>
	Gen use back cush wdth>=22in	-	X	-	X	-	<u>X</u>
	Position back cush wd <22in	-	X	-	X	-	<u>X</u>
	Position back cush wd>=22in	-	X	-	X	-	<u>X</u>
	Pos back post/lat wdth <22in	-	X	-	X	-	<u>X</u>
	Pos back post/lat wdth>=22in	-	X	-	X	-	X
	Custom fab w/c back cushion	-	X	-	X	-	X
	Replace cover w/c seat cush	-	Х	-	Х	-	Х
	Wc planar back cush wd <22in	-	Х	-	Х	-	Х
	Wc planar back cush wd>=22in	-	Х	-	Х	-	Х
	Adj skin pro w/c cus wd<22in	-	Х	-	Х	-	Х
	Adj skin pro wc cus wd>=22in	-	Х	-	Х	-	Х
	Adj skin pro/pos cus<22in	-	Х	-	Х	<u> </u>	Х
	Adj skin pro/pos wc cus>=22	-	Х	-	Х	-	Х
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable	-	х	-	х	-	Х
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable rancho type	-	х	-	х	-	Х
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining	-	Х	-	Х	-	Х
	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)	-	х	-	х	-	Х

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

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



As of: 06/17/25

0		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support	-	Х	-	Х	-	Х
E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm	-	Х	-	Х	-	Х
E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control	-	Х	-	Х	-	Х
	Wheelchair accessory, addition to mobile arm support, supinator	-	Х	-	Х	-	Х
	Speech volume modulation system, any type, including all components and accessories	Х	-	Х	-	Х	-
	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	х	-	х	-	х	-
	Principal illness navigation services by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a patient navigator, 60 minutes per calendar month, in the following activities:	х	-	х	-	х	-
	Principal illness navigation services, additional 30 minutes per calendar month (list separately in addition to G0023)	х	-	х	-	х	-
G0027	Semen analysis	Х	-	Х	-	Х	-
G0028	Doc med rsn no scr tob	Х	-	Х	-	Х	-
G0029	No tob scr/cess int	Х	-	Х	-	Х	-
G0030	Pt scr tob & cess int	Х	-	Х	-	Х	-
	Pall serv during meas	Х	-	Х	-	Х	-
	2+ antipsy schiz	Х	-	Х	-	Х	-
	2+ benzo seiz	Х	-	Х	-	Х	-
G0034	Pall serv during meas	Х	-	Х	-	Х	-
	Pt ed pos 23	Х	-	Х	-	Х	-
	Pt/ptn decln assess	Х	-	Х	-	Х	-
	Pt not able to participate	Х	-	Х	-	Х	-
	Clin pt no ref	Х	-	Х	-	Х	-
	Pt no ref, rn spec	Х	-	Х	-	Х	-
	Pt phys/occ therapy	Х	-	Х	-	Х	-
	Pt/ptn decln referral	Х	-	Х	-	Х	-
	Ref to therapy	Х	-	Х	-	Х	-
	Pt mech pros ht valv	Х	-	Х	-	Х	-
	Pt mitral stenosis	Х	-	Х	-	Х	-
	Mrs 90 days post stk	Х	-	Х	-	Х	-
	No mrs 90 days post stk	Х	-	Х	-	X	-
	Ped blunt hd traum	Х	-	Х	-	Х	-
	Pall serv during meas	Х	-	X	-	X	-
G0049	Main hemo in-cntr	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	ne Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pt w/ Imted life expec	Х	-	Х	-	Х	_
	Pt hospice mnth	X	-	X		X	
	Pt peri dialysis dur mo	X	-	X	-	X	-
	Adv rheum pt care mvp	X	-	X		X	-
	Strk cr prev pos outcme mvp	X	-	X	_	X	-
	Adv care heart dx mvp	X		X	-	X	
	Best pct pt safety em mvp	X		X	-	X	-
	Imprv care le int repr mvp	X	-	X	-	X	
	Pt sfty pos exp w aneth mvp	X	-	X		X	
			-		-		-
	Allergy/immunology ss Anesthesiology ss	X	-	X	-	X	-
		X	-	X	-	X	-
	Audiology ss	X	-	X	-	X X	-
	Cardiology ss Cert nurse midwife ss	X	-	X	-		-
		X	-	X	-	X	-
	Chiropractic ss	X	-	X	-	X	-
	Clinical social work ss	X	-	X	-	Х	-
	Dentistry ss	Х	-	Х	-	Х	-
	Adm of infusion drug in home	-	Х	-	Х	-	Х
	Professional services for the administration of subcutaneous immunotherapy for each infusion	-	х	-	Х	_	Х
	drug administration calendar day in the individual's home, each 15 minutes						
	Professional services for the administration of chemotherapy for each infusion drug	_	х	-	х	-	Х
	administration calendar day in the individual's home, each 15 minutes						
	Comm svcs by rhc/fqhc 5 min	Х	-	Х	-	Х	-
	Care manag h vst new pt 20 m	Х	-	Х	-	Х	-
	Care manag h vst new pt 30 m	Х	-	Х	-	Х	-
	Care manag h vst new pt 45 m	Х	-	Х	-	Х	-
	Care manag h vst new pt 60 m	Х	-	Х	-	Х	-
	Care manag h vst new pt 75 m	Х	-	Х	-	Х	-
	Care man h v ext pt 20 mi	Х	-	Х	-	Х	-
	Care man h v ext pt 30 m	Х	-	Х	-	Х	-
	Care man h v ext pt 45 m	Х	-	Х	-	Х	-
	Care man h v ext pt 60 m	Х	-	Х	-	Х	-
	Care man h v ext pt 75 m	Х	-	Х	-	Х	-
	Care man home care plan 30 m	Х	-	Х	-	Х	-
	Care man home care plan 60 m	Х	-	Х	-	Х	-
	Adm iv drug 1st home visit	-	Х	-	Х	-	Х
	Adm subq drug 1st home visit	-	Х	-	Х	-	Х
G0128	Corf skilled nursing service	Х	_	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Emp	loyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	n regarding imn	nunizations, injectable dru	ugs, or specialty me	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Partial hosp prog service	_	X**	-	X**	-	X**
	Single energy x-ray study	Х	-	Х	-	Х	-
	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	Х	-	X	-	x	-
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	-	х	-	Х	-	Х
G0140	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities:	х	-	х	-	х	-
	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	х	-	х	-	x	-
	Hhcp-serv of pt,ea 15 min	-	X**	-	X**	-	X**
	Hhcp-serv of ot,ea 15 min	-	X**	-	X**	-	X**
G0153	Hhcp-svs of s/l path,ea 15mn	-	X**	-	X**	-	X**
G0155	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	X**	-	X**	-	X**
G0156	Services of home health/hospice aide in home health or hospice settings, each 15 minutes	Х	-	х	-	х	-
G0157	Hhc pt assistant ea 15	Х	-	Х	-	Х	-
G0158	Hhc ot assistant ea 15	Х	-	Х	-	Х	-
G0159	Hhc pt maint ea 15 min	-	Х*	-	Х*	-	Х*
G0160	Hhc occup therapy ea 15	-	X*	-	Х*	-	Х*
G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m	-	Х*	-	Х*	-	Х*
	Hhc rn e&m plan svs, 15 min	-	Х*	-	Х*	-	Х*
	Opps service, sched team conf	Х	-	Х	-	Х	-
	Opps/php;activity therapy	Х	-	Х	-	Х	-
	Opps/php; train & educ serv	Х	-	Х	-	Х	-
	Md recertification hha patient	Х	-	Х	-	Х	-
	Md certification hha patient	Х	-	Х	-	Х	-
	Pet img wholebody melanoma nonco	Х	-	Х	-	Х	-
G0248	Demonstration, at initial use, of home inr monitoring for patient withmechanical heart valve(s) who meets medicare cover	-	-	х	-	-	-
G0249	Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med	-	-	х	-	-	-
G0250	Physician review, interpretation and patient management of home inr testing fora patient with mechanical heart valve(s)	-	-	х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
G0255	Current perception threshold/sensory nerve conduction test, (snct) per limb, any nerve	Х	-	Х	-	Х	-
	Placement of occlusive device into either a venous or arterial access site, post surgical or	v		v		v	
	interventional procedure (e.	Х	-	Х	-	Х	-
G0276	Pild/placebo control clin tr	Х	-	Х	-	Х	-
G0281	Electrical stimulation, (unattended), to one or more areas, for chronic stageiii and stage iv pressure ulcers, arterial	-	Х*	-	Х*	-	Х*
G0282	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in d0281	Х	-	х	-	х	-
G0283	Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p	-	Х*	-	Х*	-	Х*
G0293	Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin	Х	-	х	-	Х	-
G0294	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	Х	-	х	-	Х	-
G0295	Electromagnetic stimulation, to one or more areas	Х	-	Х	-	Х	-
	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	х	-	Х	-	Х
G0300	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х	-	Х
G0302	Pre-operative pulmonary surgery services for preparation for lvrs, complete	Х	-	Х	-	Х	-
G0303	Pre-operative pulmonary surgery services for preparation for lvrs, 10 to 15	Х	-	Х	-	Х	-
	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days	Х	-	Х	-	Х	-
	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	Х	-	Х	-	Х	-
G0308	180 d implant glucose sensor	Х	-	Х	-	Х	-
	Rem/inser glu sensor dif sit	Х	-	Х	-	Х	-
G0310	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	х	-	х	-	х	-
G0311	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 16-30 mins time (this code is used for medicaid billing purposes)	х	-	х	-	х	-
G0312	Immunization counseling by a physician or other qualify ed health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 5 to 15 mins time (this code is used for medicaid billing purposes)	х	-	х	-	х	-
G0313	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service for ages under 21, 16-30 mins time (this code is used for medicaid billing purposes)	х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 16-30 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	х	-	х	-	х	-
	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	х	-	х	-	х	-
G0321	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	Х	-	х	-	х	-
G0327	Colon ca scrn;bld-bsd biomrk	Х	-	Х	-	Х	-
	Therapy plan of care	Х	-	Х	-	Х	-
	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	x	-	х	-	х
	Hospice evaluation and counseling services, pre-election	-	Х	-	Х	-	Х
	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	X	х	-	-	X
G0340	Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo	-	х	х	-	-	Х
G0341	Percutaneous islet cell transplant, includes portal vein catherization and infusion	Х	-	Х	-	Х	-
	Laparascopy for iselt cell transplant, includes portal vein catherization and infusion	Х	-	Х	-	Х	-
G0343	Laparaotomy for iselt cell transplant, includes vein catherization and infusion	Х	-	Х	-	Х	-
G0398	Home sleep study test (hst) with type ii portable monitor, unattended, minimum of 7 channels: eeg, eog, emg, ecg/heart r	-	-	х	-	-	-
G0399	Home sleep study test (hst) with type iii portable monitor, unattended, minimum of 4 channels: 2 respiratory movement/ai	-	-	х	-	-	-
G0400	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	-	-	Х	-	-	-
	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon	Х	-	х	-	Х	-
	Social work and psychological services, directly relating to and/or furthering the patient's rehabilitation goals, each	-	х	-	х	-	Х
	Group psychotherapy other than of a multiple-family group, in a partial hospitalization setting, approximately 45 to 50	Х	-	х	-	Х	-
	Interactive group psychotherapy, in a partial hospitalization setting, approximately 45 to 50 minutes	Х	-	х	-	Х	-
	Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)	х	-	х	-	Х	-
G0438	Ppps, initial visit	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

Ū		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	Ppps, subseq visit	Х	-	Х	-	Х	-
	Development testing, with interpretation and report, per standardized instrument form	Х	-	Х	-	Х	-
	Physician documentation of face-to-face visit for durable medical equipment determination performed by nurse practitioner, physician assistant or clinical nurse specialist	х	-	х	-	х	-
	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	х	-	х	-	х	-
G0460	Autolog prp not diab ulcer	Х	-	Х	-	Х	-
G0465	Autolog prp diab wound ulcer	Х	-	Х	-	Х	-
G0468	Fqhc visit, ippe or awv	Х	-	Х	-	Х	-
G0490	Home visit rn, Ipn by rhc/fq	Х	-	Х	-	Х	-
G0493	Rn care ea 15 min hh/hospice	-	Х	-	Х	-	Х
G0494	Lpn care ea 15min hh/hospice	-	Х	-	Х	-	Х
G0495	Rn care train/edu in hh	-	Х	-	Х	-	Х
G0496	Lpn care train/edu in hh	-	Х	-	Х	-	Х
G0513	Prolong prev svcs, first 30m	Х	-	Х	-	Х	-
G0514	Prolong prev svcs, addl 30m	Х	-	Х	-	Х	-
G0516	Insert drug del implant, >4	Х	-	Х	-	Х	-
G0517	Remove drug implant	Х	-	Х	-	Х	-
	Remove w insert drug implant	Х	-	Х	-	Х	-
G0519	New pt-cg dyad dem low cmplx	Х	-	Х	-	Х	-
	New pt-cg dyad dem mod cmplx	Х	-	Х	-	Х	-
G0521	New pt-cg dyad dem hig cmplx	Х	-	Х	-	Х	-
G0522	Mgt nw pt dementia low cmplx	Х	-	Х	-	Х	-
G0523	Mgt nw pt dem mod-high cmplx	Х	-	Х	-	Х	-
G0524	Est pt-cg dyad dem low cmplx	Х	-	Х	-	Х	-
G0525	Est pt-cg dyad dem mod cmplx	Х	-	Х	-	Х	-
G0526	Est pt-cg dyad dem hig cmplx	Х	-	Х	-	Х	-
G0527	Mgt est pt dmentia low cmplx	Х	-	Х	-	Х	-
	Mgt est pt dem mod-hi cmplx	Х	-	Х	-	Х	-
G0529	In home respite care, 4 hr u	Х	-	Х	-	Х	-
	Adult daycare center, 8 hr u	Х	-	Х	-	Х	-
	Fclty-based respite, 24 hr u	Х	-	Х	-	Х	-
G0532	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)	х	-	х	-	х	-

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

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



As of: 06/17/25

			rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these tables are updated quarterly.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
G0533	Medication assisted treatment, buprenorphine (injectable) administered on a weekly basis;						
	weekly bundle including dispensing and/or administration, substance use counseling, individual	х		x		х	
	and group therapy, and toxicology testing if performed (provision of the services by a medicare-	~	-	^	-	^	-
	enrolled opioid treatment program)						
G0534	Coordinated care and/or referral services, such as to adequate and accessible community						
	resources to address unmet health-related social needs, including harm reduction interventions						
	and recovery support services a patient needs and wishes to pursue, which significantly limit the	Х	-	Х	-	х	-
	ability to diagnose or treat an opioid use disorder; each additional 30 minutes of services						
	(provision of the services by a medicare-enrolled opioid treatment program); (list separately in						
20535	addition to each primary code) Patient navigational services, provided directly or by referral; including helping the patient to						
	navigate health systems and identify care providers and supportive services, to build patient self-						
	advocacy and communication skills with care providers, and to promote patient-driven action						
	plans and goals; each additional 30 minutes of services (provision of the services by a medicare-	Х	-	Х	-	Х	-
	enrolled opioid treatment program); (list separately in addition to each primary code)						
G0536	Peer recovery support services, provided directly or by referral; including leveraging knowledge						
	of the condition or lived experience to provide support, mentorship, or inspiration to meet oud						
	treatment and recovery goals; conducting a person-centered interview to understand the						
	patient's life story, strengths, needs, goals, preferences, and desired outcomes; developing and	Х	-	х	-	х	-
	proposing strategies to help meet person-centered treatment goals; assisting the patient in						
	locating or navigating recovery support services; each additional 30 minutes of services						
	(provision of the services by a medicare-enrolled opioid treatment program); (list separately in						
20556	addition to each primary code) ADV PRIM CARE MGMT LVL 1	Х	-	х	-	Х	-
	ADV PRIM CARE MGMT LVL 2	X X	_	X		X	
	ADV PRIM CARE MGMT LVL 3	X	-	X	-	X	-
	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	-	Х	Х	-	-	Х
	more lesions, entire course not to exceed 5 fractions						
G0566	3d radiodensity-value bone imaging, algorithm derived, from previous magnetic resonance	V		V		V	
	examination of the same anatomy	Х	-	X	-	Х	-
G0913	Improvement in visual function achieved within 90 days following cataract surgery	Х	-	Х	-	Х	-
G0914	patient care survey was not completed by patient	Х	-	Х	-	Х	-
	Improvement in visual function not achieved within 90 days following cataract surgery	Х	-	Х	-	Х	-
	Satisfaction with care achieved within 90 days following cataract surgery	Х	-	Х	-	Х	-
G0917	Patient satisfaction survey was not completed by patient	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	vary by plan type and may not follow the listed services. These codes are updated quarterly. Ac	ditionally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to the Pharmacy link option within th Plan coverage limited to ACA 10 essential h							
	not achieved within 90 days following cataract surgery	Х	-	Х	-	Х	-
G1001 Cdsm evicore		X	_	X	-	X	_
G1002 Cdsm medcurrent		X	-	X	-	X	-
G1003 Cdsm medicalis		X	_	X	-	X	-
G1004 Cdsm ndsc		X	_	X	-	X	-
G1007 Cdsm aim		X	-	X	-	X	-
G1008 Cdsm cranberry pk		X	_	X	-	X	-
G1010 Cdsm stanson		X		X	-	X	-
G1011 Cdsm qualified nos		X	-	X	-	X	-
G1012 Cdsm agilemd		X		X	-	X	-
G1013 Cdsm evidencecare		X	-	X	-	X	-
G1014 Cdsm inveniga		X	_	X		X	
G1015 Cdsm reliant		X	-	X		X	-
G1016 Cdsm speed of care		X		X	-	X	-
G1017 Cdsm healthhelp		X	-	X		X	-
G1018 Cdsm infinx		X	_	X	-	X	-
G1019 Cdsm logicnets		X	-	X		X	-
G1020 Cdsm curbside		X	-	X		X	-
G1021 Cdsm ehealthline		X	-	X		X	
G1022 Cdsm intermountain		X	-	X		X	
G1022 Cdsm niterniountain G1023 Cdsm persivia		X	-	X		X	
G1023 Cdsm persiva		X	-	X	-	X	-
G1025 Pt mnth 1 mcp prov		X		X	_	X	
G1026 Pt hemo > 3mo		X	-	X	-	X	-
G1027 Pt hemo < 3mo		×	-	X		X	
G1027 Take home supply 8m	a por 0.1	X	-	X	-	X	-
G2001 Post d/c h vst new pt 2		×		X	-	X	
G2001 Post d/c h vst new pt 3		×	-	X	-	X	-
G2002 Post-d/c h vst new pt 4		× X	-	X		X	-
G2003 Post-d/c h vst new pt 6		×	-	X	-	X	-
G2004 Post-d/c h vst new pt 7		X X	-	X	-	X	-
G2005 Post-d/c h vst new pt /		X X	-	X	-	X	-
G2006 Post-d/c h vst ext pt 30		X X	-	X	-	X	-
G2007 Post-d/c h vst ext pt 30		X	-	X	-	X	-
G2008 Post-d/c h vst ext pt 48			-		-		-
		X	-	X	-	X X	-
G2013 Post-d/c h vst ext pt 75		X	-	X	-		-
G2014 Post-d/c care plan ove		X	-	X	-	X	-
G2015 Post-d/c care plan ove	ers oum	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

0	noutri	La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	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)	х	-	х	-	х	-
	Hea care pract tx in place	Х	-	Х	-	Х	-
	Benef refuses service, mod	Х	-	Х	-	Х	-
	Dis site tele svcs rhc/fqhc	Х	-	Х	-	Х	-
	Pt 66+ snp or ltc pos > 90d	Х	-	Х	-	Х	-
G2082	Visit esketamine 56m or less	Х	-	Х	-	Х	-
	Visit esketamine, > 56m	Х	-	Х	-	Х	-
	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
	Ace arb arni	Х	-	Х	-	Х	-
G2093	Med doc rsn no ace arn arni	Х	-	Х	-	Х	-
	Pt rsn no ace arn arni	Х	-	Х	-	Х	-
G2095	Sys rsn no ace arn arni	Х	-	Х	-	Х	-
	No rsn ace arb arni	Х	-	Х	-	Х	-
G2097	Child dx uri 3d of other dx	Х	-	Х	-	Х	-
	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
G2099	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
G2101	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
	Pt 66+ It ints > 90	Х	-	Х	-	Х	-
G2106	Pt 66+ It ints > 90	Х	-	Х	-	Х	-
G2107	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
G2112	Pred<=5 mg ra glu <6m	Х	-	Х	-	Х	-
	Pred>5 mg >6m, no chg da	Х	-	Х	-	Х	-
G2115	Pt 66+ frailty and med dem	Х	-	Х	-	Х	-
	Pt 66+ frailty and adv ill	Х	-	Х	-	Х	-
G2118	Pt 81+ frailty	Х	-	Х	-	Х	-
	Psy dep anx ap and icd asse	Х	-	Х	-	Х	-
	Psy/dep/anx/apandicd noasse	Х	-	Х	-	Х	-
	Pt 81+ frailty	Х	-	Х	-	Х	-
	Pt 66+ frailty adv ill	Х	-	Х	-	Х	-
G2127	Pt 66+ frailty med dem	Х	-	Х	-	Х	-
G2128	No aspirin med rsn	Х	-	Х	-	Х	-
G2129	No bp outpt	Х	-	Х	-	Х	-
	Bk pain vas 6-20wk = 3	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Bk pain vas 6-20wk > 3	Х	-	Х	-	Х	-
	Bk pain vas 9-15mo = 3	X	-	X	-	X	
	Bk pain vas 9-20mo > 3	X	-	X	_	X	-
	Leg pain vas 6-20wk = 3	X	-	X		X	-
G2140	Leg pain vas 6-20wk > 3	X	-	X		X	
	Fs odi 9-15mo postop<= 22	X	-	X		X	
	Fs odi 9-15mo > 22	X		X		X	
	Fs odi 6-20wk postop > 22	X	-	X	_	X	_
	Fsodi 6-20wk >22 or chg 30pt	X	-	X	-	X	
	Leg pain vas 9-15mo <= 3	X	-	X	-	X	_
G2140	Leg pain vas $9-15$ mo > 3	X	-	X	-	X	-
	Mpm used	X	-	X		X	
	No mpm med rsn	X	-	X	-	X	
	No mpm	X	-	X	_	X	-
	Dx degen neuro	X	-	X	-	X	
	Res change sc =0	X	-	X	_	X	
	Res change sc < 0	X	-	X	_	X	
	Svs by pt in home health	X	-	X	_	X	
	Svs by ot in home health	X	-	X		X	_
	All inclusive payment for services related to highly coordinated and integrated opioid use		-		-		
	disorder (oud) treatment services furnished for the demonstration project	Х	-	Х	-	Х	-
	Uri w comorb 12m oth dx	Х	-	Х	-	Х	-
	Uri new rx antibiotic 30d	X	-	X		X	-
	Pt comorb dx 12m of epi	X	-	X	-	X	-
	Outpt ed obs w inpt admit	X	-	X	_	X	_
	Bronch w rx antibx 30d	X	-	X	-	X	-
-	Pt not elig low neuro ex	X	-	X	_	X	-
	Med doc rsn no low ex	X	-	X	-	X	-
	Inelig footwr eval	X	-	X	-	X	-
	Bmi not doc medrsn ptref	X		X	-	X	-
	Pt 1st biolog antirheum	X	-	X	_	X	_
	Doc pt unable comm	X	-	X	-	X	
	No caregiver	X	-	X	_	X	_
	Caregiver dem trained	X		X	-	X	
	Pt ref app rsrcs	X	-	X	_	X	_
	Clin ind img hd trauma	X	-	X	-	X	-
	Pt 50 yrs w/clin ind hd	X	-	X	-	X	
	Img hd abnml neuro exam	X	-	X	-	X	-
		^	-	^	-	^	=

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	erage may vary by plan type and may not follow the listed services. These codes are updated q	uarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to the Pharmacy link opti *Plan coverage limited to ACA 10							
G2190 Ind img hd rad		Х	_	Х	-	X	-
G2191 Ind img hd pos		X		X		X	
G2192 >55 yrs temp h		X	-	X	-	X	-
G2193 <6yr new onse		X		X	-	X	-
G2194 New hdache p		X X	-	X	-	X	-
G2195 Occip hdache		X		X		X	-
G2196 Screen unhithy		X		X	-	X	-
G2197 Screen hlthy e		X		X	-	X	-
G2198 Med rsn no un		X	-	X		X	-
G2199 Not scrn etoh		X		X		X	-
G2200 Unhlthy etoh ro		<u>х</u>		X		X	
G2201 Med rsn no bri		X		X		X	-
G2202 No rsn no brief		X	-	X	-	X	
G2202 Med rsn no etc		X		X		X	
G2204 Pt 50-85 w/ sc		X	-	X		X	
G2205 Preg drng adjv		X	-	X	-	X	
G2206 Adjv trtmt cher		X	-	X		X	-
G2207 Rsn no trtmt ch		X	-	X		X	-
G2208 No trtmt chemo		^ X	-	X		X	
G2209 Refused to par		X	-	X		X	
G2210 No neck fs pro		X	-	X	-	X	-
G2215 Home supply r		<u>х</u>	-	X	-	X	
G2216 Home supply i		X	-	X		X	
G4000 Dermatology s		X	-	X		X	-
G4000 Dermatology s G4001 Diagnostic rad		X	-	X		X	
G4001 Diagnostic rad	55	X	-	X		X	-
G4002 Ep cardio ss G4003 Emergency me		X		X		X	
G4003 Endocrinology		X	-	X		X	-
G4004 Endocrinology G4005 Family medicir		X	_	X		X	_
G4005 Failing medicin G4006 Gastroenterolo		<u>х</u>	-	X	-	X	-
G4006 Gastroenteroid G4007 General surge			-		-		-
G4007 General surge G4008 Geriatrics ss	19 55	X	-	X	-	X X	-
		X	-	X	-		-
G4009 Hospitalists ss G4010 Infectious dise		X	-	X	-	X	-
		X	-	X	-	X	-
G4011 Internal medici		X	-	X	-	X	-
G4012 Interventional		X	-	X	-	X	-
G4013 Mentl/behav h		<u>X</u>	-	X	-	X	-
G4014 Nephrology ss		Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes ne Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
G4015	Neurology ss	Х	-	Х	-	Х	-
	Neurosurgical ss	Х	-	Х	-	Х	-
	Nutrition/dietician ss	Х	-	Х	-	Х	-
G4018	Ob/gyn ss	Х	-	Х	-	Х	-
	Oncology/hema ss	Х	-	Х	-	Х	-
	Ophthalmology ss	Х	-	Х	-	Х	-
	Orthopedic surgery ss	Х	-	Х	-	Х	-
	Otolaryngology ss	Х	-	Х	-	Х	-
	Pathology ss	X	-	Х	-	X	-
	Pediatric ss	Х	-	Х	-	Х	-
	Physical medicine ss	X	-	X	-	X	-
	Phys/occ therapy ss	Х	-	Х	-	Х	-
	Plastic surgery ss	X	-	Х	-	X	-
	Podiatry ss	Х	-	X	-	X	-
	Preventive medicine ss	X	-	X	-	X	-
	Pulmonology ss	X	-	Х	-	X	-
	Radiation oncology ss	X	-	X	-	X	-
	Rheumatology ss	X	-	X	-	X	-
	Skilled nursing facility ss	X	-	X	-	X	-
	Speech language path ss	X	-	X	-	X	-
	Thoracic surgery ss	X	-	X	-	X	-
	Urgent care ss	X	-	X	-	X	-
	Urology ss	X	-	X	-	X	-
	Vascular surgery ss	X	-	X	-	X	-
	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed						
	left ventricular systoli	Х	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) not performed or documented	Х	_	Х	_	Х	-
	Dilated macular or fundus exam performed, including documentation of the presence or absence						
	of macular edema and level	Х	-	Х	-	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or	_		_			
	pharmacologic therapy (othe	Х	-	Х	-	Х	-
	Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not						
	ordered or pharmacologic thera	Х	-	Х	-	Х	-
	Lower extremity neurological exam performed and documented	Х	-	Х	-	Х	-
	Lower extremity neurological exam not performed	X		X	-	X	-
	Footwear evaluation performed and documented	X	-	X	-	X	-
	Footwear evaluation was not performed	X	_	X	_	X	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, they the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
G8416							
	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	Х	-	Х	-	Х	-
	Bmi >= 30 was calculated and a follow-up plan was documented in the medical record	Х	-	Х	-	Х	-
	Bmi < 22 was calculated and a follow-up plan was documented in the medical record	Х	-	Х	-	Х	-
G8419	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	х	-	х	-	х	-
G8420	Bmi < 30 and >= 22 was calculated and documented	Х	-	Х	_	Х	-
	Bmi not calculated	Х	-	Х	-	Х	-
G8427	Doc cur meds by prov	Х	-	Х	-	Х	-
	Cur meds not document	Х	-	Х	-	Х	-
G8430	Documentation that patient is not eligible for medication assessment	Х	-	Х	-	Х	-
G8431	Positive screen for clinical depression using an age appropriate standardized tool and a follow- up plan documented	х	-	х	-	х	-
G8432	No documentation of clinical depression screening using an age appropriate standardized tool	х	-	х	-	х	-
G8433	Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate	х	-	х	-	х	-
G8450	Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod	х	-	х	-	х	-
	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever	х	-	х	-	х	-
	Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as	Х	-	х	-	Х	-
G8465	High risk of recurrence of prostate cancer	Х	-	Х	-	Х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	Х	-	х	-	х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	х	-	х	-	х	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s	Х	-	х	-	Х	-
G8476	Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg	Х	-	х	-	Х	-
G8477	Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg	Х	-	х	-	Х	-
	Blood pressure measurement not performed or documented, reason not specified	Х	-	Х	-	Х	-
G8510	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	Х	-	х	-	Х	-

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

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



As of: 06/17/25

0		Lar	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
G8511	Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified	х	-	х	-	х	-
	No documentation of an elder maltreatment screen, patient not eligible	Х	-	Х	-	Х	-
	No documentation of an elder maltreatment screen, reason not specified	Х	-	Х	-	Х	-
G8539	Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies	х	-	х	-	х	-
	Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool	х	-	х	-	Х	-
G8541	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	х	-	х	-	х	-
G8542	Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required	х	-	х	-	х	-
G8543	Documentation of a current functional outcome assessment using a standardized tool; no documentationof a care plan, reas	х	-	х	-	х	-
G8559	Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluatio	х	-	х	-	х	-
G8560	Patient has a history of active drainage from the ear within the previous 90 days	Х	-	Х	-	Х	-
G8561	Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure	х	-	х	-	х	-
G8562	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	-	Х	-	Х	-
	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	х	-	х	-	х	-
G8564	Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	х	-	х	-	х	-
G8565	Verification and documentation of sudden or rapidly progressive hearing loss	Х	-	Х	-	Х	-
G8566	Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measur	х	-	х	-	х	-
G8567	Patient does not have verification and documentation of sudden or rapidly progressive hearing loss	х	-	х	-	х	-
G8568	Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic e	х	-	х	-	Х	-
G8569	Prolonged intubation (>24 hrs) required	Х	-	Х	-	Х	-
	Prolonged intubation (>24 hrs) not required	X	-	X	-	X	-
	Developed postoperative renal failure or required dialysis	X	-	X	-	X	-
	No postoperative renal failure/dialysis not required	Х	-	Х	-	Х	-
	Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	х	-	х	-	х	-

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

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



As of: 06/17/25

		Large Employer		Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	nese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Reexploration not required due to mediastinal bleeding with or without tamponade, graft					<u>г г</u>	
00010	occlusion, valve dysfunction or other cardiac reason	Х	-	Х	-	Х	-
C8508	Aspirin or another antithrombotic therapy used	Х		Х		Х	
	Aspirin or another antithrombotic therapy used Aspirin or another antithrombotic therapy not used, reason not otherwise specified	X	-	X	-	X	-
	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	X	-	X		X	-
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons	^	-	^	-	^	-
	documented by clinician	Х	-	Х	-	Х	-
G8602	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified	х	-	Х	-	х	-
G8633	Pharm ther osteo rx	Х	-	Х	_	Х	-
	No pharm ther osteo rx	X	-	X	_	X	-
	Fun stat score knee >= 0	X	-	X	_	X	-
	Fun stat score knee < 0	X	-	X	_	X	-
	Rafs crs ki no scor no surv	X	-	X	-	X	-
	Fun stat score hip >= 0	X	-	X	_	X	-
	Fun stat score hip < 0	X	-	X	-	X	-
	Rafs crs hi no scor no surv	X	-	X	_	X	-
	Fun stat score le >= 0	Х	-	X	-	X	-
	Fun stat score le < 0	X	-	X	_	X	-
	Fun stat score le not done	X	-	X	-	X	-
G8659	Fun stat score ls >= 0	Х	-	X	_	X	-
	Fun stat score ls < 0	X	-	X	-	X	-
	Fun stat score ls pt no elg	Х	-	Х	_	Х	-
	Rafs crs lbi no scor no surv	X	-	X	-	X	-
	Fun stat score shdl >=0	Х	-	Х	_	Х	-
	Fun stat score shdl < 0	Х	-	Х	-	Х	-
	Rafs crs si no scor no surv	Х	-	Х	-	Х	-
	Fun stat score ue >=0	Х	-	Х	-	Х	-
	Fun stat score ue < 0	Х	-	Х	-	Х	-
	Rafs crs ewh no scor no surv	Х	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) < 40%	X	-	X	-	X	-
	Patient not prescribed or dispensed antibiotic	X	-	X	-	X	-
	Patient prescribed or dispensed antibiotic for documented medical reason(s)	X	-	X	_	X	-
	Patient prescribed or dispensed antibiotic	X	-	X	_	X	-
	Prescribed or dispensed antibiotic	X	-	X	_	X	-
	Antibiotic not prescribed or dispensed	X	-	X	-	X	-
	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report	X	_	X		X	_

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
G8722	Medical reason(s) documented for not including pt category, pn category and histologic grade in	V		V		×	
	the pathology report	Х	-	Х	-	Х	-
	Specimen site is other than anatomic location of primary tumor	Х	-	Х	-	Х	-
	Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified	х	-	х	-	х	-
G8733	Documentation of a positive elder maltreatment screen and documented follow-up plan	Х	-	Х	-	Х	-
G8734	Elder maltreatment screen documented as negative, no follow-up required	Х	-	Х	-	Х	-
	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified	Х	-	х	-	х	-
	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	х	-	x	-	x	-
G8752	Most recent systolic blood pressure < 140 mmhg	Х	-	Х	-	Х	-
	Most recent systolic blood pressure >= 140 mmhg	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure < 90 mmhg	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure >= 90 mmhg	Х	-	Х	-	Х	-
G8756	No documentation of blood pressure measurement, reason not otherwise specified	Х	-	Х	-	Х	-
	Blood pressure screening performed as recommended by the defined screening interval	Х	-	Х	-	Х	-
	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	х	-	х	-	х	-
G8797	Specimen site other than anatomic location of esophagus	Х	-	Х	-	Х	-
G8798	Specimen site other than anatomic location of prostate	Х	-	Х	-	Х	-
G8806	Performance of transabdominal or transvaginal ultrasound	Х	-	Х	-	Х	-
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	Х	-	х	-	Х	-
	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	Х	-	х	-	х	-
	Statin therapy not prescribed for documented reasons	Х	-	Х	-	Х	-
	Statin medication prescribed at discharge	Х	-	Х	-	Х	-
	Statin therapy not prescribed at discharge, reason not specified	Х	-	Х	-	Х	-
	Patient discharge to home no later than postoperative day #2 following evar	Х	-	Х	-	Х	-
	Patient not discharge to home by postoperative day #2 following evar	Х	-	Х	-	Х	-
	Patient discharged to home no later than postoperative day #2 following cea	Х	-	Х	-	Х	-
	Patient not discharged to home by postoperative day #2	Х	-	Х	-	Х	-
	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Documentation of reason(s) for not performing an assessment of sleep symptoms (e.g., patient						
	didn't have initial daytime sleepiness, patient visits between initial testing and	Х	-	Х	-	Х	-
G8841	Sleep apnea symptoms not assessed, reason not otherwise specified	Х	-	Х	-	Х	-
	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	X	-	X	-	X	-
G8843	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory						
00040	disturbance index (rdi) at the time of initial diagnosis	Х	-	Х	-	Х	-
G8844	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified	Х	-	Х	-	х	-
G8845	Positive airway pressure therapy prescribed	Х	-	Х	-	Х	-
G8846	Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)	х	-	х	-	х	-
G8849	Documentation of reason(s) for not prescribing positive airway pressure therapy	Х	-	Х	-	Х	-
	Positive airway pressure therapy not prescribed, reason not otherwise specified	Х	-	Х	-	Х	-
	Objective measurement of adherence to positive airway pressure therapy, documented	Х	-	Х	-	Х	-
G8854	Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy	х	-	х	-	х	-
G8855	Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified	х	-	х	-	х	-
G8856	Referral to a physician for an otologic evaluation performed	Х	_	Х	_	Х	-
	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	X	-	X	-	x	-
G8858	Referral to a physician for an otologic evaluation not performed, reason not specified	Х	_	Х	_	Х	-
	Patients not assessed for risk of bone loss, reason not otherwise specified	X	-	X	-	X	-
	Pneumococcal vaccine administered or previously received	X	-	X	_	X	-
	Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)	X	-	X	-	X	-
G8866	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	х	-	х	-	Х	-
G8867	Pneumococcal vaccine not administered or previously received, reason not otherwise specified	Х	-	х	-	Х	-
G8869	Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy	х	-	х	-	х	-
G8875	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Х	-	Х	-	Х	-
	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	X	-	X	-	X	-
G8877	Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified	х	-	х	-	Х	-

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

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



As of: 06/17/25

0		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
G8878	Sentinel lymph node biopsy procedure performed	Х	-	Х	-	Х	-
	Documentation of reason(s) sentinel lymph node biopsy not performed	Х	-	Х	-	Х	-
G8881	Stage of breast cancer is greater than t1n0m0 or t2n0m0	Х	-	Х	-	Х	-
	Sentinel lymph node biopsy procedure not performed	Х	-	Х	-	Х	-
	Patient documented not to have experienced any of the following events: a burn prior to discharge; a fall within the facility; wrong site/side/patient/procedure/implant event;	Х	-	х	-	х	-
	Patient documented to have received a burn prior to discharge	Х	-	Х	-	Х	-
G8909	Patient documented not to have received a burn prior to discharge	Х	-	Х	-	Х	-
G8910	Patient documented to have experienced a fall within asc	Х	-	Х	-	Х	-
	Patient documented not to have experienced a fall within ambulatory surgical center	Х	-	Х	-	Х	-
	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-	х	-	х	-
	Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-	х	-	х	-
G8914	Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc	Х	-	х	-	х	-
G8915	Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc	х	-	х	-	х	-
G8916	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic initiated on time	х	-	х	-	х	-
	Patient with preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis, antibiotic not initiated on time	х	-	x	-	Х	-
G8918	Patient without preoperative order for iv antibiotic surgical site infection (ssi) prophylaxis	Х	-	Х	-	Х	-
G8923	Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-	X	-	X	-
G8924	Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)	х	-	х	-	х	-
G8934	Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function	х	-	х	-	х	-
G8935	Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	х	-	х	-	х	-
G8936	Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy	х	-	х	-	х	-
G8937	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	х	-	х	-	х	-
	Documented functional outcomes assessment and care plan within the previous 30 days	Х	-	Х	-	Х	-
	Ajcc melanoma cancer stage 0 through iic melanoma	X	-	X	-	X	-

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
G8946	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk						
	lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-	Х	-	Х	-
G8950	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented	Х	-	х	-	х	-
	Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	х	-	х	-
	Most recent assessment of adequacy of volume management	Х	-	Х	_	Х	-
	Patient receiving maintenance hemodialysis in an outpatient dialysis facility	Х	-	Х	-	Х	-
	Assessment of adequacy of volume management not documented, reason not given	Х	-	Х	-	Х	-
G8961	Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery	Х	-	х	-	х	-
G8962	Cardiac stress imaging test performed on patient for any reason including those who did not have low risk surgery or test that was performed more than 30 days preceding low ri	Х	-	х	-	х	-
	Warfarin or another oral anticoagulant that is fda approved prescribed	Х	-	Х	-	Х	-
G8968	Documentation of medical reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved not prescribed (e.g., allergy, risk of bleeding, transient o	Х	-	х	-	х	-
G8969	Documentation of patient reason(s) for not prescribing warfarin or another oral anticoagulant that is fda approved (e.g., economic, social, and/or religious impediments, nonco	х	-	х	-	х	-
G8970	No risk factors or one moderate risk factor for thromboembolism	Х	-	Х	-	Х	-
	Mccd, initial rate	Х	-	Х	-	Х	-
	Mccd,maintenance rate	Х	-	Х	-	Х	-
	Mccd, risk adj hi, initial	Х	-	Х	-	Х	-
	Mccd, risk adj lo, initial	Х	-	Х	-	Х	-
	Mccd, risk adj, maintenance	Х	-	Х	-	Х	-
	Mccd, home monitoring	Х	-	Х	-	Х	-
	Mccd, sch team conf	Х	-	Х	-	Х	-
	Mccd,phys coor-care ovrsght	Х	-	Х	-	Х	-
	Coordinated care fee, risk adjusted maintenance, level 3	Х	-	Х	-	Х	-
	Coordinated care fee, risk adjusted maintenance, level 4	X	-	X	-	X	-
	Coordinated care fee, risk adjusted maintenance , level 5	X	-	X	-	X	-
	Other specified case mgmt	X	-	X	-	X	-
	Esrd demo basic bundle level i	X	-	X	-	X	-
	Esrd demo expanded bundle including venous access and related services	X	-	X	-	X	-
	Demo-smoking cessation coun	Х	-	Х	-	Х	-
	Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence	Х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	х	-	х	-	х	-
G9052	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	х	-	х	-	х	-
G9053	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	х	-	х	-	х	-
G9054	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	х	-	х	-	Х	-
G9055	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Х	-	Х	-	Х	-
	Oncology; practice guidelines; management adheres to guidelines	Х	-	Х	-	Х	-
G9057	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	х	-	х	-	х	-
G9058	Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin	х	-	х	-	х	-
G9059	Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment	х	-	х	-	х	-
G9060	Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness	х	-	х	-	х	-
G9061	Oncology; practice guidelines; patients condition not addressed by available guidelines	Х	-	Х	-	Х	-
G9062	Oncology; practice guidelines; management differs from guidelines for other reasons not listed	х	-	х	-	х	-
G9063	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1	х	-	х	-	х	-
G9064	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii	х	-	х	-	Х	-
G9065	Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii	х	-	х	-	х	-
G9066	Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic	х	-	х	-	Х	-
G9067	Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation	х	-	х	-	Х	-
G9068	Oncology; disease status; limited to small cell and combined small cell/non small cell	Х	-	Х	-	Х	-
	Oncoloyg; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell	х	-	х	-	Х	-
G9070	Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small	х	-	х	-	Х	-
G9071	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	х	-	х	-	х	-

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

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



As of: 06/17/25

			rge Employer	Individ	lual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
G9072	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	х	-	х	-	х	-
G9073	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	х	-	х	-	х	-
G9074	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	х	-	х	-	х	-
G9075	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	х	-	х	-	х	-
G9077	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	х	-	х	-	Х	-
G9078	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma	Х	-	Х	-	Х	-
	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	х	-	х	-	х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncoloyg; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
G9093	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
G9094	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	х	-	Х	-
	Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	х	-	Х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	х	-	х	-	Х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty	х	-	х	-	Х	-
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	х	-	х	-	х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	х	-	х	-	х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	х	-	х	-	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	X	-	X	-	X	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at	Х	-	Х	-	Х	-
	diagnosis	Х	-	Х	-	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown	х	-	х	-	х	-
	Oncoloyg; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	х	-	Х	-
	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	х	-	х	-	Х	-
	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	Х	-	х	-	Х	-
	Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell	х	-	х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
G9113	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	-	х	-	Х	-
G9114	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b	Х	-	х	-	х	-
G9115	Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv	Х	-	х	-	х	-
G9116	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	Х	-	х	-	х	-
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	Х	-	х	-	х	-
G9123	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	х	-	х	-
G9124	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	х	-	х	-
G9125	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	х	-	Х	-
G9126	Oncology; disease statu; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib	Х	-	х	-	Х	-
G9128	Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher	Х	-	х	-	х	-
G9129	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	х	-	х	-
G9130	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	-	х	-	Х	-
G9131	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	Х	-	х	-	х	-
G9132	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone- refractory/androgen-independent (e.g., ris	Х	-	х	-	Х	-
G9133	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-	х	-	Х	-
G9134	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-	х	-	Х	-
G9135	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-	х	-	Х	-
G9136	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-	х	-	Х	-
G9137	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
G9138	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic						
	evaluation, stage not determin	Х	-	Х	-	Х	-
G9139	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome						
	positive and/or bcr-abl posit	Х	-	Х	-	Х	-
G9140	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case	V		v		v	
	falls into a category of	Х	-	Х	-	Х	-
G9143	Wayfarin responsiveness testing by genetic technique using any method, any number of		Х	_	х		х
	specimen(s)	-	~	-	^	-	~
G9147	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means,	х		х		Х	
	guided by the results of measurements for: respiratory quotient; and/or, urine	^	-	^	-	^	-
	National committee for quality assurance - level 1 medical home	Х	-	Х	-	Х	-
	National committee for quality assurance - level 2 medical home	Х	-	Х	-	Х	-
	National committee for quality assurance - level 3 medical home	Х	-	Х	-	Х	-
	Mapcp demonstration - state provided services	Х	-	Х	-	Х	-
	Mapcp demonstration - community health teams	Х	-	Х	-	Х	-
	Mapcp demonstration - physician incentive pool	Х	-	Х	-	Х	-
	Evaluation for wheelchair requiring face to face visit with physician	Х	-	Х	-	Х	-
	Bpci home visit	Х	-	Х	-	Х	-
	Beta not given no reason	Х	-	Х	-	Х	-
	Beta pres or already taking	Х	-	Х	-	Х	-
	Medical reason for no beta	Х	-	Х	-	Х	-
	Pt reason for no beta	Х	-	Х	-	Х	-
	Med reason for no ceph	Х	-	Х	-	Х	-
	Order for ceph	Х	-	Х	-	Х	-
	No order for ceph no reason	Х	-	Х	-	Х	-
	Doc of dsm-iv init eval	Х	-	Х	-	Х	-
	No doc of dsm-iv	Х	-	Х	-	Х	-
	Pjp proph ordered cd4 low	Х	-	Х	-	Х	-
	Norsn no foot exam	Х	-	Х	-	Х	-
	3 comp foot exam completed	Х	-	Х	-	Х	-
	Docrsn no care plan	Х	-	Х	-	Х	-
	Gc chl syp documented	Х	-	Х	-	Х	-
	Norsn for gc chl syp test	Х	-	Х	-	Х	-
	Doc esrd dia trans preg	Х	-	Х	-	Х	-
	Doc viral load >=200	Х	-	Х	-	Х	-
	Doc viral load <200	Х	-	Х	-	Х	-
	No med visit in 24mo	Х	-	Х	-	Х	-
G9247	1 med visit in 24mo	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	coverage may vary by plan type and may not follow the listed services. These codes are updated qu	arterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
directed to the Pharmacy link *Plan coverage limited to ACA							
G9250 Doc of pain		Х	_	Х	-	Х	-
G9251 Doc no pain		X		X	-	X	-
G9254 Doc pt disch		X	-	X	-	X	
G9255 Doc pt disch		X	-	X	-	X	
G9273 Sys<140 an		X		X	-	X	
G9274 Bp out of nr		X		X	-	X	_
G9275 Doc of non t		X		X	-	X	
G9276 Doc of tobac		X		X	-	X	_
G9277 Doc daily as		X		X	-	X	
G9278 Doc no daily		X		X	-	X	
G9279 Pne scrn do		X	-	X	-	X	
G9280 Pne not give		X	-	X	-	X	
G9281 Pne scrn do		X		X		X	
G9282 Doc medrsn		X		X		X	_
G9283 Hist type do		X		X	-	X	
G9284 No hist type		X		X		X	_
G9285 Site not sma		X	-	X	-	X	-
G9286 Doc antibio		X		X	-	X	-
G9287 No doc antik		X		X		X	-
G9288 Doc medrsn		X	_	X	_	X	_
G9289 Doc type ns		X		X		X	-
G9290 No doc type		X	-	X	-	X	-
G9291 Not nsm lun		X	-	X	-	X	-
G9292 Medrsn no p		X	-	X	-	X	-
G9293 No pt catego		X	-	X	_	X	_
G9294 Pt cat and th		X	-	X	-	X	-
G9295 Non cutaned		X	-	X	-	X	-
G9296 Doc share d		X	-	X	-	X	-
G9297 No doc shar		X	-	X	_	X	-
G9298 Eval risk vte		X	-	X	-	X	-
G9299 No eval risk		X	-	X	-	X	-
G9305 No interv red		X	-	X	-	X	-
G9306 Interv req fo		X	-	X	-	X	-
G9307 No ret for su		X	-	X	-	X	_
G9308 Unplnd ret to		X	-	X	-	X	-
G9309 No unplnd h		X	-	X	-	X	_
G9310 Unplnd hosp		X	-	X	-	X	-
G9311 No surg site		X	-	X	_	X	_

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Surgical site infection	Х	-	Х	-	Х	-
	Docrsn not first line amox	X	-	X		X	
	Norsn not first line amox	X	-	X	_	X	-
	Doc first line amox	X	-	X	_	X	
	Doc comm risk calc	X	-	X	_	X	
	No doc comm risk calc	X	-	X	_	X	_
	Image std nomenclature	X		X	-	X	-
	Image not std nomenclature	X		X	-	X	
	Doc count of ct in 12mo	X	-	X	-	X	-
	No doc count of ct in 12mo	X	-	X		X	
	Srch for ct w in 12 mos	X	-	X	-	X	-
	No srch for ct in 12mo norsn	X	ł	X		X	
	Sysrsn no dicom srch	X	-	X	-	X	-
	Follow up pulm nod		-		-		-
	No follow up pulm nod norsn	X	-	X X	-	X X	-
	Doc >1 sinus ct w 90d dx		-		-	X	-
	Not >1 sinus ct w 90d dx	<u>X</u>	-	X	-		-
		X	-	X	-	X	-
	Medrsn >1 sinus ct w 90d dx	X	-	X	-	Х	-
	Norsn >1 sinus ct w 90d dx	X	-	X	-	Х	-
	No early ind/delivery	X	-	X	-	Х	-
	Early ind/delivery	Х	-	X	-	Х	-
	Pp eval/edu perf	Х	-	Х	-	Х	-
	Pp eval/edu not perf	Х	-	Х	-	Х	-
	Neg mgd pos tb notact	Х	-	Х	-	Х	-
	No doc of neg or man pos tb	Х	-	Х	-	Х	-
	Medical indication for elective delivery or early induction	Х	-	Х	-	Х	-
	Sinus caus bac inx	Х	-	Х	-	Х	-
	2high risk med ord	Х	-	Х	-	Х	-
	2high risk no ord	Х	-	Х	-	Х	-
	Off assis eol iss	Х	-	Х	-	Х	-
	No off assis eol	Х	-	Х	-	Х	-
	Recd scrn hcv infec	Х	-	Х	-	Х	-
	Doc med reas no offer eol	Х	-	Х	-	Х	-
	Doc pt reas not rec hcv srn	Х	-	Х	-	Х	-
	Scrn hcv infec not recd	Х	-	Х	-	Х	-
G9393	Ini phq9 >9 remiss <5	Х	-	Х	-	Х	-
	Dx bipol, death, nhres, hosp	Х	-	Х	-	Х	-
G9395	Ini phq9 >9 no remiss >=5	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	n type and may not follow the listed services. These codes are updated quarterly. Addition	onally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health bene	sfite						
G9396 Ini phq9 >9 not assess		Х	_	Х	_	Х	-
G9408 Card tamp w/in 30d		X	_	X	-	X	
G9409 No card tamp e/in 30d		X	_	X	-	X	-
G9410 Admit w/in 180d req remov		X	_	X		X	
G9411 No admit w/in 180d reg remov	1	X	-	X	-	X	
G9412 Admit w/in 180d reg surg rev		X	-	X	-	X	
G9413 No admit req surg rev		X	-	X	-	X	
G9414 Idose menig vac btwn 11 & 1	3	X	-	X	-	X	-
G9415 No 1dose meni vac btwn 11&		X	-	X		X	
G9416 Tdap or td or 1tet/dipth		^ X	-	X	-	X	
G9417 No tdap or td or 1tet/dipth		X	-	X	-	X	
G9418 Lungcx bx rpt docs class		X	-	X	-	X	
G9419 Med reas no rpt histo type		X	-	X	-	X	
G9420 Spec site no lung		X	-	X	-	X	
G9421 Lung cx bx rpt no doc class		X	-	X		X	
G9422 Rpt doc class histo type		X	-	X	-	X	
G9423 Med reas rpt no histo type		X	-	X	-	X	
G9424 Site no lung or lung cx		X	-	X	-	X	
G9425 Spec rpt no doc class histo		^ X	-	X	-	X	
G9426 Impr med time edarr pain med	4	× X	-	X	-	X	
G9427 No impro med time pain med	1	X	-	X	-	X	
G9428 Rpt pt cat and pt1		X	-	X	-	X	
G9429 Doc med reas no pt cat		X	-	X	-	X	
G9430 Spec site no cutaneous		X	-	X	-	X	
G9431 No pt cat and pt1		X	-	X	-	X	
G9432 Asth controlled		X	-	X		X	
G9434 Asth not controlled		<u> </u>	-	X	-	X	
G9452 Doc med reas no scrn hcv		X	-	X	-	X	-
G9455 Abd imag w/us, ct or mri		^ X		X			
G9456 Doc med pt reas no hcc scrn		X	-	X	-	X X	-
G9457 No abd imag w/o reason		X	-	X	-	X	
G9468 No recd cortico>=10mg/d >60)d	X X	-	X	-	X	-
G9470 No rec cortico>60d 1rx 600mg		X X	-	X	-	X	-
G9471 W/in 2yr dxa not order		X X	-		-		-
	in in the beening each 15 minutes		-	X	-	X	-
	iin in the hospice setting, each 15 minutes / counselor in the hospice setting, each 15 minutes	X	-	X	-	X	-
		X	-	X	-	X	-
	counselor in the hospice setting, each 15 minutes	X	-	X	-	X	-
G9476 Services performed by volunt	eer in the hospice setting, each 15 minutes	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Services performed by care coordinator in the hospice setting, each 15 minutes	Х	_	Х	_	Х	-
	Services performed by other qualified therapist in the hospice setting, each 15 minutes	X	-	X		X	
	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	X	-	X	-	X	
	Admission to medicare care choice model program (mccm)	X		X		X	
	Remote e/m new pt 10mins	X		X	_	X	
	Remote e/m new pt 20mins	X	-	X	-	X	-
	Remote e/m new pt 20mins	X	-	X	-	X	-
	Remote e/m new pt 35mins	X	-	X		X	
	Remote e/m new pt 40mins	X	-	X	-	X	-
	Remote e/m est. pt 10mins	X	-	X	-	X	-
	Remote e/m est. pt 10mms Remote e/m est. pt 15mins	X	-	X	-	X	-
			-		-		-
	Remote e/m est. pt 25mins Remote e/m est. pt 40mins	X	-	X	-	X X	-
		X	-	X	-		-
	Joint replac mod home visit	X	-	X	-	X	-
	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-	X	-	X	-
	Antibiotic regimen prescribed	Х	-	Х	-	Х	-
	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	Х	-	Х	-	х	-
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given	Х	-	Х	-	Х	-
G9502	Med reas no perf foot exam	Х	_	Х	_	Х	_
	Doc reas no hbv status	X	-	X		X	
	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical	X	-	X	-	x	
00500	reason						
	Biologic immune response modifier prescribed	X	-	X	-	Х	-
	Doc reas on statin or contra	X	-	X	-	X	-
	Documentation that the patient is not on a statin medication	Х	-	Х	-	Х	-
G9509	Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5	Х	-	Х	-	Х	-
G9510	Remis12m not phq-9 score <5	Х	-	Х	-	Х	-
G9511	Index date phq-9 score greater than 9 documented during the twelve month denominator identification period	Х	-	х	-	х	-
G9512	Individual had a pdc of 0.8 or greater	Х	-	Х	-	Х	-
	Individual did not have a pdc of 0.8 or greater	X	-	X	-	X	-
	Patient required a return to the operating room within 90 days of surgery	X		X		X	
	Patient did not require a return to the operating room within 90 days of surgery	X	-	X		X	-
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of	X	-	x		X	-
L	surgery	~					

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90			L			
	days of surgery, reason not given	Х	-	Х	-	Х	-
	Documentation of active injection drug use	Х	-	Х	-	Х	-
	Final ref +/- 1.0 w/in 90d	X	-	X	-	X	-
	Refract not +/- 1.0 w/in 90d	X	-	X	-	X	-
G9521	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	X	-	Х	-	X	-
	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	-	х	-	х	-
	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	Х	-	Х	-	Х	-
G9530	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	X	-	Х	-	X	-
G9531		Х	-	Х	-	Х	-
G9533	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct	X	-	X	-	x	-
G9537	Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)	Х	-	х	-	х	-
	Intent for potential removal at time of placement	Х	_	Х	_	Х	_
	Patient alive 3 months post procedure	X		X		X	
	Filter removed within 3 months of placement	X	_	X	_	X	-
	Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	-	X	-	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	Х	-	х	-	Х	-
	No filt remov w/in 3mos plcm	Х	-	Х	-	Х	-
	Cys ren les or adren	X	-	X	-	X	-
	No f/u rec image study	X	-	X	-	X	-
	Doc med rsn for f/u imag	X	-	X	-	X	-
	Imag rec	Х	-	Х	-	Х	-
	Imag no les	Х	-	Х	-	Х	-
	Incidental thyroid nodule < 1.0 cm noted in report	Х	-	Х	-	Х	-
	Prior thyroid disease diagnosis	Х	-	Х	-	Х	-
G9554	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended	Х	-	х	-	х	-
G9555	Doc med reas no follow imag	Х	-	Х	-	Х	-
G9556	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended	Х	-	х	-	х	-

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

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



As of: 06/17/25

Description vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the health benefits. mri studies of the chest or neck or ultrasound of the neck without a thyroid d of less than 2 hours e of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider minor blunt head trauma not classified as low risk according to the pecarn	Not Covered se coding lists X X X X X X X X	Preauthorization Required do not reflect information - - - - - - -	Not Covered regarding imm X X X X X X X	Preauthorization Required nunizations, injectable dru - - - - -	Not Covered gs, or specialty me X X X X X	Preauthorization Required edications and should be - - -
the website. health benefits. mri studies of the chest or neck or ultrasound of the neck without a thyroid d of less than 2 hours of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X X X	do not reflect information	X X X X	nunizations, injectable dru	X X X X	edications and should be
health benefits. mri studies of the chest or neck or ultrasound of the neck without a thyroid d of less than 2 hours of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X X	- - - -	X X X	- - - -	X X	- - -
mri studies of the chest or neck or ultrasound of the neck without a thyroid d of less than 2 hours of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X X	- - - -	X X X	- - -	X X	- - -
d of less than 2 hours of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X X	- - - -	X X X	- - -	X X	-
of less than 2 hours of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X	- - - -	X X	- - -	Х	
of greater than 2 hours, no reason given minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X X		X X	-	Х	-
minor blunt head trauma classified as low risk according to the pecarn hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	X X	-	х	-		
hin 24 hours of a minor blunt head trauma with a gcs score of 15 and had a auma by an emergency care provider	Х	-		-	Х	
auma by an emergency care provider		-	x		· · ·	-
auma by an emergency care provider		-	I X			
	Х		~	-	Х	-
minor blunt head trauma not classified as low risk according to the pecarn		-	Х	-	Х	-
	Х	-	Х	-	Х	-
5.9 cm maximum diameter on centerline formatted ct or minor diameter on						
	Х	-	Х	-	Х	-
m or greater maximum diameter on centerline formatted ct or minor						
natted ct	Х	-	Х	-	Х	-
mproved from baseline following treatment	Х	-	Х	-	Х	-
not available	X	-	X	-	X	-
did not improve from baseline following treatment	X	-	X	-	X	-
copy performed to evaluate for lower tract injury	X	-	X	-	X	-
	Х	-	Х	-	Х	-
copy not performed to evaluate for lower tract injury	Х	-	Х	-	Х	-
		-		-		-
		-		-		-
	Х	-	Х	-	Х	-
eening for uterine malignancy or those that had an ultrasound and/or						
	Х	-	Х	-	Х	-
					1 1	
	Х	-	Х	-	Х	-
					1 1	
	Х	-	Х	-	Х	-
					1 1	
	Х	-	X	-	X	-
					<u> </u>	
	Х	-	X	-	X	-
dical reasons)						
			Х		х	
	(e.g., patient death during procedure, absent urethra or an otherwise opy not performed to evaluate for lower tract injury order for anti-platelet agents or p2y12 antagonists /p2y12 agents or p2y12 antagonists was not documented, reason not otherwise eening for uterine malignancy or those that had an ultrasound and/or of any kind for uterine malignancy, or those that have not had an ultrasound and/or of any kind, reason not given n unhealthy alcohol user when screened for unhealthy alcohol use using a method and received brief counseling as an unhealthy alcohol user when screened for unhealthy alcohol use reening method dical reason(s) for not screening for unhealthy alcohol use (e.g., limited life dical reasons)	(e.g., patient death during procedure, absent urethra or an otherwise X copy not performed to evaluate for lower tract injury X order for anti-platelet agents or p2y12 antagonists X /p2y12 X agents or p2y12 antagonists was not documented, reason not otherwise X eening for uterine malignancy or those that had an ultrasound and/or of any kind X for uterine malignancy, or those that have not had an ultrasound and/or of any kind, reason not given X n unhealthy alcohol user when screened for unhealthy alcohol use using a method and received brief counseling X as an unhealthy alcohol user when screened for unhealthy alcohol use X dical reason(s) for not screening for unhealthy alcohol use (e.g., limited life X	(e.g., patient death during procedure, absent urethra or an otherwise X - copy not performed to evaluate for lower tract injury X - order for anti-platelet agents or p2y12 antagonists X - /p2y12 X - agents or p2y12 antagonists was not documented, reason not otherwise X - eening for uterine malignancy or those that had an ultrasound and/or of any kind X - for uterine malignancy, or those that have not had an ultrasound and/or of any kind, reason not given X - n unhealthy alcohol user when screened for unhealthy alcohol use using a method and received brief counseling X - as an unhealthy alcohol user when screened for unhealthy alcohol use X - - dical reason(s) for not screening for unhealthy alcohol use (e.g., limited life dical reasons) X -	(e.g., patient death during procedure, absent urethra or an otherwiseX-Xcopy not performed to evaluate for lower tract injuryX-Xcorder for anti-platelet agents or p2y12 antagonistsX-X/p2y12X-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xeening for uterine malignancy or those that had an ultrasound and/or of any kindX-Xfor uterine malignancy, or those that have not had an ultrasound and/or of any kind, reason not givenX-Xn unhealthy alcohol user when screened for unhealthy alcohol use reening methodX-Xas an unhealthy alcohol user when screened for unhealthy alcohol use (cical reason(s) for not screening for unhealthy alcohol use (e.g., limited life dical reasons)X-X	(e.g., patient death during procedure, absent urethra or an otherwiseX-X-copy not performed to evaluate for lower tract injuryX-X-X-order for anti-platelet agents or p2y12 antagonistsX-X-X-//p2y12X-X-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-Xas ny kindreason not givenx-Xn unhealthy alcohol user when screened for unhealthy alcohol useX-Xas an unhealthy alcohol user when screened for unhealthy alcohol useX-Xas an unhealthy alcohol user when screened for unhealthy alcohol useX<	(e.g., patient death during procedure, absent urethra or an otherwiseX-X-Xcopy not performed to evaluate for lower tract injuryX-X-Xcorder for anti-platelet agents or p2y12 antagonistsX-X-X//p2y12X-X-X-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-X-Xagents or p2y12 antagonists was not documented, reason not otherwiseX-X-Xening for uterine malignancy or those that had an ultrasound and/or of any kindX-X-Xfor uterine malignancy, or those that have not had an ultrasound and/or of any kind, reason not givenX-X-Xn unhealthy alcohol user when screened for unhealthy alcohol use as an unhealthy alcohol user when screened for unhealthy alcohol use reening methodX-X-Xdical reason(s) for not screening for unhealthy alcohol use (e.g., limited life dical reasons)X-X-X

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

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



As of: 06/17/25

		Large Employer		Individual Benchmark*		Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Discrete services are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-						
00020	surgery	Х	-	Х	-	Х	-
G9626	Pt not elig	Х	-	Х	-	Х	-
	Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-						
	surgery	Х	-	Х	-	Х	-
G9628	Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-	V		V		X	
	surgery	Х	-	Х	-	Х	-
G9629	Pt not elig	Х	-	Х	-	Х	-
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month	х		х		х	
	post-surgery	~	-	^	-	^	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month	х		х		Х	
	post-surgery	~	-	^	-	^	-
G9632	Pt not elig	Х	-	Х	-	Х	-
G9633	Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-	х		х		Х	
	surgery	~	-	^	-	^	-
	Doc >1 dose reduc tech	Х	-	Х	-	Х	-
	No doc >1 dose reduc tech	Х	-	Х	-	Х	-
	Current cigarette smokers	Х	-	Х	-	Х	-
	Elective surgery	Х	-	Х	-	Х	-
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Х	-	х	-	х	-
	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	х	-	х	-	х	-
	Patients with 90 day mrs score of 0 to 2	Х	-	Х	-	Х	-
	Patients with 90 day mrs score greater than 2	Х	-	Х	-	Х	-
	Psori tool doc w/benchmk	Х	-	Х	-	Х	-
	Psori tool doc/no bnchmk met	Х	-	Х	-	Х	-
	Monitored anesthesia care (mac)	Х	-	Х	-	Х	-
39655	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Х	-	х	-	х	-
39656	Patient transferred directly from anesthetizing location to pacu	Х	-	Х	-	Х	-
69658	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used	Х	-	х	-	х	-
9659	>85y no hx colo ca/rsn scope	Х	-	Х	-	Х	-
	Doc med rsn scope pt >85y	X	-	X	-	X	-
	>85y scope othr rsn	X	-	X	-	X	-
	Previously diagnosed or have an active diagnosis of clinical ascvd	Х	-	Х	-	Х	-
	Fast/dir Idl <= 190 mg/dl	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

			rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patients who are currently statin therapy users or received an order (prescription) for statin						
03004	therapy	Х	-	Х	-	Х	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for						
03003	statin therapy	Х	-	Х	-	Х	-
C0666	The highest fasting or direct IdI-c laboratory test result of 70?189 mg/dl in the measurement						
G9000	period or two years prior to the beginning of the measurement period	Х	-	Х	-	Х	-
C0674	Patients with clinical ascvd diagnosis	Х	_	Х		Х	-
	Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl	X	-	X		X	-
	40-75y w/type 1/2 w/ldl-c rs	X	-	X	-	X	
	Acute care pneumonia	X	-	X		X	
	Acute care pheumonia Acute care congestive heart	X	-	X		X	-
	Acute care chronic obstruct	X	-			X	-
			-	X	-	X	-
	Acute care skin infection Acute care fluid or electrol	X	-	X	-		-
		X X	-	X	-	X	-
	Acute care urinary tract inf		-	X	-	X	-
	Acute nursing facility care	X	-	X	-	X	-
	Hospice anytime msmt per	X	-	X	-	X	-
	Pt w/hosp anytime msmt per	X	-	X	-	X	-
	Inpt elect carotid intervent	Х	-	Х	-	X	-
	Pt rec hospice dur msmt per	X	-	X	-	X	-
	Pt hosp dur msmt period	Х	-	Х	-	Х	-
	Hosp recd by pt dur msmt per	Х	-	Х	-	X	-
	Pt use hosp during msmt per	Х	-	Х	-	X	-
	Hosp srv used pt in msmt per	Х	-	Х	-	X	-
	Long act inhal bronchdil pre	Х	-	Х	-	X	-
	Med rsn no presc bronchdil	Х	-	Х	-	Х	-
	Sys rsn no presc bronchdil	Х	-	Х	-	Х	-
	Long inhal bronchdil no pres	Х	-	Х	-	Х	-
	Pt is w/hosp during msmt per	Х	-	Х	-	Х	-
	Pt use hosp during msmt per	Х	-	Х	-	Х	-
	Child anbx 30 prior dx phary	Х	-	Х	-	Х	-
	Ajcc br ca stg i: t1 mic/t1a	Х	-	Х	-	Х	-
	Ajcc br ca stg ib	Х	-	Х	-	Х	-
	Low recur prost ca	Х	-	Х	-	Х	-
	Bilat mast/hx bi /unilat mas	Х	-	Х	-	Х	-
	Hosp srv used pt in msmt per	Х	-	Х	-	Х	-
	Pt prov hosp srv msmt per	Х	-	Х	-	Х	-
G9711	Pt hx tot col or colon ca	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be	
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.							
	Doc med rsn presc anbx	Х	-	Х	-	Х	-	
	Pt use hosp during msmt per	X	-	X	-	X		
	Pt is w/hosp during msmt per	X		X	-	X		
	Bmi not norm, no follow, doc	X		X	-	X	-	
	Doc dx depr/dx bipol, no scr	X	-	X	-	X	-	
	Hospice anytime msmt per	X	-	X	-	X	-	
	Pt not ambul/immob/wc	X	-	X	-	X		
	Hospice anytime msmt per	X	-	X		X		
	Pt not ambul/immob/wc	× X	-	X	-	X	-	
			-		-		-	
	Doc hx renal fail or cr+ >4	X	-	X	-	Х	-	
	Hosp recd by pt dur msmt per	X	-	X	-	Х	-	
	Pt w/doc use anticoag mst yr	X	-	Х	-	Х	-	
	Refused to participate	Х	-	X	-	Х	-	
	Pt unable cmplt knee fs prom	Х	-	Х	-	Х	-	
	Refused to participate	Х	-	Х	-	Х	-	
	Pt unbl cmplt hip fs prom	Х	-	Х	-	Х	-	
	Refused to participate	Х	-	Х	-	Х	-	
	Pt unbl cmplt ft/ank fs prom	Х	-	Х	-	Х	-	
	Refused to participate	Х	-	Х	-	Х	-	
	Pt unbl cmplt lb fs prom	Х	-	Х	-	Х	-	
	Refused to participate	Х	-	Х	-	Х	-	
	Pt unbl cmplt shld fs prom	Х	-	Х	-	Х	-	
	Refused to participate	Х	-	Х	-	Х	-	
	Pt unbl cmplt ewh fs prom	Х	-	Х	-	Х	-	
	Hosp srv to pt dur msmt per	Х	-	Х	-	Х	-	
	Pt w/hosp anytime msmt per	Х	-	Х	-	Х	-	
G9744	Pt not elig, dx htn	Х	-	Х	-	Х	-	
G9745	Doc rsn no scr high bp	Х	-	Х	-	Х	-	
G9746	Mit sten, valve or trans af	Х	-	Х	-	Х	-	
G9752	Urgent surgery	Х	-	Х	-	Х	-	
	Doc no dicom, ct other fac	Х	-	Х	-	Х	-	
	Incid pulm nodule	Х	-	Х	-	Х	-	
	Doc med rsn for imaging	X	-	X	-	X	-	
	Surg proc w/silicone oil	X	-	X	-	X	-	
	Surg proc w/silicone oil	X	-	X	-	X	-	
	Hospice or term phase	X	-	X	-	X	-	
	Pt w/hosp anytime msmt per	X	-	X	_	X	_	
	Pt had hpv b/t 9-13 yr	~	-	~ ~	-		_	

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	by plan type and may not follow the listed services. These codes are updated	d quarterly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
directed to the Pharmacy link option within the w *Plan coverage limited to ACA 10 essential healt							
G9763 Pt no hpv b/t 9-13 yr	ui benenits.	Х	-	X	-	X	<u> </u>
G9764 Pt tx oral syst/bio med ps	or	<u>х</u>	-	X	-	X	-
G9765 Pt decl chan/conind or <		X		X	-	X	-
G9766 Cva stroke dx tx transf fa		X	-	X	-	X	
G9767 Hosp new dx cva consid		X		X	-	X	-
G9768 Pt w/hosp anytime msmt		X		X		X	-
G9769 Bn den 2yr/got ost med/tl		X	-	X	-	X	
G9770 Perip nerve block		X	-	X	-	X	-
G9771 Anes end, 1 temp >35.5(05.0)	X		X		X	
G9772 Doc med rsn no temp >=		X	-	X	-	X	-
G9773 No temp >35.5(95.9), and		X	-	X	-	X	-
G9774 Pt had hyst	55	X		X		X	-
G9775 Recd 2 anti-emet pre/intr	200	X	-	X	-	X	-
G9776 Doc med rsn no proph ar		X	-	X		X	
G9777 Pt no antiemet pre/intrao		X	-		-	X	-
G9778 Pts dx w/pregn	þ	X	-	X X	-	X	-
G9779 Pts breastfeeding		X X	-	X	-	X	-
G9780 Pts dx w/rhabdomyolysis		X	-		-	X	-
G9780 Doc rsn no statin		X X	-	X X	-	X	-
G9782 Hx dx fam/pure hypercho			-	X	-	X	-
G9782 HX dX lam/pure hypercho G9784 Path/derm 2nd opin bx	lies	X	-	X	-	X	-
G9785 Path report sent		X	-	X	-	X	-
G9785 Path report sent G9786 Path report not sent			-		-		-
G9787 Pt alive lst day msmt yr		X	-	X X	-	X X	-
G9788 Most rct bp = 140/90</td <td></td> <td></td> <td>-</td> <td></td> <td>-</td> <td></td> <td>-</td>			-		-		-
G9789 Record bp ip, er, urg/self		X	-	X X	-	X X	-
G9790 Most rct bp >/= 140/90			-		-	X	-
G9790 Most rct bp >/= 140/90 G9791 Most rct tob stat free		X	-	X X	-	X	-
G9792 Most rct tob stat not free		X	-	X		X	-
			-		-	X	-
G9793 Pt on daily asa/antiplat G9794 Doc med rsn no asa/antip	alat	X X	-	X	-		-
	ม่อเ	X	-	X	-	X	-
G9795 Pt no daily asa/antiplat		X	-	X	-	X	-
G9796 Pt not currently on statin		X	-	X	-	X	-
G9797 Pt currently on statin	504	X	-	X	-	X	-
G9805 Pt w/hosp anytime msmt	per	X	-	X	-	Х	-
G9806 Pt recd cerv cyto/hpv		X	-	X	-	X	-
G9807 Pt no recd cerv cyto/hpv		X	-	X	-	Х	-
G9808 Pt no asthm cont med ms	st per	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

	Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the directed to the Pharmacy link option within the website.	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
*Plan coverage limited to ACA 10 essential health benefits.			1			
G9809 Pt w/hosp anytime msmt per	Х	-	Х	-	Х	-
G9810 Pdc 75% w/asth cont med	Х	-	Х	-	Х	-
G9811 No pdc 75% w/asth cont med	Х	-	Х	-	Х	-
G9812 Pt died during inpt/30d aft	Х	-	Х	-	Х	-
G9813 Pt not died w/in 30d of proc	Х	-	Х	-	Х	-
G9818 Doc sex activity	Х	-	Х	-	Х	-
G9819 Pt w/hosp anytime msmt per	Х	-	Х	-	Х	-
G9820 Doc chlam scr test w/follow	Х	-	Х	-	Х	-
G9821 No doc chlam scr ts w/follow	Х	-	Х	-	Х	-
G9822 Endo abl proc yr prev ind dt	Х	-	Х	-	Х	-
G9823 Endo smpl/hyst bx res doc	Х	-	Х	-	Х	-
G9824 Endo smpl/hyst bx res no doc	Х	-	Х	-	Х	-
G9830 Her-2 pos	Х	-	Х	-	Х	-
G9831 Ajcc stg brt ca dx ii or iii	Х	-	Х	-	Х	-
G9832 Brt ca dx i, no t1/t1a/t1b	Х	-	Х	-	Х	-
G9838 Pt met dis at dx	Х	-	Х	-	Х	-
G9839 Anti-egfr mon anti ther	Х	-	Х	-	Х	-
G9840 Kras tst bfr beg anti moab	Х	-	Х	-	Х	-
G9841 No kras tst bfr beg ant moab	Х	-	Х	-	Х	-
G9842 Pt met dis at dx	Х	-	Х	-	Х	-
G9843 Kras gene mut	Х	-	Х	-	Х	-
G9844 Pt no recd anti-egfr ther	Х	-	Х	-	Х	-
G9845 Pt recd anti-egfr ther	Х	-	Х	-	Х	-
G9846 Pt died from cancer	Х	-	Х	-	Х	-
G9847 Pt recd chemo last 14d life	Х	-	Х	-	Х	-
G9848 Pt no chemo last 14d life	Х	-	Х	-	Х	-
G9858 Pt enroll hospice	Х	_	Х	_	Х	-
G9859 Pt died from cancer	X	_	X	_	X	-
G9860 Pt less 3d hospice	X	_	X	-	X	-
G9861 Pt more than 3d hospice	X	_	X	-	X	-
G9862 Doc rsn no 10 yr follow	X	-	X	-	X	-
G9868				L		
Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, less than 10 minutes	х	-	x	-	х	-
G9869 Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes	х	-	х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	ese coding lists	do not reflect information	n regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes	x	-	х	-	x	-
G9873	1 em core session	Х	-	Х	-	Х	-
G9874	4 em core sessions	Х	-	Х	-	Х	-
G9875	9 em core sessions	Х	-	Х	-	Х	-
G9876	2 em core ms mo 7-9 no wl	Х	-	Х	-	Х	-
G9877	2 em core ms mo 10-12 no wl	Х	-	Х	-	Х	-
G9878	2 em core ms mo 7-9 wl	Х	-	Х	-	Х	-
G9879	2 em core ms mo 10-12 wl	Х	-	Х	-	Х	-
G9880	Em 5 percent wl	Х	-	Х	-	Х	-
G9881	Em 9 percent wl	Х	-	Х	-	Х	-
G9882	2 em ongoing ms mo 13-15 wl	Х	-	Х	-	Х	-
G9883	2 em ongoing ms mo 16-18 wl	Х	-	Х	-	Х	-
G9884	2 em ongoing ms mo 19-21 wl	Х	-	Х	-	Х	-
G9885	2 em ongoing ms mo 22-24 wl	Х	-	Х	-	Х	-
G9890	Em bridge payment	Х	-	Х	-	Х	-
G9891	Em session reporting	Х	-	Х	-	Х	-
G9894	Adr dep thrpy prescribed	Х	-	Х	-	Х	-
	Doc med rsn no adr dep thrpy	Х	-	Х	-	Х	-
G9896	Doc pt rsn no adr dep thrpy	Х	-	Х	-	Х	-
	Pt nt prsc adr dep thrpy rng	Х	-	Х	-	Х	-
	Pt 66+ snp or ltc pos	Х	-	Х	-	Х	-
G9899	Scrn mam perf rslts doc	Х	-	Х	-	Х	-
G9900	Scrn mam perf rslts not doc	Х	-	Х	-	Х	-
G9901	Pt 66+ snp or ltc pos	Х	-	Х	-	Х	-
G9902	Pt scrn tbco and id as user	Х	-	Х	-	Х	-
G9903	Pt scrn tbco id as non user	Х	-	Х	-	Х	-
	Doc med rsn no tbco scrn	Х	-	Х	-	Х	-
	No pt tbco scrn rng	Х	-	Х	-	Х	-
	Pt recv tbco cess interv	Х	-	Х	-	Х	-
G9907	Doc med rsn no tbco interv	Х	-	Х	-	Х	-
	No pt tbco cess interv rng	Х	-	Х	-	Х	-
	Doc med rsn no tbco interv	Х	-	Х	-	Х	-
	Pt 66+ snp or ltc pos	X	-	X	-	X	-
	Node neg pre/post syst ther	X	-	X	-	X	-
	Hbv status assesed and int	X	-	X	-	X	-

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

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



As of: 06/17/25

_		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	No hbv status assesd and int	Х	-	Х	-	Х	_
	Pt receiving anti-tnf agent	X	_	X	_	X	-
	No documntd hbv results rcd	X	_	X	_	X	-
	Funct status past 12 months	X	_	X	_	X	-
	Adv dem crgvr limited	X	-	X	-	X	-
	No funct stat perf, rsn nos	X	-	X	_	X	-
	Sfty cncrns scrn nd mit recs	X	-	X	-	X	-
	Safty cncrns scrn and neg	X	-	X	-	X	-
	No scrn prov rsn nos	X	-	X	-	X	-
	Sfty cncrns scrn but no recs	X	-	X	-	X	-
	No warf or fda drug presc	X	-	X	-	X	-
	Trs/rev af	X	-	X	-	X	-
	Com care	X	-	X	-	X	-
	No chad or chad scr 0 or 1	X	-	X	-	X	-
	Doc pt rsn no tb scrn recrds	X	-	X	-	X	-
	Pt 66+ snp or ltc pos	Х	-	X	-	X	-
	Same path/derm perf biopsy	X	-	X	-	X	-
	Doc reas no statin therapy	Х	-	X	-	X	-
	Adtl spine proc on same date	X	-	X	-	X	-
	Bk pn nt msr vas scl pre/pst	Х	-	Х	-	Х	-
	Pt w/cancer scoliosis	X	-	X	-	X	-
	Bk pain no vas	Х	-	Х	-	Х	-
	Leg pain no vas	Х	-	Х	-	Х	-
	Pt >2 rsk fac post-op vomit	Х	-	Х	-	Х	-
	InhInt anesth only for induc	Х	-	Х	-	Х	-
	Combo thrpy of >= 2 prophly	Х	-	Х	-	Х	-
	Doc med rsn no combo thrpy	Х	-	Х	-	Х	-
G9958	No combo prohpyl thrp for pt	Х	-	Х	-	Х	-
G9959	Systemic antimicro not presc	Х	-	Х	-	Х	-
G9960	Med rsn sys antimi nt rx	Х	-	Х	-	Х	-
G9961	Systemic antimicro presc	Х	-	Х	-	Х	-
G9962	Embolization doc separatly	Х	-	Х	-	Х	-
G9963	Embolization not doc separat	Х	-	Х	-	Х	-
G9964	Pt recv >=1 well-chld visit	Х	-	Х	-	Х	-
G9965	No well-chld vist recv by pt	Х	-	Х	-	Х	-
	Pt refrd 2 pvdr/spclst in pp	Х	-	Х	-	Х	-
	Pvdr rfrd pt rprt rcvd	Х	-	Х	-	Х	-
G9970	Pvdr rfrd pt no rprt rcvd	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additio	nally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	macy link option within the website. ted to ACA 10 essential health benefits.						
8	pat rsn no mac exm perf	Х	-	Х	-	Х	-
	ac exam no perf rsn nos	X	_	X	_	X	_
	ote e/m new pt 10 mins	X	_	X	_	X	_
	ote e/m new pt 20 mins	X	_	X	-	X	_
	ote e/m new pt 30 mins	X	_	X	_	X	_
	ote e/m new pt 45 mins	X	_	X	-	X	-
	ote e/m new pt 60 mins	X	_	X		X	_
	ote e/m est. pt 10 mins	X	-	X	-	X	-
	ote e/m est. pt 15 mins	X	-	X	-	X	-
	ote e/m est. pt 25 mins	X	-	X	-	X	-
	ote e/m est. pt 40 mins	X	-	X	-	X	-
	advanced in home visit	X	_	X	-	X	_
	erv during meas	X	_	X		X	_
	rsn no pneum vax	X	_	X	-	X	-
	erv during meas	X	_	X		X	_
	erv during meas	X	_	X	_	X	_
	erv during meas	X	-	X	_	X	_
	ot pal or hospice	X	_	X	_	X	_
	of preg dur msrmt pd	X	_	X	-	X	-
	ned rsn <3 colon	X	_	X	_	X	_
	sys rsn <3 colon	X	_	X	-	X	-
	ol and/or drug services	-	Х	-	Х	-	Х
	nol and/or drug services	Х	_	Х	-	Х	-
	nol and/or drug training	X	_	X	-	X	-
	nol and/or drug interven	X	_	X	-	X	-
H0023 Alcoh	nol and/or drug outreach	X	-	X	-	X	-
	nol and/or drug preventi	X	-	X	-	X	-
	nol and/or drug preventi	X	-	X	-	X	-
	nol and/or drug preventi	X	-	X	-	X	-
	nol and/or drug preventi	X	-	X	-	X	-
	nol and/or drug preventi	X	-	X	-	X	-
	nol and/or drug hotline	X	-	X	-	X	-
	al health assessment, by non-physician	X	-	X	-	X	-
	al health service plan development by non-physician	X	-	X	-	X	-
	cation training and support, per 15 minutes	X	-	X	-	X	-
	al health partial hospitalization, treatment, less than 24 hours	-	Х	-	Х	-	Х
	nunity psychiatric supportive treatment, face-to-face, per 15 minutes	Х	-	Х	-	Х	-
	nunity psychiatric supportive treatment program, per diem	X	-	X	-	X	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally,	these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Self-help/peer services, per 15 minutes	Х	_	Х	_	Х	-
	Assertive community treatment, face-to-face, per 15 minutes	X	_	X		X	
	Assertive community treatment program, per diem	X		X	-	X	_
	Foster care, child, non-therapeutic, per diem	X	_	X		X	
	Foster care, child, non-therapeutic, per month	X		X	-	X	
	Supported housing, per diem	X	_	X	-	X	
	Supported housing, per month	X		X		X	
	Respite care services, not in the home, per diem	X	_	X	-	X	_
H0048		~	_	~	_	~	_
110040	Alcohol and/or other drug testing: collection and handling only, specimensother than blood	Х	-	Х	-	Х	-
H0040	Alcohol/drug screening	Х	-	Х	-	Х	-
	Alcohol/drug service 15 min	X	-	X	-	X	
	Traditional healing service	X	-	X	-	X	-
	Missing and murdered indigenous persons (mmip) mental health and clinical care	X	-	X	-	X	_
	Historical trauma (ht) mental health and clinical care for indigenous persons	X		X		X	
	Prenatal care, at-risk enhanced service; education	X	_	X	_	X	_
	Non-medical family planning education, per session	X	-	X	-	X	-
	Family assessment by licensed behavioral health professional for state defined purposes	X	_	X	_	X	-
	Comprehensive multidisciplinary evaluation	X	_	X	-	X	-
	Rehabilitation program, per 1/2 day	X	_	X	-	X	-
	Comprehensive medication services, per 15 minutes	X	-	X	-	X	
	Crisis intervention service, per 15 minutes	X	-	X	-	X	-
	Behavioral health day treatment, per hour	~	X	-	X	-	X
	Psychiatric health facility service, per diem		X	-	X		X
	Skills training and development, per 15 minutes	X	-	X	-	X	-
	Comprehensive community support services, per 15 minutes	X	_	X	-	X	-
	Comprehensive community support services, per liem	X	_	X		X	-
	Psychosocial rehabilitation services, per 15 minutes	X		X	-	X	
	Psychosocial rehabilitation services, per diem	X	-	X	-	X	
	Therapeutic behavioral services, per 15 minutes	X	-	X		X	
	Therapeutic behavioral services, per diem	X		X		X	-
	Community-based wrap-around services, per 15 minutes	X	-	X	-	X	-
	Community-based wrap-around services, per forminates	X	-	X	-	X	
	Supported employment, per 15 minutes	X	-	X	-	X	-
	Supported employment, per liem	X	-	X	-	X	-
	Ongoing support to maintain employment, per 15 minutes	X	_	X		X	-
	Ongoing support to maintain employment, per lis minutes	X	-	X		X	
	Psychoeducational service, per 15 minutes	X	-	X	_	X	-
112021		^	-	^	-	^	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Sexual offender treatment service, per 15 minutes	Х	-	Х	-	Х	-
	Sexual offender treatment service, per diem	Х	_	X	-	X	_
	Mental health clubhouse services, per 15 minutes	Х	-	X	-	X	-
	Mental health clubhouse services, per diem	Х	-	Х	-	Х	-
	Activity therapy, per 15 minutes	Х	-	Х	-	Х	-
	Multisystemic therapy for juveniles, per 15 minutes	Х	-	Х	-	Х	-
	Alcohol and/or drug abuse halfway house services, per diem	Х	-	Х	-	Х	-
12037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Х	-	Х	-	Х	-
12038	Skill train and dev/diem	Х	-	Х	-	Х	-
12040	Coordinated specialty care, team-based, for first episode psychosis, per month	Х	-	Х	-	Х	-
	Coordinated specialty care, team-based, for first episode psychosis, per encounter	Х	-	Х	-	Х	-
<0065	Spoke protectors	-	-	Х	-	-	-
<0601				v			
	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	-	-	Х	-	-	-
<0602	Replacement battery for external infusion pump owned by patient, silver oxide 3 volt, each	-	-	Х	-	-	-
<0603	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	-	-	Х	-	-	-
<0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt; each effective	-	-	х	-	-	-
<0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	-	-	Х	-	-	-
(0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	Х	-	Х	-	Х
(0607	Replacement battery for automated external defibrillator, garment type only, each	Х	-	Х	-	Х	-
(0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	-	Х	-	х	-	Х
(0733	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	-	Х	х	-	-	Х
(0743	Portable home suction pump	-	Х	-	Х	-	Х
	Pov group 1 std up to 300 lbs	-	X	-	X	- 1	X
	Pov group 1 hd 301-450 lbs	-	X	-	X	-	X
	Pov group 1 vhd 451-600 lbs	-	X	-	X	-	X
	Pov group 2 std up to 300lbs	-	X	-	X	-	X
	Pov group 2 hd 301-450 lbs	-	X	-	X	- 1	X
	Pov group 2 vhd 451-600 lbs	-	X	-	X	-	X
	Power operated vehicle noc	-	X	-	X	-	X
	Pwc gp 1 std port seat/back	-	X	-	X	-	X
	Pwc gp 1 std port cap chair	-	X	-	X	- 1	X
	Pwc gp 1 std seat/back	-	X	-	X	- 1	X
	Pwc gp 1 std cap chair	-	X	-	X	- 1	X
	Pwc gp 2 std port seat/back	_	X	i .	X		X

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Emp	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
0	Pwc gp 2 std port cap chair	-	Х	- 1	Х	- I	Х
	Pwc gp 2 std seat/back	-	X	-	X	- 1	X X
	Pwc gp 2 std cap chair	-	X	-	X	-	X
	Pwc gp 2 hd seat/back	-	X	-	X	-	X
	Pwc gp 2 hd cap chair	-	X	-	X	- 1	X
	Pwc gp2 vhd seat/back	-	X	-	X	-	X
	Pwc gp 2 vhd cap chair	-	X	-	X	- 1	X
	Pwc gp 2 xtra hd seat/back	-	X	-	X	- 1	X
	Pwc gp 2 xtra hd cap chair	-	X	-	X	- 1	X
	Pwc gp2 std seat elevate s/b	-	X	-	X	-	X
	Pwc gp2 std seat elevate cap	-	X	-	X	- 1	X
	Pwc gp2 std sing pow opt s/b	-	X	-	X	-	X
	Pwc gp2 std sing pow opt cap	-	X	-	X	- 1	X
	Pwc gp 2 hd sing pow opt s/b	-	X	-	X	- 1	X
	Pwc gp 2 hd sing pow opt cap	-	X	-	X	- 1	X
	wc gp2 vhd sing pow opt s/b	-	X	-	X	- 1	X
	Pwc gp2 xhd sing pow opt s/b	-	X	-	X	- 1	X
	Pwc gp2 std mult pow opt s/b	-	Х	-	Х	- 1	Х
	Pwc gp2 std mult pow opt cap	-	X	-	X	- 1	X
	Pwc gp2 hd mult pow opt s/b	-	Х	-	Х	- 1	Х
	Pwc gp 3 std seat/back	-	Х	-	Х	- 1	Х
	Pwc gp 3 std cap chair	-	Х	-	Х	- 1	Х
K0850 P	Pwc gp 3 hd seat/back	-	Х	-	Х	- 1	Х
	Pwc gp 3 hd cap chair	-	Х	-	Х	- 1	Х
	Pwc gp 3 vhd seat/back	-	Х	-	Х	- 1	Х
	Pwc gp 3 vhd cap chair	-	Х	-	Х	- 1	Х
K0854 P	Pwc gp 3 xhd seat/back	-	Х	-	Х	- 1	Х
	Pwc gp 3 xhd cap chair	-	Х	-	Х	-	Х
K0856 P	Pwc gp3 std sing pow opt s/b	-	Х	-	Х	- 1	Х
	Pwc gp3 std sing pow opt cap	-	Х	-	Х	-	Х
	Pwc gp3 hd sing pow opt s/b	-	Х	-	Х	- 1	Х
	Pwc gp3 hd sing pow opt cap	-	Х	-	Х	-	Х
	Pwc gp3 vhd sing pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp3 std mult pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp3 hd mult pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp3 vhd mult pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp3 xhd mult pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp 4 std seat/back	-	Х	-	Х	- 1	Х

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

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



As of: 06/17/25

			rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Pwc gp 4 std cap chair	-	Х	-	Х	-	Х
	Pwc gp 4 hd seat/back	-	X	-	X	- 1	X
	Pwc gp 4 vhd seat/back	-	X	-	X	- 1	X
	Pwc gp4 std sing pow opt s/b	-	Х	-	Х	- 1	Х
	Pwc gp4 std sing pow opt cap	-	Х	-	Х	- 1	Х
	Pwc gp4 hd sing pow opt s/b	-	Х	-	Х	-	Х
K0880	Pwc gp4 vhd sing pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp4 std mult pow opt s/b	-	Х	-	Х	-	Х
K0885	Pwc gp4 std mult pow opt cap	-	Х	-	Х	-	Х
K0886	Pwc gp4 hd mult pow s/b	-	Х	-	Х	-	Х
K0890	Pwc gp5 ped sing pow opt s/b	-	Х	-	Х	-	Х
	Pwc gp5 ped mult pow opt s/b	-	Х	-	Х	-	Х
	Power wheelchair noc	-	Х	-	Х	-	Х
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	Х	-	Х	-	Х	-
K1004	Lo freq us diathermy device	Х	-	Х	-	Х	-
K1007	Bil hkaf pc s/d micro sensor	Х	-	Х	-	Х	-
	Mol diag reader self-admn	Х	-	Х	-	Х	-
	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	х	-	х	-	х	-
K1037	Docking station for use with oral device/appliance used to reduce upper airway collapsibility	х	-	х	-	х	-
L1900	Afo sprng wir drsflx calf bd	-	-	Х	-	-	-
L1902	Afo ankle gauntlet	-	-	Х	-	-	-
L1904	Afo molded ankle gauntlet	-	-	Х	-	-	-
L1906	Afo multiligamentus ankle su	-	-	Х	-	-	-
L1907	Afo, supramalleolar with straps, with or without interface/pads, custom	-	-	Х	-	-	-
L1910	Afo sing bar clasp attach sh	-	-	Х	-	-	-
L1920	Afo sing upright w/ adjust s	-	-	Х	-	-	-
L1930	Afo plastic	-	-	Х	-	-	-
	Afo rig ant tib prefab tcf/=	-	-	Х	-	-	-
	Ankle foot orthosis, rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf	-	-	х	-	-	-
L1940	Afo molded to patient plasti	-	-	Х	-	- 1	-
	Afo molded plas rig ant tib	-	-	Х	-	- 1	-
	Afo spiral molded to pt plas	-	-	Х	-	-	-
	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), prefabricated	-	-	Х	-	-	-
L1952	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), plastic or other material, prefabricated, off-the-shelf	-	-	х	-	-	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additio	nally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty m	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	Afo pos solid ank plastic mo	-	-	Х	-	-	_
	Afo plastic molded w/ankle j			X	-	_	-
	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated	_		X	-	_	
	Afo sing solid stirrup calf			X	-	_	
	Afo doub solid stirrup calf		_	X	-	_	_
	Kaf sng/dbl swg/stn mcpr cus		X	-	X	_	X
	Afo tib fx cast plaster mold		-	X	-	_	-
	Afo tib fx cast molded to pt			X	-	_	_
	Afo tibial fracture soft		_	X	-	_	-
	Afo tib fx semi-rigid		_	X	-	_	-
	Afo tibial fracture rigid		-	X	-	_	-
	Dorsiflexion assist each joi		-	X	-	-	
	Carbon graphite lamination		-	X	-	_	
	Soft interface below knee se		-	X		-	
	Ft insert ucb berkeley shell	X	-	X		X	
	Foot insert remov molded spe	X		X	-	X	
	Foot insert plastazote or eq	^ X	-	X	-	X	-
	Foot insert silicone gel eac	X	-	X		X	
	Foot longitudinal arch suppo	^ X	-	X		X	-
	Foot longitud/metatarsal sup	X	-	X		X	
	Foot arch support remov prem	^ X	-	X	-	X	
	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength	^ X	-	X	-	X	
	Ft arch suprt premold longit	^ X	-	X		X	
	Foot arch supp premold metat	^	-	X	-	X	-
	Foot arch supp premote metal	^ X	-	X	-	X	
	Arch suprt att to sho longit	X	-	X	-	X	-
	Arch supp att to shoe metata		-		-		-
	Arch supp att to shoe long/m	X X	-	X X	-	X X	-
	Hallus-valgus nght dynamic s	X X		X		X	
	Dates valgus right dynamic s	X X	-	X	-	X	-
	Oxford w supinat/pronat ini Oxford w/ supinat/pronator c		-		-		-
		<u> </u>	-	X	-	X	-
	Oxford w/ supinator/pronator	X	-	X	-	X	-
	Hightop w/ supp/pronator inf	<u> </u>	-	X	-	X	-
	Hightop w/ supp/pronator chi	<u> </u>	-	X	-	X	-
	Hightop w/ supp/pronator jun	X	-	X	-	X	-
	Orthopedic ftwear ladies oxf	<u> </u>	-	X	-	X	-
	Orthoped ladies shoes dpth i	X	-	X	-	X	-
L3217	Ladies shoes hightop depth i	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Orthopedic mens shoes oxford	Х	-	Х	-	Х	-
	Orthopedic mens shoes dpth i	X		X	-	X	
	Mens shoes hightop depth inl	X	_	X	-	X	-
	Woman's shoe oxford brace	X		X		X	
	Man's shoe oxford brace	X	-	X	-	X	
	Custom shoes depth inlay	X		X	-	X	-
	Custom mold shoe remov prost	X	-	X	-	X	
	Shoe molded to pt silicone s	X		X		X	
	Shoe molded plastazote cust	X	_	X	-	X	-
	Shoe molded plastazote cust	X		X		X	-
	Orth foot non-stndard size/w	X	-	X	-	X	
	Orth foot non-standard size/	X	_	X	-	X	-
	Orth foot add charge split s	X		X	-	X	
	Plastazote sandal each	X		X		X	
	Sho lift taper to metatarsal	X	-	X	-	X	
	Shoe lift elev heel/sole neo	X	_	X		X	_
	Shoe lift elev heel/sole cor	X	-	X	-	X	-
	Lifts elevation metal extens	X	_	X	-	X	-
	Shoe lifts tapered to one-ha	X		X	-	X	_
	Shoe lifts elevation heel /i	X	_	X	-	X	-
	Shoe wedge sach	X	_	X	-	X	-
	Shoe heel wedge	X	_	X	_	X	_
	Shoe sole wedge outside sole	X	-	X	-	X	_
	Shoe sole wedge between sole	X	_	X		X	-
	Shoe clubfoot wedge	X	_	X	_	X	_
	Shoe outflare wedge	X	-	X	-	X	-
	Shoe metatarsal bar wedge ro	X	_	X	_	X	_
	Shoe metatarsal bar between	X	_	X	_	X	_
	Full sole/heel wedge btween	X		X	-	X	-
	Sho heel count plast reinfor	X	_	X	-	X	-
	Heel leather reinforced	X	-	X	-	X	-
	Shoe heel sach cushion type	X	_	X	-	X	-
	Shoe heel new leather standa	X	-	X	-	X	-
	Shoe heel new rubber standar	X	_	X	-	X	-
	Shoe heel thomas with wedge	X		X	-	X	-
	Shoe heel thomas extend to b	X	_	X	-	X	-
	Shoe heel pad & depress for	X	-	X	-	X	-
	Shoe heel pad removable for	X	_	X		X	_

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Ortho shoe add leather insol	Х	-	Х	-	Х	-
	Orthopedic shoe add rub insl	X	_	X	-	X	-
	O shoe add felt w leath insl	X	-	X	-	X	-
	Ortho shoe add half sole	X	_	X	-	X	-
	Ortho shoe add full sole	X	-	X		X	-
	O shoe add standard toe tap	X	_	X	-	X	-
	O shoe add horseshoe toe tap	X	_	X		X	-
	O shoe add instep extension	X	-	X	-	X	-
	O shoe add instep velcro clo	X		X	-	X	-
	O shoe convert to sof counte	X	-	X	-	X	-
	Ortho shoe add march bar	X	-	X	-	X	-
	Trans shoe calip plate exist	X	-	X	-	X	-
	Trans shoe caliper plate new	X		X		X	-
	Trans shoe solid stirrup exi	X	-	X	-	X	-
	Trans shoe solid stirrup new	X	-	X	-	X	-
	Shoe dennis browne splint bo	X	_	X	-	X	
	Orthopedic shoe, modification, addition or transfer, not otherwise specified	X		X	-	X	
	Mold socket ank hgt w/ toe f	-	Х	X	_	-	Х
	Tibial tubercle hgt w/ toe f		X	X		-	X
	Ank symes mold sckt sach ft		X	X		_	X X
	Symes met fr leath socket ar	-	X	X		_	X X
	Molded socket shin sach foot	_	X	X	-	_	X X
	Plast socket jts/thgh lacer	_	X	X		_	X X
	Mold sckt ext knee shin sach	-	X	X		_	X X
	Mold socket bent knee shin s	-	X	X	-	-	X X
	Kne sing axis fric shin sach		X	X		_	X X
	No knee/ankle joints w/ ft b	_	X	X	-	_	X X
	No knee joint with artic ali		X	X	-	_	X X
	Fem focal defic constant fri		X	X			X X
	Hip canad sing axi cons fric		X	X			× ×
	Tilt table locking hip sing		X	X	_		× ×
	Hemipelvect canad sing axis		X	X		-	X
	Below knee, molded socket, shin, sach foot, endoskeletal system		X	X	-		× ×
	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot,	+ -			-	-	Λ
L0012	endoskeletal system	-	Х	Х	-	-	Х
1 5 3 2 1	Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee	-	Х	Х	-	-	Х
	Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis	+ -	^	^	-	-	<u>^</u>
	knee. sach foot	-	Х	Х	-	-	Х

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee,						
	sach foot	-	Х	Х	-	-	Х
L5400	Postop dress & 1 cast chg bk	-	Х	Х	-	-	Х
	Postop dsg bk ea add cast ch	-	X	X	-	- 1	X
	Postop dsg & 1 cast chg ak/d	-	X	X	-	-	X
	Postop dsg ak ea add cast ch	-	Х	Х	-	-	Х
	Postop app non-wgt bear dsg	-	Х	Х	-	-	Х
	Postop app non-wgt bear dsg	-	Х	Х	-	-	Х
	Init bk ptb plaster direct	-	Х	Х	-	-	Х
_5505	Init ak ischal plstr direct	-	Х	Х	-	-	Х
	Prep bk ptb plaster molded	-	Х	Х	-	-	Х
5520	Perp bk ptb thermopls direct	-	Х	Х	-	-	Х
_5530	Prep bk ptb thermopis molded	-	Х	Х	-	-	Х
5535	Prep bk ptb open end socket	-	Х	Х	-	-	Х
	Prep bk ptb laminated socket	-	Х	Х	-	-	Х
5560	Prep ak ischial plast molded	-	Х	Х	-	-	Х
	Prep ak ischial direct form	-	Х	Х	-	-	Х
	Prep ak ischial thermo mold	-	Х	Х	-	-	Х
	Prep ak ischial open end	-	Х	Х	-	-	Х
_5590	Prep ak ischial laminated	-	Х	Х	-	-	Х
5595	Hip disartic sach thermopls	-	Х	Х	-	-	Х
	Hip disart sach laminat mold	-	Х	Х	-	-	Х
_5610	Above knee hydracadence	-	Х	Х	-	-	Х
_5611	Ak 4 bar link w/fric swing	-	Х	Х	-	-	Х
_5613	Ak 4 bar ling w/hydraul swig	-	Х	Х	-	-	Х
	4-bar link above knee w/swng	-	Х	Х	-	-	Х
_5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control	-	Х	х	-	-	Х
5616	Ak univ multiplex sys frict	-	Х	Х	-	- 1	Х
	Ak/bk self-aligning unit ea	-	X	X	-	-	X
	Test socket symes	-	X	X	-	-	X
	Test socket below knee	-	X	X	-	-	X
	Test socket knee disarticula	-	X	X	-	-	X
	Test socket above knee	-	X	X	-	-	X
	Test socket hip disarticulat	-	X	X	-	- 1	X
	Test socket hemipelvectomy	-	X	X	-	- 1	X
	Below knee acrylic socket	-	X	X	-	-	X
	Syme typ expandabl wall sckt	-	X	X	-	- 1	X

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	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 imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	rmacy link option within the website. ited to ACA 10 essential health benefits.						
5	nee disartic acrylic soc		Х	Х	-		Х
	es type ptb brim design s		X	X	-		X X
	es type poster opening so		X	X	-		× ×
	es type medial opening so		X	X	-		X X
	w knee total contact		X	X			× ×
	w knee leather socket	-	X	X	-		× X
	w knee wood socket		X	X	-		× X
	e disarticulat leather so		X	X	-		X
	/e knee leather socket		X	X	-		<u> </u>
	lex inner socket ext fr		X	X	-		<u> </u>
	/e knee wood socket		X	X	-		<u> </u>
	ex inner socket ext frame		X	X		-	× X
	w knee air cushion socke	-	X	X	-		<u> </u>
	w knee suction socket		X	X	-	-	× X
	/e knee air cushion socke		X	X	-	-	<u> </u>
	containmt/narrow m-l so		X	X	-		<u> </u>
	contact ak/knee disart s	-	X	X	-	-	<u> </u>
	ex inner socket ext fra	-		X	-		
	ion susp ak/knee disart		X	X	-		X X
	e disart expand wall sock			X	-		
	tet insert symes	-	X X	X	-	-	X X
	ket insert below knee		X	X	-	-	× X
		-				-	
	ket insert knee articulat ket insert above knee	-	X X	X X	-	-	X X
		-			-	-	
	-durometer symes -durometer below knee	-	X	X	-	-	X
		-	X	X	-	-	<u> </u>
	w knee cuff suspension ket insert w/o lock lower	-	X	X	-	-	X
		-	X	X	-		X
	nolded supracondylar susp	-	Х	Х	-	-	Х
	tion lower extremity, below knee/above knee suspension locking mechanism (shuttle, ard or equal), includes socke	-	х	Х	-	-	Х
	emovable medial brim sus	-	Х	Х	-	- 1	Х
	tion to lower extremity, below knee/above knee, custom fabricated	- 1	X	X	-	- 1	X
	nee joints single axis p	-	X	X	-	- 1	X
	nee joints polycentric p	- 1	X	X	-	- 1	X
	int covers pair	- 1	X	X	-	<u> </u>	X
	tion to lower extremity, below knee/above knee, custom fabricated	-	X	X	-	- 1	X
	high lacer non-molded	1	X	X	-	<u> </u>	X X

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

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



As of: 06/17/25

Not Covered		La	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
directed by Plannagy file digition value in the website L5681 Addition to lower externity, below knee/above knee, custom fabricated socket insert - X X - - X L5682 Khigh lacer gluticeshia m - X X - - X L5682 Khigh lacer gluticeshia m - X X - - X L5683 Kork strap - X X - - X L5686 Kork strap - X X - - X L5686 Kork strap - X X - - X L5686 Kork strap - X X - - X L5686 Kork strap - X X - - X L5686 Kork strap - X X - - X L5686 Kork strap - X X - - X L5696 Kork strap - X X - - <th>Codes Description</th> <th></th> <th></th> <th></th> <th></th> <th>Not Covered</th> <th>Preauthorization Required</th>	Codes Description					Not Covered	Preauthorization Required
"Phar coverage limited is AR-10 reservation hand bandfactories and the second	Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
15681 Addition to lower extremity, below knee/above knee, custom fabricated socket insert - X X - - X 15682 Bk high lacer guitveshia m - X X - - X 15683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert - X X - - X 15684 Bk low Knee sus/seal sieeve - - X X - - X 15685 Below Knee sus/seal sieeve - - X X - - X 15686 Below knee sus/seal sieeve - - X X - - X 15689 Bk waist belt webbing - X X - - X 15698 Bk waist belt webbing - X X - - X 15698 Bk waist belt webbing - X X - - X 15698 Akrikee disartic pervic ointo - X X - - X 15698							
L5682 Bk thigh lacer gluf/ischia m - X X - - X L5683 Addition to lower externity, below knee/above knee, custom fabricated socket insert - X X - - X L5684 Bk fork strap - X X - - X L5685 Bk back check - - X X - X X - - X X - - X - - X X - - X X - - X X - - X X - - X X - - X X - - X X - - X X - - X			Y	Y			Y
L5683 Addition to lower extremity, below knee/above knee, custom fabricated socket insert - X X - - X L5684 B6 low knee sus/seal sleeve - - X - - X L5685 Below knee sus/seal sleeve - - X X - - X L5686 Bk wais belt webbing - X X - - X L5680 Bk waist belt webbing - X X - - X L5692 Ak pelvic control belt light - X X - - X L5693 Ak knee disartic pelvic pion - X X - - X L5694 Ak/nee disartic pelvic pion - X X - - X L5694 Ak/nee disartic pelvic pion - X X - - X L5698 Ak/nee disartic pelvic pand - X X - - X L5098 Ak/nee disartic pelvic pand - X X		-			-	-	
L5684 Bk fork strap - X X - - X L5685 Below knee sus/seal sleeve - X X - - X L5685 Bk wais bett webbing - X X - - X L5686 Bk wais bett webbing - X X - - X L5690 Bk waist bett webbing - X X - - X L5690 Bk waist bett webbing - X X - - X L5690 Bk waist bett padded and lin - X X - - X L5691 Ak pelvic control bett pad/ - X X - - X L5693 Aklenee disartic pelvic band - X X - - X L5694 Aklenee disartic pelvic band - X X - - X L5694 Aklenee disartic pelvic band - X X - - X L5695					-	-	
L5685 Below knee sus/seal sleeve - X X - - L5686 Bk waist betl webbing - X X - - X L5680 Bk waist betl padded and lin - X X - - X L5690 Bk weist betl padded and lin - X X - - X L5690 Bk weist betl padded and lin - X X - - X L5691 Ak pelvic control betl padd - X X - - X L5695 Ak keve susp neopren/equa - X X - - X L5696 Akknee disartic pelvic join - X X - - X L5697 Akknee disartic pelvic join - X X - - X L5698 Akknee disartic pelvic join - X X - - X L5700 Replace socket above knee - X X - - X L5701					_		
L5686 Bk back check - X X - - X L5688 Bk waist belt padded and lin - X X - - X L5690 Bk waist belt padded and lin - X X - - X L5691 Ak pelvic control belt light - X X - - X L5692 Ak pelvic control belt pad/l - X X - - X L5695 Ak lseve susp neoprene/equa - X X - - X L5696 Ak/knee disartic pelvic band - X X - - X L5697 Ak/knee disartic pelvic band - X X - - X L5698 Ak/knee disartic silesian ba - X X - - X L5701 Replace socket blow knee - X X - - X L5702 Replace socket hip - X X - - X <td< td=""><td></td><td>-</td><td></td><td></td><td></td><td></td><td></td></td<>		-					
L5688 Bk waist belt webbing - X X - - X L6809 Bk waist belt padded and lin - X X - - X L6692 Ak pelvic control beit light - X X - - X L6694 Ak pelvic control beit pad/ - X X - - X L6694 Ak pelvic control beit pad/ - X X - - X L5695 Ak keeve susp neoprene/equa - X X - - X L5697 Ak/knee disartic pelvic band - X X - - X L5698 Bkudies famess - X X - - X L5698 Ak/knee disartic silesian ba - X X - - X L5699 Bhudies banesse - X X - - X L5699 Bhudies banesse - X X - - X L5691 <t< td=""><td></td><td></td><td></td><td></td><td></td><td>_</td><td>_</td></t<>						_	_
L6690 Bk waist beit padded and lin - X X - X L5692 Ak pelvic control beit light - X X - - X L5693 Ak pelvic control beit pad/ - X X - - X L5695 Ak knee disartic pelvic pin - X X - - X L5695 Akknee disartic pelvic pin - X X - - X L5696 Akknee disartic silesian ba - X X - - X L5698 Akknee disartic silesian ba - X X - - X L5699 Rhoulder harness - X X - - X L5700 Replace socket bolow knee - X X - - X L5702 Replace socket bolow knee - X X - - X L5702 Replace socket bolow knee - X X - - X L5704						_	
L5692 Ak pelvic control belt light - X X - X L5694 Ak pelvic control belt pad/l - X X - - X L5695 Ak sleeve susp neoprene/equa - X X - - X L5696 Ak/knee disartic pelvic bin - X X - - X L5697 Ak/knee disartic pelvic band - X X - - X L5698 Ak/knee disartic selvic band - X X - - X L5698 Ak/knee disartic selvic band - X X - - X L5698 Ak/knee disartic selvic band - X X - - X L5698 Ak/knee disartic selvic band - X X - - X L5699 Ak/knee disartic selvic band - X X - - X L5701 Replace socket balow knee - X X - - X		-				-	
L6694 Ak pelvic control belt pad/l - X X - - X L6696 Ak lseves susp neoprene/equa - X X - - X L6696 Ak/knee disartic pelvic join - X X - - X L6697 Ak/knee disartic pelvic band - X X - - X L6698 Ak/knee disartic silesian ba - X X - - X L6698 Ak/knee disartic silesian ba - X X - - X L6700 Replace socket below knee - X X - - X L5701 Replace socket hip - X X - - X L5702 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X X - - X L5704 Custom shape cover above knee - X X - - X L5704 Custom shape cover hebe disart - X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td>						-	
L5695 Ak sleeve susp neoprene/equa - X X - - X L5696 Ak/knee disartic pelvic band - X X - - X L5697 Ak/knee disartic pelvic band - X X - - X L5698 Ak/knee disartic pelvic band - X X - - X L5698 Bk/knee disartic pelvic band - X X - - X L5699 Bk/knee disartic pelvic band - X X - - X L5699 Bk/knee disartic pelvic band - X X - - X L5701 Replace socket blow knee - X X - - X L5702 Replace socket hip - X X - - X L5704 Custm shape covr below knee - X X - - X L5705 Custm shape covr below knee - X X - - X							
L6696 Ar/knee disartic pelvic join - X X - - X L6697 Ar/knee disartic pelvic band - X X - - X L5698 Ar/knee disartic pelvic band - X X - - X L5698 Shoulder harness - X X - - X L5700 Replace socket above knee - X X - - X L5702 Replace socket hip - X X - - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X X - - X L5704 Custom shape cover above knee - X X - - X L5704 Custom shape cover helow knee - X X - - X L5705 Custim shape cover helow knee - X X - - X L5705 Custim shape cover hip disart - X <		_					
L5697 Ak/knee disartic pelvic band - X X - - X L5698 Ak/knee disartic silesian ba - X X - - X L5698 Ak/knee disartic silesian ba - X X - - X L5699 Shoulder hamess - X X - - X L5700 Replace socket blow knee - X X - - X L5701 Replace socket hip - X X - - X L5702 Replace socket hip - X X - - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X X - - X L5704 Custom shape cover above knee - X X - - X L5705 Custm shape cover hip disart - X X - - X L5706 Custm shape cover hip disart - X X		_			-		
L5698 Ak/knee disartic silesian ba - X X - - X L5699 Shoulder harness - X X - - X L5700 Replace socket below knee - X X - - X L5701 Replace socket below knee - X X - - X L5702 Replace socket hip - X X - - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X X - - X L5702 Custom shape covr below knee - X X - - X L5704 Custom shape covre above knee - X X - - X L5705 Custm shape covre nil disart - X X - - X L5706 Custm shape cover hip disart - X X - - X L5710 Knee-shin exo mni lock ultra - X X </td <td></td> <td></td> <td></td> <td></td> <td>-</td> <td>-</td> <td></td>					-	-	
L5699 Shoulder harness - X X - - X L5700 Replace socket below knee - X X - - X L5701 Replace socket holp - X X - - X L5703 Replace socket hip - X X - - X L5703 Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only - X X - - X L5704 Custom shape cover blow knee - X X - - X L5705 Custom shape cover above knee - X X - - X L5706 Custom shape cover above knee - X X - - X L5705 Custom shape cover above knee - X X - - X L5706 Custom shape cover above knee - X X - - X L5701 Knee-shin exo sng axi mnl loc - X X <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td></td>		-				-	
L5700Replace socket below knee-XX-XL5701Replace socket above knee-XX-XL5702Replace socket hip-XX-XL5703Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only-XX-XL5704Custom shape covr below knee-XXXL5705Custom shape covr below knee-XXXL5706Custom shape covr heed isart-XXXL5707Custom shape covr heed isart-XXXL5707Custom shape cover hip disart-XXXL5711Knee-shin exo sing axi mil loc-XXXL5712Knee-shin exo frict swg & st-XXXL5714Knee-shin exo frict swg & sta-XXXL5718Knee-shin exo fluid swing ph-XXXL5726Knee-shin exo fluid swing ph-XXXL5726Knee-shin exo fluid swing ph-XXXL5726Knee-shin exo fluid swing ph-XXXL5726Knee-shin in tijnt fluid swing stance-X <t< td=""><td></td><td>-</td><td></td><td></td><td>-</td><td>-</td><td></td></t<>		-			-	-	
L5701Replace socket above knee.XX.XXL5702Replace socket hip.XXXXL5703Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only.XXXXL5704Custom shape cover below knee.XXXXL5704Custom shape cover above knee.XXXXL5705Custm shape cover above knee.XXXXL5706Custm shape cover hip disart.XXXXL5706Custm shape cover hip disart.XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX.					-	-	
L5702Replace socket hip-XX-XXL5703Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only-XXXXL5704Custom shape covr below knee-XXXXXXL5705Custom shape covr above knee-XXXXXXL5706Custm shape covr hip disart-XXXX-XX-XXL5706XXXX-XXL5707Custm shape covre hip disart-XXXX-XXL5706XXXXXX-XXL5707Custm shape covre hip disart-XXXX-XXL5708Knee-shin exo sing axi mnl loc-XXXXL5714Knee-shin exo mnl lock ultra-XXXXL5714Knee-shin exo malbe frict-XXXXL5714Knee-shin exo mech stance phXXXXL5718Knee-shin exo fluid swing ph-XXXXL5728Knee-shi		-			-	-	
L5703Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott, replacement only-XXXL5704Custom shape covr below knee-XXXXL5705Custm shape covr above knee-XXXXL5706Custm shape covr hip disart-XXXXL5707Custm shape covr hip disart-XXXXL5707Custm shape covr hip disart-XXXXL5710Knee-shin exo sng axi mnl loc-XXXXL5714Knee-shin exo ranal lock ultra-XXXXL5714Knee-shin exo ranable frict-XXXXL5718Knee-shin exo frict swg & sta-XXXXL5722Knee-shin exo fuld swing ph-XXXXXL5726Knee-shin exo fuld swing phXXXXXX-XX-XXXXXXXXXXXXXXX <t< td=""><td></td><td></td><td></td><td></td><td></td><td>-</td><td></td></t<>						-	
replacement only - X X - - X L5704 Custom shape covr below knee - X X - X L5705 Custm shape cover above knee - X X - X L5706 Custm shape cover above knee - X X - X L5706 Custm shape cover above knee - X X - X L5706 Custm shape cover above knee - X X - X L5707 Custm shape cover hip disart - X X - - X L5710 Knee-shin exo sng axi mnl loc - X X - - X L5711 Knee-shin exo mil lock ultra - X X - - X L5714 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo frict swg & stance ph - X X <td< td=""><td></td><td>-</td><td>^</td><td>^</td><td>-</td><td>-</td><td>^</td></td<>		-	^	^	-	-	^
L5704 Custom shape covr below knee - X X - - X L5705 Custm shape covr above knee - X X - - X L5706 Custm shape covr knee disart - X X - - X L5707 Custm shape covr hip disart - X X - - X L5707 Custm shape covr hip disart - X X - - X L5707 Custm shape covr hip disart - X X - - X L5710 Knee-shin exo sng axi mnl loc - X X - - X L5711 Knee-shin exo mil lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo frict swg & sta - X X - - X L5718 Knee-shin exo fluid swing ph - X X - - X		-	Х	Х	-	-	Х
L5705 Custm shape cover above knee - X X - - X L5706 Custm shape cover knee disart - X X - - X L5707 Custm shape cover hip disart - X X - - X L5707 Custm shape cover hip disart - X X - - X L5707 Custm shape cover hip disart - X X - - X L5710 Kne-shin exo sng axi mnl loc - X X - - X L5711 Knee-shin exo mul lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo raible frict - X X - - X L5716 Knee-shin exo frict swg & sta - X X - - X L5718 Knee-shin exo fluid swing ph - X X - - X <td></td> <td></td> <td>Y</td> <td>Y</td> <td></td> <td></td> <td>Y</td>			Y	Y			Y
L5706 Custm shape cvr knee disart - X X - - X L5707 Custm shape cover hip disart - X X - - X L5707 Custm shape cover hip disart - X X - - X L5710 Kne-shin exo sng axi mnl loc - X X - - X L5711 Knee-shin exo mnl lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo variable frict - X X - - X L5714 Knee-shin exo mech stance ph - X X - - X L5716 Knee-shin exo frict swg & sta - X X - - X L5718 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin exo fluid swing ph - X X - - X <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
L5707 Custm shape cover hip disart - X X - - X L5710 Kne-shin exo sng axi mnl loc - X X - - X L5711 Knee-shin exo mnl lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo variable frict - X X - - X L5714 Knee-shin exo mech stance ph - X X - - X L5716 Knee-shin exo frict swg & sta - X X - - X L5718 Knee-shin exo frict swg & sta - X X - - X L5724 Knee-shin exo frict swg & sta - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin fluid swg e - X X - - X		-				_	
L5710 Kne-shin exo sng aximnl loc - X X - - X L5711 Knee-shin exo mnl lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo variable frict - X X - - X L5716 Knee-shin exo mech stance ph - X X - - X L5718 Knee-shin exo frict swg & sta - X X - - X L5722 Knee-shin pneum swg frict exo - X X - - X L5724 Knee-shin exo fluid swing ph - - X X - - X L5726 Knee-shin fluid swg & stance - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - - <td></td> <td></td> <td></td> <td></td> <td>_</td> <td>_</td> <td></td>					_	_	
L5711 Knee-shin exo mnl lock ultra - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5712 Knee-shin exo frict swg & st - X X - - X L5714 Knee-shin exo variable frict - X X - - X L5716 Knee-shin exo mech stance ph - X X - - X L5718 Knee-shin exo frct swg & sta - X X - - X L5722 Knee-shin pneum swg frct exo - X X - - X L5724 Knee-shin exo fluid swing ph - - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin pneum/hydra pneum - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - -							
L5712Knee-shin exo frict swg & st-XX-XXL5714Knee-shin exo variable frict-XXXXL5716Knee-shin exo mech stance ph-XXXXL5718Knee-shin exo frict swg & sta-XXXXL5718Knee-shin pneum swg frict exo-XXXXL5720Knee-shin exo fluid swing ph-XXXXL5726Knee-shin ext jints fld swg e-XXXL5728Knee-shin pneum/hydra pneum-XXXL5780Knee-shin pneum/hydra pneum-XXX							
L5714 Knee-shin exo variable frict - X X - - X L5716 Knee-shin exo mech stance ph - X X - - X L5718 Knee-shin exo frct swg & sta - X X - - X L5722 Knee-shin pneum swg frct exo - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin fluid swg & stance - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - - X					_	_	
L5716 Knee-shin exo mech stance ph - X X - X L5718 Knee-shin exo frct swg & sta - X X - - X L5722 Knee-shin pneum swg frct exo - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin pneum/hydra pneum - X X - - X					_	-	
L5718 Knee-shin exo frct swg & sta - X X - - X L5722 Knee-shin pneum swg frct exo - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin pneum/hydra gneum - X X - - X					_		
L5722 Knee-shin pneum swg frct exo - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin fluid swg & stance - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - - X		+ -					
L5724 Knee-shin exo fluid swing ph - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5726 Knee-shin ext jnts fld swg e - X X - - X L5728 Knee-shin fluid swg & stance - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - - X							
L5726 Knee-shin ext jnts fld swg e - X X - X L5728 Knee-shin fluid swg & stance - X X - X L5780 Knee-shin pneum/hydra pneum - X X - X		+ -					
L5728 Knee-shin fluid swg & stance - X X - - X L5780 Knee-shin pneum/hydra pneum - X X - - X						-	
L5780 Knee-shin pneum/hydra pneum - X X X		-					
						-	
			^	^	-	-	^
evacuation system		-	Х	Х	-	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture						
20102	evacuation system, heavy dut	-	Х	Х	-	-	Х
15783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management						
	system	-	Х	Х	-	-	Х
L5785	Exoskeletal bk ultralt mater	-	Х	Х	-	-	Х
	Exoskeletal ak ultra-light m	-	X	X	-	-	X
	Exoskel hip ultra-light mate	-	X	X	-	-	X
	Endoskel knee-shin mnl lock	-	Х	Х	-	-	Х
L5811	Endo knee-shin mnl lck ultra	-	Х	Х	-	-	Х
L5812	Endo knee-shin frct swg & st	-	Х	Х	-	-	Х
L5814	Endo knee-shin hydral swg ph	-	Х	Х	-	-	Х
	Endo knee-shin polyc mch sta	-	Х	Х	-	-	Х
	Endo knee-shin frct swg & st	-	Х	Х	-	-	Х
L5822	Endo knee-shin pneum swg frc	-	Х	Х	-	-	Х
	Endo knee-shin fluid swing p	-	Х	Х	-	-	Х
L5826	Miniature knee joint	-	Х	Х	-	-	Х
	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control,			V			
	with or without shock absorption and stance extension damping	-	Х	Х	-	-	Х
L5828	Endo knee-shin fluid swg/sta	-	Х	Х	-	-	Х
L5830	Endo knee-shin pneum/swg pha	-	Х	Х	-	-	Х
	Multi-axial knee/shin system	-	Х	Х	-	-	Х
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	-	Х	х	-	-	Х
L5845	Knee-shin sys stance flexion	-	Х	Х	-	-	Х
	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	X	X	-	-	X
L5850	Endo ak/hip knee extens assi	-	Х	Х	-	-	Х
L5855	Mech hip extension assist	-	Х	Х	-	-	Х
L5856	Elec knee-shin swing/stance	-	Х	Х	-	-	Х
	Elec knee-shin swing only	-	Х	Х	-	-	Х
	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only	-	х	х	-	-	Х
L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	-	х	-	-	-
L5910	Endo below knee alignable sy	-	Х	Х	-	-	Х
	Endo ak/hip alignable system	-	X	Х	-	-	X
	Above knee manual lock	-	X	X	-	-	X

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Indiv	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	ease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the *Plan coverage	Pharmacy link option within the website. e limited to ACA 10 essential health benefits.						
	ddition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip					Г	
	isarticulation, positional rotation unit, any type	-	Х	Х	-	-	Х
	ligh activity knee frame	-	Х	Х	-	- 1	Х
	ndo bk ultra-light material	-	X	X	-	- 1	X
	ndo ak ultra-light material	-	X	X	-	- 1	X
	ndo hip ultra-light materia	-	X	X	-	- 1	X
	ndo poly hip, pneu/hyd/rot	-	-	Х	-	- 1	-
	elow knee flex cover system	-	Х	Х	-	- 1	Х
	bove knee flex cover system	-	Х	Х	-	-	Х
	lip flexible cover system	-	Х	Х	-	- 1	Х
	lultiaxial ankle w dorsiflex	-	Х	Х	-	-	Х
L5970 F	oot external keel sach foot	-	Х	Х	-	- 1	Х
L5971 A	Il lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	-	Х	Х	-	-	Х
	lexible keel foot	-	Х	Х	-	-	Х
L5973 E	ndoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar			V			
	exion control, includes	-	Х	Х	-	-	Х
L5974 Fo	oot single axis ankle/foot	-	Х	Х	-	-	Х
L5975 C	ombo ankle/foot prosthesis	-	Х	Х	-	-	Х
L5976 E	nergy storing foot	-	Х	Х	-	-	Х
L5978 F1	t prosth multiaxial ankl/ft	-	Х	Х	-	-	Х
L5979 M	ulti-axial ankle/ft prosth	-	Х	Х	-	-	Х
L5980 FI	lex foot system	-	Х	Х	-	-	Х
L5981 FI	lex-walk sys low ext prosth	-	Х	Х	-	-	Х
L5982 E	xoskeletal axial rotation u	-	Х	Х	-	-	Х
L5984 E	ndoskeletal axial rotation	-	Х	Х	-	-	Х
L5985 L\	wr ext dynamic prosth pylon	-	Х	Х	-	-	Х
L5986 M	Iulti-axial rotation unit	-	Х	Х	-	-	Х
L5987 S	hank ft w vert load pylon	-	Х	Х	-	-	Х
	ertical shock reducing pylo	-	Х	Х	-	-	Х
L5990 A	ddition to lower extremity prosthesis, user adjustable heel height	-	Х	Х	-	-	Х
L5991 A	ddition to lower extremity prostheses, osseointegrated external prosthetic connector	-	Х	Х	-	-	Х
	owr extremity prosthes nos	-	-	Х	-	-	-
	artial hand, thumb remaining	-	Х	Х	-	-	Х
L6010 P	artial hand, little and/or ring finger remaining	-	Х	Х	-	-	Х
L6020 Pa	artial hand, no finger remaining	-	Х	Х	-	-	Х
L6026 P	art hand myo exclu term dev	-	-	Х	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cove	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
L6028	Partial hand including fingers, flexible or non-flexible interface, endoskeletal system, molded to patient model, for use without external power, not including inserts described by 16692	-	x	x	-	-	Х
L6029	Upper extremity addition, test socket/interface, partial hand including fingers	-	Х	Х	-	-	Х
	Upper extremity addition, external frame, partial hand including fingers	-	Х	Х	-	-	Х
	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power	-	х	Х	-	-	Х
L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)	-	х	х	-	-	х
L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material	-	х	х	-	-	Х
L6037	Immediate post-surgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand including fingers	-	x	x	-	-	Х
	Wrst mld sck flx hng tri pad	-	Х	Х	-	-	Х
	Wrst mold sock w/exp interfa	-	Х	Х	-	-	Х
	Elb mold sock flex hinge pad	-	Х	Х	-	-	Х
	Elbow mold sock suspension t	-	Х	Х	-	-	Х
	Elbow mold doub splt soc ste	-	Х	Х	-	-	Х
	Elbow stump activated lock h	-	Х	Х	-	-	Х
	Elbow mold outsid lock hinge	-	Х	Х	-	-	Х
	Elbow molded w/ expand inter	-	Х	Х	-	-	Х
	Elbow inter loc elbow forarm	-	Х	Х	-	-	Х
	Shlder disart int lock elbow	-	Х	Х	-	-	Х
	Shoulder passive restor comp	-	Х	Х	-	-	Х
	Shoulder passive restor cap	-	Х	Х	-	-	Х
	Thoracic intern lock elbow	-	Х	Х	-	-	Х
	Thoracic passive restor comp	-	X	Х	-	-	X
	Thoracic passive restor cap	-	X	X	-	-	<u>X</u>
	Postop dsg cast chg wrst/elb	-	X	Х	-	-	X
	Postop dsg cast chg elb dis/	-	Х	Х	-	-	X
	Postop dsg cast chg shlder/t	-	X	X	-	-	<u>X</u>
	Postop ea cast chg & realign	-	X	Х	-	-	X
	Postop applicat rigid dsg on	-	X	X	-	-	<u>X</u>
L6400	Below elbow prosth tiss shap	-	Х	Х	-	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ugs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Elb disart prosth tiss shap	_	Х	Х	-		Х
	Above elbow prosth tiss shap	_	X	X		_	X X
	Shidr disar prosth tiss shap		X	X	-		X X
	Scap thorac prosth tiss shap	_	X	X		-	X X
	Wrist/elbow bowden cable mol	-	X	X	-	-	× X
	Wrist/elbow bowden cbl dir f	-	X	X			X X
	Elbow fair lead cable molded	-	X	X	-	-	× X
	Elbow fair lead cable filoded	-	X	X	-		<u> </u>
	Shdr fair lead cable molded	-	X	X	-		<u> </u>
	Shdr fair lead cable direct	-	X	X	-	-	<u> </u>
	Polycentric hinge pair	-	X	X	-	-	<u> </u>
	Single pivot hinge pair			X	-		
	Flexible metal hinge pair	-	X X	X	-	-	X X
	Addition to upper extremity prosthesis, external powered, additional switch, any type	-			-	-	
	Disconnect locking wrist uni	-	X	X	-	-	<u>X</u>
		-	X	X	-	-	<u>X</u>
	Disconnect insert locking wr	-	X	X	-	-	X
	Flexion-friction wrist unit	-	Х	Х	-	-	Х
	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered ter	-	х	х	-	-	Х
	Spring-ass rot wrst w/ latch	-	Х	Х	-	-	Х
	Upper extremity addition, flexion/extension and rotation wrist unit	-	X	X	-	-	X
	Rotation wrst w/ cable lock	-	Х	Х	-	-	Х
	Quick disconn hook adapter o	-	Х	Х	-	-	Х
	Lamination collar w/ couplin	-	X	X	-	-	X
	Stainless steel any wrist	-	X	X	-	-	X
	Latex suspension sleeve each	-	X	X	-	-	X
	Lift assist for elbow	-	X	X	-	-	X
	Nudge control elbow lock	-	X	X	-	-	X
	Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow	-	X	X	-	-	X
6640	Shoulder abduction joint pai	_	х	Х	-	-	Х
	Excursion amplifier pulley t	-	X	X	-	<u> </u>	X X
	Excursion amplifier lever ty	-	X	X	-	<u> </u>	X X
	Shoulder flexion-abduction j	-	X	X	-	- 1	X
L6646	Upper extremity addition, shoulder joint, multipositional locking, flexion, adjustable abduction friction control, for us	-	X	X	-	-	X
	Upper extremity addition, shoulder lock mechanism, body powered actuator	-	х	Х	-	-	Х
	Upper extremity addition, shoulder lock mechanism, external powered actuator	1	X	X	_		X X

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	he Pharmacy link option within the website.						
	age limited to ACA 10 essential health benefits.	1	N N	N N	r		
	Shoulder universal joint	-	X	X	-	-	X
	Standard control cable extra	-	X	X	-	-	X
	Heavy duty control cable	-	X	X	-	-	X
	Teflon or equal cable lining	-	X	Х	-	-	X
	Hook to hand cable adapter	-	X	Х	-	-	X
	Harness chest/shider saddle	-	X	Х	-	-	X
	Harness figure of 8 sing con	-	Х	Х	-	-	Х
	Harness figure of 8 dual con	-	Х	Х	-	-	Х
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	-	х	Х	-	-	х
L6680	Test sock wrist disart/bel e	-	Х	Х	-	-	Х
L6682	Test sock elbw disart/above	-	Х	Х	-	-	Х
L6684	Test socket shldr disart/tho	-	Х	Х	-	-	Х
L6686	Suction socket	-	Х	Х	-	-	Х
L6687	Frame typ socket bel elbow/w	-	Х	Х	-	-	Х
L6688	Frame typ sock above elb/dis	-	Х	Х	-	-	Х
L6689	Frame typ socket shoulder di	-	Х	Х	-	-	Х
L6690	Frame typ sock interscap-tho	-	Х	Х	-	-	Х
L6691	Removable insert each	-	Х	Х	-	-	Х
L6692	Silicone gel insert or equal	-	Х	Х	-	-	Х
L6693	Lockingelbow forearm cntrbal	-	Х	Х	-	-	Х
L6694	Elbow socket ins use w/lock	-	Х	Х	-	-	Х
L6695	Elbow socket ins use w/o lck	-	Х	Х	-	-	Х
L6696	Cus elbo skt in for con/atyp	-	Х	Х	-	-	Х
L6697	Cus elbo skt in not con/atyp	-	Х	Х	-	-	Х
L6698	Below/above elbow lock mech	-	Х	Х	-	-	Х
L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional	-	х	Х	-	-	х
	emg inputs, pattern-recognition decoding intent movement						
	Terminal device, passive hand/mitt, any material, any size	-	Х	Х	-	-	Х
	Terminal device, sport/recreational/work attachment, any material, any size	-	Х	Х	-	-	Х
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	-	х	х	-	-	х
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	-	х	Х	-	-	Х
1 6708	Terminal device, hand, mechanical, voluntary opening, any material, any size, med or unmed	-	Х	Х	-	_	Х
	Terminal device, hand, mechanical, voluntary closing, any material, any size		X	X	_		X X

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	ual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these has been applied within the updated	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
L6711	Terminal device, hook, mechanical, voluntary opening, any material, any size, 'lined or unlined,						
	pediatric	-	Х	Х	-	-	Х
L6712	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined,		Ň	V			X
	pediatric	-	Х	X	-	-	Х
L6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	-	Х	Х	-	-	Х
	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	-	Х	Х	-	-	Х
L6715	Terminal device model #5xa	-	-	Х	-	-	-
L6721	Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any		х	х	_		V
	size, lined or unlined	-	^	~	-	-	Х
L6722	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any		х	х	_		Х
	size, lined or unlined	-	^	^	-	-	^
	Modifier wrist flexion unit	-	Х	Х	-	-	Х
	Pincher tool otto bock or eq	-	Х	Х	-	-	Х
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp		х	х	_		х
	pattern or combination of grasp patterns, includes motor(s)	-	^		-	-	Λ
	Automatic grasp feature, additional to upper limb prosthetic terminal device.	-	-	Х	-	-	-
	Microprocessor control feature, addition to upper limb prosthesis terminal device	-	Х	Х	-	-	Х
L6883	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or	_	х	х	_	_	х
	without external power	-	~	~	-	_	Х
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or	_	х	х	-	_	х
	without external power	_	~	~	_	_	Х
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for	_	х	х	_	_	х
	use with or without ex	_			_	_	
	Production glove	-	Х	Х	-	-	Х
	Custom glove	-	Х	Х	-	-	Х
	Hand restorat thumb/1 finger	-	Х	Х	-	-	Х
	Hand restoration multiple fi	-	Х	Х	-	-	Х
	Hand restoration no fingers	-	Х	Х	-	-	Х
	Hand restoration replacmnt g	-	X	Х	-	-	X
	Wrist disarticul switch ctrl	-	X	Х	-	-	X
	Wrist disart myoelectronic c	-	X	X	-	-	<u>X</u>
	Below elbow switch control	-	X	X	-	-	<u>X</u>
	Below elbow myoelectronic ct	-	X	Х	-	-	X
	Elbow disarticulation switch	-	X	Х	-	-	X
	Elbow disart myoelectronic c	-	X	X	-	-	<u> </u>
	Above elbow switch control	-	X	Х	-	-	<u> </u>
	Above elbow myoelectronic ct	-	X	Х	-	-	X
L6960	Shldr disartic switch contro	-	Х	Х	-	-	Х

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Shldr disartic myoelectronic	-	Х	Х	_	I	Х
	Interscapular-thor switch ct	-	X	X	_	_	X X
	Interscap-thor myoelectronic	-	X	X	-	_	X X
	Electric hand, switch or myoelectric controlled, adult	-	-	X	_	_	-
	Electric hand, switch or myoelectric, controlled, pediatric	Х	-	X	-	Х	-
	Electric hook, switch or myoelectric controlled, adult	-	_	X	-	-	-
	Prehensile actuator hosmer s	-	Х	X	-	_	Х
	Electron hook child michigan	-	X	X	_	_	X X
	Electronic elbow hosmer swit	-	X	X	-	_	X X
	Electronic elbow utah myoele		X	X	_	<u> </u>	X X
	Electronic elbo simultaneous	-	X	X	_	_	X X
	Electron elbow adolescent sw		X	X	_	<u> </u>	X X
	Electron elbow child switch		X	X	_	<u> </u>	X X
	Elbow adolescent myoelectron	-	X	X	_	_	X X
	Elbow child myoelectronic ct		X	X	_	<u> </u>	X X
	Electronic wrist rotator any	-	-	X	_		-
	Six volt bat otto bock/eq ea	X		X		X	-
	Battery chrgr six volt otto	X	_	X	_	X	_
	Twelve volt battery utah/equ	X	_	X	_	X	-
	Battery chrgr 12 volt utah/e	X	-	X	_	X	_
	Lithium ion battery, replacement	X	_	X	_	X	-
	Lithium ion battery charger, replacement only	X	_	X	_	X	-
	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material	~				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
21400	(titanium, carbon fiber o	-	Х	Х	-	-	Х
L7401	Addition to upper extremity prosthesis, above elbow disarticulation, ultralight material (titanium, carbon fiber or equa	-	х	х	-	-	Х
	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, ultralight material (titanium,	-	Х	х	-	-	Х
L7403	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, acrylic material	-	Х	Х	-	-	Х
	Addition to upper extremity prosthesis, above elbow disarticulation, acrylic material	-	Х	Х	-	-	Х
L7405	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	-	Х	х	-	-	Х
L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system	-	Х	х	-	-	Х
L7499	Upper extremity prosthes nos	-	Х	Х	-	-	Х
	Prosthetic device repair rep	-	-	X	-	- 1	-
	Repair prosthesis per 15 min	- 1	-	X	-	-	-
	Prosthetic donning sleeve, any material, each	+	_	X			_

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Addition	ally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Pros soc insert gasket/seal		-	Х	-	- 1	-
	Vacuum erection system		_	X	-	- 1	-
	Tension ring, for vacuum erection device, any type, replacement only, each		_	X		_	-
	Mastectomy bra			X	-	_	-
	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral			X	-	_	
	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral			X	-		-
	Nipple prosthesis custom, ea	X		X	-	Х	
	Breast prosthesis nos	-	X	-	X	-	X
	Nasal prosthesis		X	X	-	-	X X
	Midfacial prosthesis	-	X	X	-	_	X X
	Orbital prosthesis		X	-		-	X X
	Upper facial prosthesis		X	-			X X
	Hemi-facial prosthesis		X	-	-	-	X X
	Auricular prosthesis		X	X		-	× X
	Partial facial prosthesis		X	X	-		× ×
	Nasal septal prosthesis		X	X		-	× X
	Unspec maxillofacial prosth		X	X		-	× ×
	Repair maxillofacial prosth		X	X	-	-	× ×
	Truss single w/ standard pad	-	~	X	-	-	
	Truss double w/ standard pad	-			-	-	-
	Truss addition to std pad wa	-	-	X	-	-	-
	Truss add to std pad scrotal	-	-	X X	-	-	-
	Sheath below knee	-	-		-	-	-
	Sheath above knee	-	-	X	-	-	-
			-	X	-	-	-
	Sheath upper limb	-	-	X	-	-	-
	Pros sheath/sock w gel cushn		-	X	-	-	-
	Prosthetic sock multi ply bk	-	-	X	-	-	-
	Prosthetic sock multi ply ak	-	-	X	-	-	-
	Pros sock multi ply upper Im	-	-	X	-	-	-
	Shrinker below knee	-	-	X	-	-	-
	Shrinker above knee	-	-	X	-	-	-
	Shrinker upper limb	-	-	X	-	-	-
	Pros sock single ply bk		-	X	-	-	-
	Pros sock single ply ak	-	-	Х	-	-	-
	Pros sock single ply upper I	-	-	Х	-	-	-
	Artificial larynx		Х	Х	-	-	Х
	Tracheostomy speaking valve	-	Х	Х	-	-	Х
_8505	Artificial larynx replacement battery/accessory, any type	Х	-	Х		Х	

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	_	Х	Х	-	-	Х
L8509							
	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	-	Х	Х	-	-	Х
L8510	Voice amplifier	Х	-	Х	-	Х	-
L8600	Implant breast silicone/eq	-	Х	-	Х	-	Х
L8603	Collagen imp urinary 2.5 ml	-	-	Х	-	-	-
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml,	х		х		Х	
	includes shipping and necessary supplies	~	-	^	-	^	-
	Synthetic implnt urinary 1ml	-	-	Х	-	-	-
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal	х		х	_	Х	
	prosthesis system	^	-	^	-	^	-
	Artificial cornea	Х	-	Х	-	Х	-
L8610	Ocular implant	Х	-	Х	-	Х	-
	Ossicular implant	Х	-	Х	-	Х	-
	Repl zinc air battery	-	-	Х	-	-	-
	Repl alkaline battery	-	-	Х	-	-	-
L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	-	х	-	-	-
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	-	х	-	-	-
18630	Metacarpophalangeal implant	Х	_	Х	-	Х	-
	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	Х	X	-	-	Х
	Metatarsal joint implant	-	-	X	-	- 1	-
	Hallux implant	-	_	X	-	- 1	-
	Interphalangeal joint implnt	-	_	X	-	- 1	-
	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	Х	X	-	- 1	Х
L8670		Х	_	X	-	Х	-
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	-	Х	-	Х	-	Х
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	-	Х	-	Х	-	Х
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	-	Х	-	Х	- 1	Х
L8688	mplanable nearostimulator pulse generator, duar array, rechargeable, includes extension	-		-	~	-	^
	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	-	Х	-	Х	-	Х
L8689	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	-	-	х	-	-
L8690	Auditory osseointegrated device, includes all internal and external components	-	Х	-	Х	- 1	Х
	Auditory osseointegrated device, external sound processor, replacement	-	-	-	X		-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Auditory osseointedgrated device, external sound processor, used without osseiontegration,						
	body worn, includes headband	-	Х	-	Х	-	Х
L8693	Aud osseo dev. abutment	-	-	-	Х	-	-
L8694	Aoi transducer/actuator repl	-	-	-	Х	-	-
L8695	External recharging system for battery (external) for use with implantable neurostimulator	-	-	-	Х	-	-
	Miscellaneous component, supply or accessory for use with total artificial heart system	-	-	-	Х	-	-
	Pow ue rom dev ewh uprt cust	-	Х	-	Х	-	Х
L8702	Pow ue rom dev ewhf uprt cus	-	Х	-	Х	-	Х
L8720	External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors	V		v		v	
	proximal to the ankle, per leg	Х	-	Х	-	Х	-
L8721	Receptor sole for use with I8720, replacement, each	Х	-	Х	-	Х	-
L9900	O&p supply/accessory/service	-	-	-	Х	-	-
M0001	Advancing cancer care mips value pathways	Х	-	Х	-	Х	-
M0002	Optimal care for kidney health mips value pathways	Х	-	Х	-	Х	-
M0004	Supportive care for neurodegenerative conditions mips value pathways	Х	-	Х	-	Х	-
M0005	Promoting wellness mips value pathways	Х	-	Х	-	Х	-
M0010	Eom meos payment	Х	-	Х	-	Х	-
M0075	Cellular therapy	Х	-	Х	-	Х	-
M0076	Prolotherapy	Х	-	Х	-	Х	-
M0100	Intragastric hypothermia	Х	-	Х	-	Х	-
	Iv chelationtherapy	Х	-	Х	-	Х	-
	Fabric wrapping of aneurysm	Х	-	Х	-	Х	-
M1003	Tb screening performed and results interpreted within twelve months prior to initiation of first-	х		х		х	
	time biologic disease modifying anti-rheumatic drug therapy for ra	^	-	^	-	^	-
	Doc med rsn no srn tb	Х	-	Х	-	Х	-
	Tb screening not performed or results not interpreted, reason not given	Х	-	Х	-	Х	-
	Disease activity not assessed, reason not given	Х	-	Х	-	Х	-
	>=50% of total number of a patient's outpatient ra encounters assessed	Х	-	Х	-	Х	-
	<50% of total number of a patient's outpatient ra encounters assessed	Х	-	Х	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-	Х	-
	Dc eoc doc med rec	Х	-	Х	-	Х	-
	Dc epi care doc medrec	Х	-	Х	-	Х	-
	Female patients unable to bear children	Х	-	Х	-	Х	-
	Patient admitted to palliative care services	Х	-	Х	-	Х	-
M1018	Pt dx hst cr pt sk lg cr scr	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty me	edications and should be
*Plan cover	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Adl pt mj dep ds rs 12 phq<5	Х	-	Х	-	Х	-
	Adl pt mj dep ds no rs 12 mo	X	-	X		X	_
	Patient had only urgent care visits during the performance period	X	-	X	-	X	_
	Imaging of the head (ct or mri) was obtained	X	_	X	_	X	_
	Documentation of patients with primary headache diagnosis and imaging other than ct or mri						_
1020	obtained	Х	-	Х	-	Х	-
M1029	Imaging of the head (ct or mri) was not obtained, reason not given	Х	_	Х	_	Х	_
	Adults currently taking pharmacotherapy for oud	X	-	X	-	X	-
	Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed						
	for oud without a gap of more than seven days	Х	-	Х	-	Х	-
M1035	Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days						
	of continuous treatment	Х	-	Х	-	Х	-
M1036	Adults who have not had at least 180 days of continuous pharmacotherapy with a medication						
	prescribed for oud without a gap of more than seven days	Х	-	Х	-	Х	-
M1037	Patients with a diagnosis of lumbar spine region cancer at the time of the procedure	Х	-	Х	-	Х	-
	Patients with a diagnosis of lumbar spine region fracture at the time of the procedure	Х	-	Х	-	Х	-
M1039	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Х	-	Х	-	Х	-
M1040	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Х	-	Х	-	Х	-
	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	х	-	х	-
M1043	Fs no odi 9-15mo	Х	-	Х	-	Х	-
	Fs oks 9-15mo = 37	Х	-	Х	-	Х	-
	Fs oks 9-15mo = 37	Х	-	Х	-	Х	-
M1049	Fs wth scr no odi pre and p	Х	-	Х	-	Х	-
M1051	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	х	-	х	-
M1052	Lg pn not meas w/ vas 1yr po	Х	-	Х	-	Х	-
M1054	Patient had only urgent care visits during the performance period	Х	-	Х	-	Х	-
M1055	Aspirin or another antiplatelet therapy used	Х	-	Х	-	Х	-
	Presc antico med in pp	Х	-	Х	-	Х	-
	Aspirin or another antiplatelet therapy not used, reason not given	Х	-	Х	-	Х	-
M1058	Patient was a permanent nursing home resident at any time during the performance period	х	-	х	-	х	-
M1059	Patient was in hospice or receiving palliative care at any time during the performance period	Х	-	х	-	Х	-
	Patient died prior to the end of the performance period	Х	-	Х	-	Х	-
M1067	Hospice services for patient provided any time during the measurement period	Х	-	Х	-	Х	-
	Adults who are not ambulatory	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

	Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarte	ly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.						
M1069 Patient screened for future fall risk	Х	-	Х	_	Х	-
M1070 Patient not screened for future fall risk, reason not given	X	_	X	_	X	-
M1071 Patient had any additional spine procedures performed on the same date as the lum	har					
discectomy/laminotomy	X	-	Х	-	Х	-
M1072 Rom rad therapy anal, pc	Х	_	Х	_	Х	-
M1073 Rom rad therapy anal, tc	X	-	X	-	X	-
M1074 Rom rad therapy bladder, pc	X	-	X	-	X	-
M1075 Rom rad therapy bladder, to	X	-	X	-	X	-
M1076 Rom rad ther bone mets, pc	X	-	X	_	X	-
M1077 Rom rad ther bone mets, tc	X	-	X	-	X	-
M1078 Rom rad ther brain mets, pc	X	-	X	_	X	-
M1079 Rom rad ther brain mets. tc	X	-	X	_	X	-
M1080 Rom rad therapy breast, pc	X	-	X	_	X	-
M1081 Rom rad therapy breast, tc	X	-	X	_	X	-
M1082 Rom rad therapy cervical, pc	X	-	X	-	X	-
M1083 Rom rad therapy cervical, tc	Х	-	Х	-	Х	-
M1084 Rom rad therapy cns, pc	X	-	X	-	X	-
M1085 Rom rad therapy cns, tc	Х	-	Х	-	Х	-
M1086 Rom rad ther colorectal, pc	Х	-	Х	-	Х	-
M1087 Rom rad ther colorectal, tc	Х	-	Х	-	Х	-
M1088 Rom rad ther head/neck, pc	Х	-	Х	-	Х	-
M1089 Rom rad ther head/neck, tc	Х	-	Х	-	Х	-
M1094 Rom rad therapy lung, pc	Х	-	Х	-	Х	-
M1095 Rom rad therapy lung, to	Х	-	Х	-	Х	-
M1096 Rom rad therapy lymphoma, pc	Х	-	Х	-	Х	-
M1097 Rom rad therapy lymphoma, tc	Х	-	Х	-	Х	-
M1098 Rom rad therapy pancreas, pc	Х	-	Х	-	Х	-
M1099 Rom rad therapy pancreas, pc	Х	-	Х	-	Х	-
M1100 Rom rad therapy prostate, pc	Х	-	Х	-	Х	-
M1101 Rom rad therapy prostate, tc	Х	-	Х	-	Х	-
M1102 Rom rad therapy gi, pc	Х	-	Х	-	Х	-
M1103 Rom rad therapy gi, tc	Х	-	Х	-	Х	-
M1104 Rom rad therapy uterus, pc	Х	-	Х	-	Х	-
M1105 Rom rad therapy uterus, tc	Х	-	Х	-	Х	-
M1106 Start eoc doc med rec	Х	-	Х	-	Х	-
M1107 Docu dx degen neuro	Х	-	Х	-	Х	-
M1108 Oc ni pt 1-2 vis	Х	-	Х	-	Х	-
M1109 Oc ni pt dc 1-2 vis	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

Description mer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these does not be pharmacy link option within the website. overage limited to ACA 10 essential health benefits. 10 Oc ni pt selfdc 1-2 vis 11 Start eoc doc med rec 12 Docu dx degen neuro 13 Oc ni pt 1-2 vis	Not Covered e coding lists X X X	Preauthorization Required do not reflect information	Not Covered regarding imm	Preauthorization Required nunizations, injectable dru	Not Covered	Preauthorization Required
d to the Pharmacy link option within the website. overage limited to ACA 10 essential health benefits. 10 Oc ni pt selfdc 1-2 vis 11 Start eoc doc med rec 12 Docu dx degen neuro	X X		regarding imm	nunizations, injectable dru		
overage limited to ACA 10 essential health benefits. 10 Oc ni pt selfdc 1-2 vis 11 Start eoc doc med rec 12 Docu dx degen neuro	Х				igs, or specialty me	dications and should be
10 Oc ni pt selfdc 1-2 vis 11 Start eoc doc med rec 12 Docu dx degen neuro	Х	-				
11 Start eoc doc med rec 12 Docu dx degen neuro	Х		Х	-	Х	-
12 Docu dx degen neuro		-	X	_	X	-
	X	-	X	_	X	-
	X	-	X	_	X	-
14 Oc ni pt dc 1-2 vis	X	-	X	-	X	
15 Oc ni pt selfdc 1-2 vis	X	-	X	_	X	-
16 Start eoc doc med rec	X	-	X	-	X	-
17 Docu dx degen neuro	X	-	X	-	X	-
18 Oc ni pt 1-2 vis	X	-	X	-	X	-
19 Oc ni pt dc 1-2 vis	X	-	X	_	X	_
20 Oc ni pt selfdc 1-2 vis	X	-	X	-	X	-
21 Start eoc doc med rec	X	-	X	_	X	-
22 Docu dx degen neuro	X	-	X	-	X	-
23 Oc ni pt 1-2 vis	X	-	X	_	X	_
24 Oc ni pt dc 1-2 vis	X	-	X	-	X	-
25 Oc ni pt selfdc 1-2 vis	X	-	X	_	X	-
26 Start eoc doc med rec	X	-	X	-	X	-
27 Docu dx degen neuro	X	-	X	_	X	-
28 Oc ni pt 1-2 vis	X	-	X	_	X	-
29 Oc ni pt dc 1-2 vis	X	-	X	-	X	-
30 Oc ni pt self dc 1-2 vis	X	-	X	_	X	-
31 Docu dx degen neuro	Х	-	X	-	X	-
32 Oc ni pt 1-2 vis	X	-	X	_	X	-
33 Oc ni pt dc 1-2 vis	Х	-	X	_	X	-
34 Oc ni pt self dc 1-2 vis	Х	-	X	_	X	-
35 Start eoc doc med rec	X	-	X	-	X	-
41 Fs no oks	X	-	X	-	X	-
42 Emerge cases	Х	-	Х	-	Х	-
43 Ni rehab med chiro	Х	-	Х	-	Х	-
46 Ongoing care not ind	Х	-	Х	-	Х	-
47 Care not poss med rsn	Х	-	X	-	X	-
48 Pt self dschg	X	-	X	-	X	-
49 No neck fs prom incap	X	-	X	-	X	-
50 Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function	X	-	X	-	X	-
51 Patients with a history of heart transplant or with a left ventricular assist device (lvad)	Х	-	Х	_	Х	-
52 Patients with a history of heart transplant or with a left ventricular assist device (lvad)	X		X	-	X	
53 Patient with diagnosis of osteoporosis on date of encounter	X	-	X	_	X	

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

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



As of: 06/17/25

		Large Employer		Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
M1159	Hospice services provided to patient any time during the measurement period	Х	-	Х	-	Х	-
M1160	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Х	-	х	-	х	-
	Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	Х	-	х	-	х	-
M1162	Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday	х	-	х	-	Х	-
	Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday	Х	-	х	-	Х	-
	Patients with dementia any time during the patient's history through the end of the measurement period	х	-	х	-	Х	-
	Patients who use hospice services any time during the measurement period	Х	-	Х	-	Х	-
	Pathology report for tissue specimens produced from wide local excisions or re-excisions	Х	-	Х	-	Х	-
	In hospice or using hospice services during the measurement period	Х	-	Х	-	Х	-
	Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	х	-	х	-
	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-	х	-	х	-
	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	х	-	х	-
	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	х	-	х	-
	Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine)	х	-	x	-	x	-
M1173	Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	х	-	х	-
	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	-	x	-	х	-
M1175	Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)	Х	-	х	-	Х	-
	Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period	х	-	x	-	х	-
M1177	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period	Х	-	х	-	Х	-

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	lual Benchmark*	Small Employer and Individu	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior						
-	anaphylaxis due to the pneumococcal vaccine)	Х	-	Х	-	Х	-
M1179	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their	V		v		v	
	60th birthday and before or during measurement period	Х	-	Х	-	Х	-
M1180	Patients on immune checkpoint inhibitor therapy	Х	-	Х	-	Х	-
	Grade 2 or above diarrhea and/or grade 2 or above colitis	Х	-	Х	-	Х	-
M1182	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis,	х		х		Х	
	crohn's disease)	^	-	^	-	^	-
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or	х		х		Х	
	immunosuppressants prescribed or administered	~	-	~	-	^	-
M1184	Documentation of medical reason(s) for not prescribing or administering corticosteroid or						
	immunosuppressant treatment (e.g., allergy, intolerance, infectious etiology, pancreatic						
	insufficiency, hyperthyroidism, prior bowel surgical interventions, celiac disease, receiving other	Х	-	Х	-	Х	-
	medication, awaiting diagnostic workup results for alternative etiologies, other medical						
	reasons/contraindication)						
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or	х	_	х	-	Х	_
	immunosuppressants prescribed or administered was not performed, reason not given						
	Patients who have an order for or are receiving hospice or palliative care	Х	-	Х	-	Х	-
	Patients with a diagnosis of end stage renal disease (esrd)	Х	-	Х	-	Х	-
	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-	Х	-	Х	-
M1189	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate	х	-	х	-	х	-
	(egfr) and urine albumin-creatinine ratio (uacr) performed						
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated	Х	-	Х	-	х	-
	glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)					, v	
	Hospice services provided to patient any time during the measurement period	X	-	X	-	X	-
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-	Х	-	Х	-
M1193	Surgical pathology reports that contain impression or conclusion of or recommendation for	Х	-	Х	-	Х	-
M4404	testing of mmr by immunohistochemistry, msi by dna-based testing status, or both						
1011194	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based						
	testing status, or both tests were not included (e.g., patient will not be treated with checkpoint	х		x		х	
	inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post	^	-	^	-	^	-
	neoadjuvant treatment], insufficient tumor for testing)						
M1105	Surgical pathology reports that do not contain impression or conclusion of or recommendation for			 		┨────┤	
1011195	testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not	х	_	x	_	х	_
	given	~	-	^	-	^	-
L	19. con			1		L	

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-	х	-	Х	-
M1197	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	Х	-	х	-	Х	-
M1198		х	-	x	-	х	-
M1199	Patients receiving rrt	Х	-	Х	-	Х	-
	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Х	-	Х	-	Х	-
	Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)	х	-	x	-	х	-
	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)	х	-	х	-	х	-
	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	Х	-	х	-	х	-
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-	х	-	х	-
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score	х	-	х	-	х	-
	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	х	-	x	-	х	-
	Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	х	-	х	-
	Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety	Х	-	х	-	х	-
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	х	-	Х	-
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Х	-	х	-	Х	-
M1211	Most recent hemoglobin A1c level > 9.0%	Х	-	Х	-	Х	-
	Hemoglobin A1c level is missing, or was not performed during the measurement period (12 months)	Х	-	х	-	Х	-
	No history of spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) and present spirometry is $>=$ 70%	Х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and						
	reviewed	Х	-	Х	-	Х	-
M1215	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g.,						
	patients with dementia or tracheostomy)	Х	-	Х	-	Х	-
M1216	No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or	V		V		X	
	no spirometry performed with results documented during the encounter	Х	-	Х	-	Х	-
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g.,	V		V		v	
	spirometry equipment not available at the time of the encounter)	Х	-	Х	-	Х	-
M1218	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	Х	-	Х	-	Х	-
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial						
	intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	Х	-	Х	-	Х	-
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial						
	intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	Х	-	X	-	Х	-
M1222	Glaucoma plan of care not documented, reason not otherwise specified	Х	-	Х	-	Х	-
	Glaucoma plan of care documented	Х	-	Х	-	Х	-
	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	Х	-	Х	-	Х	-
	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre- intervention level	Х	-	х	-	х	-
M1226	IOP measurement not documented, reason not otherwise specified	Х	-	Х	-	Х	-
M1227	Evidence-based therapy was prescribed	Х	-	Х	-	Х	-
	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, has HCV treatment initiated within 3 months of the reactive HCV antibody test	х	-	x	-	х	-
	Patient, who has a reactive HCV antibody test, and has a follow up HCV viral test that detected HCV viremia, is referred within 1 month of the reactive HCV antibody test to a clinician who treats HCV infection	х	-	x	-	х	-
	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	х	-	x	-	x	-
M1231	Patient receives HCV antibody test with nonreactive result	Х	-	Х	-	Х	-
	Patient receives HCV antibody test with reactive result	X	-	X	-	X	-
	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results	X		X		X	
	not documented, reason not given	^	-	^	-	^	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer:	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
M1234	Patient has a reactive HCV antibody test, and has a follow-up HCV viral test that does not detect HCV viremia	Х	-	х	-	Х	-
M1235	Documentation or patient report of HCV antibody test or HCV RNA test which occurred prior to the performance period	Х	-	х	-	х	-
M1236	Baseline MRS > 2	Х	_	Х	-	Х	-
	Patient reason for not screening for food insecurity, housing instability, transportation needs,						
	utility difficulties, and interpersonal safety (e.g., patient declined or other patient reasons)	Х	-	х	-	Х	-
M1238	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	х	-	x	-	х	-
M1239	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	Х	-	х	-	х	-
M1240	Patient did not respond to the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	х	-	х	-
M1241	Patient did not respond to the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	х	-	х	-
M1242	Patient did not respond to the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	х	-	х	-
M1243	Patient provided a response other than "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	х	-	х	-
M1244	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	х	-	х	-	х	-
M1245	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	х	-	Х	-
M1246	Patient provided a response other than "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	х	-	Х	-
M1247	Patient responded "completely true" for the question of "Patient felt this provider and team put my best interests first when making recommendations about my care"	Х	-	х	-	Х	-
M1248	Patient responded "completely true" for the question of "Patient felt this provider and team saw me as a person, not just someone with a medical problem"	Х	-	х	-	Х	-
M1249	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"	Х	-	х	-	Х	-
M1250	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	х	-	Х	-

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.	1	1	1		r - 1	
	Patients for whom a proxy completed the entire HU survey on their behalf for any reason (no patient involvement)	Х	-	Х	-	Х	-
M1252	Patients who did not complete at least one of the four patient experience HU survey items and return the HU survey within 60 days of the ambulatory palliative care visit	х	-	х	-	х	-
M1253	Patients who respond on the patient experience HU survey that they did not receive care by the listed ambulatory palliative care provider in the last 60 days (disavowal)	х	-	х	-	х	-
M1254	Patients who were deceased when the HU survey reached them	Х	-	Х	-	Х	-
	Patients who have another reason for visiting the clinic [not prenatal or postpartum care] and	~		~		~	
	have a positive pregnancy test but have not established the clinic as an OB provider (e.g., plan to terminate the pregnancy or seek prenatal services elsewhere)	х	-	х	-	х	-
M1256	Prior history of known CVD	Х	_	Х	_	Х	-
	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not	X	_	X	_	X	_
	documented), reason not otherwise specified						
	CVD risk assessment performed, have a documented calculated risk score	Х	-	Х	-	Х	-
M1259	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	Х	-	Х	-	х	-
M1260	Patients who were not listed on the kidney-pancreas transplant waitlist or patients who did not receive a living donor transplant within the first year following initiation of dialysis	Х	-	х	-	х	-
M1261	Patients who were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis	Х	-	Х	-	Х	-
	Patients who had a transplant prior to initiation of dialysis	X	-	X	-	X	-
	Patients in hospice on their initiation of dialysis date or during the month of evaluation	X	-	X	-	X	-
	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	X	-	X	-	X	-
	Patients admitted to a skilled nursing facility (SNF)	Х	-	Х	-	Х	-
	Patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	х	-	х	-	x	-
M1268	Patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	х	-	Х	-
M1269	Receiving ESRD MCP dialysis services by the provider on the last day of the reporting month	х	-	х	-	х	-
M1270	Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	х	-	Х	-
M1271	Patients with dementia at any time prior to or during the month	Х	-	Х	-	Х	-
	Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period	Х	-	х	-	Х	-
M1273	Patients who were admitted to a skilled nursing facility (SNF) within 1 year of dialysis initiation according to the CMS-2728 Form	х	-	х	-	х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Patients who were admitted to a skilled nursing facility (SNF) during the month of evaluation						
	were excluded from that month	Х	-	Х	-	Х	-
M1275	Patients determined to be in hospice were excluded from month of evaluation and the remainder	V		v		×	
	of reporting period	Х	-	Х	-	Х	-
M1276	BMI documented outside normal parameters, no follow-up plan documented, no reason given	Х	-	х	-	х	-
M1277	Colorectal cancer screening results documented and reviewed	Х	-	Х	-	Х	-
M1278	Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented	Х	-	х	-	х	-
M1279	Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given	Х	-	х	-	х	-
M1280	Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy	Х	-	х	-	Х	-
M1281	Blood pressure reading not documented, reason not given	Х	-	Х	-	Х	-
	Patient screened for tobacco use and identified as a tobacco non-user	Х	-	Х	-	Х	-
M1283	Patient screened for tobacco use and identified as a tobacco user	Х	-	Х	-	Х	-
M1284	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	х	-	х	-	х	-
M1285	Screening, diagnostic, film, digital or digital breast tomosynthesis (3D) mammography results were not documented and reviewed, reason not otherwise specified	Х	-	х	-	Х	-
M1286	BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason	Х	-	х	-	Х	-
M1287	BMI is documented below normal parameters and a follow-up plan is documented	Х	-	Х	-	Х	-
M1288	Documented reason for not screening or recommending a follow-up for high blood pressure	Х	-	Х	-	х	-
M1289	Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the 6 months prior to the measurement period (counseling and/or pharmacotherapy)	х	-	х	-	х	-
M1290	Patient not eligible due to active diagnosis of hypertension	Х	-	Х	-	Х	-
	Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period	х	-	x	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, they the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imr	nunizations, injectable dru	igs, or specialty m	edications and should be
	rage limited to ACA 10 essential health benefits.						
M1292	Patients 66 years of age and older with at least one claim/encounter for frailty during the						
_	measurement period and either one acute inpatient encounter with a diagnosis of advanced						
	illness or two outpatient, observation, ED or nonacute inpatient encounters on different dates of	Х	-	Х	-	Х	-
	service with an advanced illness diagnosis during the measurement period or the year prior to						
	the measurement period						
M1293	BMI is documented above normal parameters and a follow-up plan is documented	Х	-	Х	-	Х	-
	Normal blood pressure reading documented, follow-up not required	Х	-	Х	-	Х	-
	Patients with a diagnosis or past history of total colectomy or colorectal cancer	Х	-	Х	-	Х	-
	BMI is documented within normal parameters and no follow-up plan is required	Х	-	Х	-	Х	-
M1297	BMI not documented due to medical reason or patient refusal of height or weight measurement	Х	-	х	-	Х	-
M1298	Documentation of patient pregnancy anytime during the measurement period prior to and	х		х		х	
	including the current encounter		-		-		-
	Influenza immunization administered or previously received	Х	-	Х	-	Х	-
M1300	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	Х	-	Х	-	Х	-
	or other system reasons)						
M1301	Patient identified as a tobacco user received tobacco cessation intervention during the						
	measurement period or in the 6 months prior to the measurement period (counseling and/or	Х	-	Х	-	Х	-
	pharmacotherapy)						
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results	х	_	х	_	Х	_
	documented and reviewed						
	Hospice services provided to patient any time during the measurement period	Х	-	Х	-	Х	-
M1304	Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their	Х	-	х	-	Х	-
	19th birthday and before the end of the measurement period					~	
M1305	Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th	Х	-	Х	-	Х	-
	birthday and before the end of the measurement period						
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the	Х	-	х	-	х	-
14007	measurement period					-	
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-	Х	-	Х	-
	Influenza immunization was not administered, reason not given	Х	-	Х	-	Х	-
	Palliative care services provided to patient any time during the measurement period	Х	-	Х	-	Х	-
M1310	Patient screened for tobacco use and received tobacco cessation intervention during the						
	measurement period or in the 6 months prior to the measurement period (counseling,	Х	-	Х	-	Х	-
	pharmacotherapy, or both), if identified as a tobacco user						
M1311	Anaphylaxis due to the vaccine on or before the date of the encounter	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	age limited to ACA 10 essential health benefits.						
M1312	Patient not screened for tobacco use	Х	-	Х	-	Х	-
M1313	Tobacco screening not performed or tobacco cessation intervention not provided during the	V		v		V	
	measurement period or in the 6 months prior to the measurement period	Х	-	Х	-	Х	-
M1314	BMI not documented and no reason is given	Х	-	Х	-	Х	-
M1315	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified	Х	-	х	-	х	-
M1316	Current tobacco non-user	Х	-	Х	-	Х	-
M1317	Patients who are counseled on connection with a CSP and explicitly opt out	Х	-	Х	-	Х	-
M1318	Patients who did not have documented contact with a CSP for at least one of their screened						
	positive HRSNS within 60 days after screening or documentation that there was no contact with a CSP	Х	-	X	-	Х	-
	Patients who had documented contact with a CSP for at least one of their screened positive HRSNS within 60 days after screening	х	-	х	-	х	-
	Patients who screened positive for at least 1 of the 5 HRSNS	Х	-	Х	-	Х	-
	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg	х	-	x	-	х	-
	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye	х	-	x	-	х	-
	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented	х	-	x	-	x	-
	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	х	-	x	-	x	-
	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment)	х	-	x	-	х	-
	Patients with a diagnosis of hypotony	Х	-	Х	-	Х	-
M1327	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 8 weeks	Х	-	х	-	Х	-
	Patients with a diagnosis of acute vitreous hemorrhage	Х	-	Х	-	Х	-
M1329	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 8 weeks after initial acute PVD encounter	Х	-	х	-	х	-

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

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

^{©2023} Select Health. All rights reserved. 2197751 09/23



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Employer and Individua	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
irected to t Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	х	-	х	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-	х	-	х	-
M1332	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 2 weeks	Х	-	х	-	х	-
M1333	Acute vitreous hemorrhage	Х	-	Х	-	Х	-
	Patients with a post-operative encounter of the eye with the acute PVD within 2 weeks before the initial encounter or 2 weeks after initial acute PVD encounter	х	-	х	-	Х	-
	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	х	-	Х	-
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks	Х	-	х	-	х	-
	Acute PVD	Х	-	Х	-	Х	-
M1338	Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period	х	-	х	-	х	-
	Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period	х	-	х	-	х	-
	Index assessment completed using the 12-item WHODAS 2.0 or SDS during the denominator identification period	Х	-	х	-	Х	-
M1341	Patients who did not have a follow-up assessment or did not have an assessment within 30 to 180 days after the index assessment during the performance period	Х	-	х	-	Х	-
	Patients who died during the performance period	Х	-	Х	-	Х	-
	Patients who are at PAM level 4 at baseline or patients who are flagged with extreme straight line response sets on the PAM	Х	-	х	-	х	-
	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Х	-	х	-	х	-
	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	Х	-	х	-	х	-
	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Х	-	х	-	Х	-
Л1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Х	-	х	-	Х	-
/1348	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	Х	-	х	-	х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t *Plan cover	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	Х	-	х	-	х	-
M1350	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	х	-	х	-	х	-
	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	х	-	х	-	х	-
M1352	Suicidal ideation and/or behavior symptoms based on the C-SSRS or equivalent assessment	Х	-	х	-	х	-
M1353	Patients who did not have a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	х	-	х	-	х	-
M1354	Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	х	-	х	-	х	-
M1355	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-	Х	-	Х	-
	Patients who died during the measurement period	Х	-	Х	-	Х	-
M1357	Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х	-	х	-	х	-
	Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment	Х	-	х	-	х	-
M1359	Index assessment during the denominator period when the suicidal ideation and/or behavior symptoms or increased suicide risk by clinician determination occurs and a non-zero C-SSRS score is obtained	х	-	х	-	x	-
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	Х	-	Х	-	Х	-
M1361	Suicide risk based on their clinician's evaluation or a clinician-rated tool	Х	-	Х	-	Х	-
	Patients who died during the measurement period	Х	-	Х	-	Х	-
M1363	Patients who did not have a follow-up assessment within 120 days of the index assessment	Х	-	х	-	х	-
	Calculated 10-year ASCVD risk score of >=20 percent during the performance period	Х	-	Х	-	Х	-
	Patient encounter during the performance period with hospice and palliative care specialty code 17	Х	-	х	-	Х	-
	Focusing on women's health MIPS value pathway	Х	-	Х	-	Х	-
	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	Х	-	Х	-	Х	-
	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	Х	-	х	-	х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Deserve with a service within the work its	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Quality care in mental health and substance use disorders MIPS value pathway	Х	-	Х	-	Х	-
	Rehabilitative support for musculoskeletal care MIPS value pathway	X	_	X	-	X	_
	Most recent glycemic status assessment (hba1c or gmi) level < 7.0%	X	_	X	-	X	_
M1372	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%	X	-	X	-	X	-
	Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and <= 9.0%	X	-	X	-	X	-
	An additional encounter with an ra diagnosis during the performance period or prior performance	Λ		~		Λ	
	period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	х	-	x	-	Х	-
M1375	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	х	-	x	-	х	-
	An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period	х	-	х	-	х	-
	Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient	Х	-	х	-	Х	-
	Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons)	х	-	x	-	x	-
M1379	A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified	Х	-	х	-	Х	-
	Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"	х	-	x	-	x	-
	Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure	х	-	х	-	x	-
M1382	Patient encounter during the performance period with place of service code 11	Х	-	Х	-	Х	-
	Acute pvd	Х	-	Х	-	Х	-
	Patients who died during the performance period	Х	-	Х	-	Х	-
M1385	Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up	х	-	х	-	Х	-
	Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period	Х	-	х	-	Х	-
	Patients who died during the performance period	Х	-	Х	-	Х	-
	Patients with documentation of an exam performed for recurrence of melanoma	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
M1389	Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow- up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	х	-	х	-	х	-
M1390	Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period	Х	-	х	-	Х	-
M1391	All patients who were diagnosed with recurrent melanoma during the current performance period	Х	-	х	-	Х	-
	Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow- up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)	х	-	х	-	x	-
M1393	Patients who were not diagnosed with recurrent melanoma during the current performance period	Х	-	х	-	х	-
M1394	Stages i-iii breast cancer	Х	-	Х	-	Х	-
M1395	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	Х	-	х	-	х	-
M1396	Patients on a therapeutic clinical trial	Х	-	Х	-	Х	-
M1397	Patients with recurrence/disease progression	Х	-	Х	-	Х	-
	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-	Х	-	Х	-
	Patients who leave the practice during the follow-up period	Х	-	Х	-	Х	-
	Patients who died during the follow-up period	Х	-	Х	-	Х	-
	Stages i-iii breast cancer	Х	-	Х	-	Х	-
M1402	Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group	х	-	х	-	х	-
	Patients with baseline and follow-up promis surveys documented in the medical record	Х	-	Х	-	Х	-
M1404	Patients on a therapeutic clinical trial	Х	-	Х	-	Х	-
	Patients with recurrence/disease progression	Х	-	Х	-	Х	-
	Patients who leave the practice during the follow-up period	Х	-	Х	-	Х	-
	Patients who died during the follow-up period	Х	-	Х	-	Х	-
	Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer	Х	-	х	-	х	-
	Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	Х	-	х	-	Х	-
M1410	Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis	х	-	х	-	Х	-
M1411	Currently on first-line immune checkpoint inhibitors without chemotherapy	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

0		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to *Plan cove	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
M1412	Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement	х	-	x	-	х	-
M1413	Patients who had a positive pd-I1 biomarker expression test result prior to the initiation of first- line immune checkpoint inhibitor therapy	х	-	х	-	Х	-
	Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication)	х	-	x	-	×	-
M1415	Patients who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy	х	-	х	-	х	-
M1416	Patient received hospice services any time during the performance period	Х	-	Х	-	Х	-
M1417	Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	х	-	х	-	х	-
M1418	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician	х	-	х	-	x	-
M1419	Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination	х	-	х	-	Х	-
M1420	Complete ophthalmologic care mips value pathway	Х	-	Х	-	Х	-
M1421	Dermatological care mips value pathway	Х	-	Х	-	Х	-
	Gastroenterology care mips value pathway	Х	-	Х	-	Х	-
	Optimal care for patients with urologic conditions mips value pathway	Х	-	Х	-	Х	-
	Pulmonology care mips value pathway	Х	-	Х	-	Х	-
	Surgical care mips value pathway	Х	-	Х	-	Х	-
	Hair analysis	Х	-	Х	-	Х	-
	Plaelet rich plasma unit	Х	-	Х	-	Х	-
	One-way allow prorated miles	Х	-	Х	-	Х	-
	One-way allow prorated trip	Х	-	Х	-	Х	-
	Cardiokymography	Х	-	Х	-	Х	-
	Pinworm examinations	Х	-	Х	-	Х	-
	Fern test	Х	-	Х	-	Х	-
	Post-coital mucous exam	Х	-	Х	-	Х	-
	Power adapter, combo vad	-	Х	-	Х	-	Х
	Power module combo vad, rep	-	Х	-	Х	-	Х
Q0480	Driver for use with pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these services are updated quarterly.	e coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
20481							
20-01	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
20/182	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device,						
20402	replacement only	-	Х	-	Х	-	Х
00483	Monitor/display module for use with electric ventricular assist device, replacement only	-	Х	-	Х		Х
	Monitor/display module for use with electric or electric/pneumatic ventricular assist device,					1 1	
20101	replacement only	-	Х	-	Х	-	Х
0485	Monitor control cable for use with electric ventricular assist device, replacement only	_	Х	-	Х		Х
20486						1 1	
	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
20487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device,					1 1	
	replacement only	-	Х	-	Х	-	Х
20488	Power pack base for use with electric ventricular assist device, replacement only	-	Х	-	Х	- 1	Х
20489							
	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
20490	Emergency power source for use with electric ventricular assist device, replacement only	-	Х	-	Х	- 1	Х
	Emergency power source for use with electric/pneumatic ventricular assist device, replacement						
	only	-	Х	-	Х	-	Х
20492			V		Y		V
	Emergency power supply cable for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
20493	Emergency power supply cable for use with electric/pneumatic ventricular assist device,		V		V		V
	replacment only	-	Х	-	Х	-	Х
20494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device,		V		V		V
	replacement only	-	Х	-	Х	-	Х
20495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device,	х		х		х	
	replacement only	~	-	^	-	^	-
20496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device,	х		х		х	
	replacement only	~	-	^	-	^	-
20497		х	_	х		х	
	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	^	-	^	-	^	-
20498			х		х		х
	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	-	^	-	^	-	^
	Belt/vest elec/combo vad rep	-	Х	-	Х	-	Х
20500		-	х	_	х		х
	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	-	~		~		~
20501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement	_	х	-	х	Ι _ Τ	х
	only	-				-	
20502	Mobility cart for pneumatic ventricular assist device, replacement only	-	Х	-	Х	<u> </u>	Х

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

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



As of: 06/17/25

		Lar	ge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these codes are updated quarterly.	e coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Battery for pneumatic ventricular assist device, replacement only, each	-	Х	-	Х	-	Х
	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	-	X	-	X	- 1	X
Q0506	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	х	-	х	-
	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	Х	-	Х	-	Х	-
Q0511	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first presription in a	X	-	X	-	X	-
Q0512	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i	Х	-	х	-	Х	-
	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Х	-	Х	-	Х	-
	Pharmacy dispensing fee for inhalation drug(s); per 90 days	X	-	X	-	X	-
	Pharmacy supplying fee for hiv pre-exposure prophylaxis fda approved prescription	Х	-	Х	-	Х	-
	Ntiol category 4	X	-	X	-	X	-
	Ntiol category 5	Х	-	Х	-	Х	-
	Collagen skin test	Х	-	Х	-	Х	-
	Skin substitute, not otherwise specified	Х	-	Х	-	Х	-
	Strattice tm, per square centimeter	Х	-	Х	-	Х	-
	Hmatrix, per square centimeter	Х	-	Х	-	Х	-
Q4135	Mediskin, per square centimeter	Х	-	Х	-	Х	-
	Ez-derm, per square centimeter	Х	-	Х	-	Х	-
Q4137	Amnioexcel or biodexcel, 1cm	Х	-	Х	-	Х	-
Q4138	Biodfence dryflex, 1cm	Х	-	Х	-	Х	-
	Amnio or biodmatrix, inj 1cc	Х	-	Х	-	Х	-
Q4140	Biodfence 1cm	Х	-	Х	-	Х	-
Q4142	Xcm biologic tiss matrix 1cm	Х	-	Х	-	Х	-
	Repriza, 1cm	Х	-	Х	-	Х	-
	Epifix, inj, 1mg	Х	-	Х	-	Х	-
	Tensix, 1cm	Х	-	Х	-	Х	-
Q4147	Architect ecm, 1cm	Х	-	Х	-	Х	-
	Neox 1k, 1cm	Х	-	Х	-	Х	-
	Excellagen, 0.1 cc	Х	-	Х	-	Х	-
	Allowrap ds or dry 1 sq cm	Х	-	Х	-	Х	-
	Amnioband, guardian 1 sq cm	Х	-	Х	-	Х	-
Q4152	Dermapure 1 square cm	Х	-	Х	-	Х	-
	Dermavest 1 square cm	Х	-	Х	-	Х	-
	Biovance 1 square cm	Х	-	Х	-	Х	-
Q4155	Neoxflo or clarixflo 1 mg	Х	-	Х	-	Х	-
	Neox 100 1 square cm						

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	that coverage may vary by plan type and may not follow the listed services. These codes are updated quart	erly. Additionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	y link option within the website. o ACA 10 essential health benefits.						
Q4157 Revitalor		Х	_	Х	-	Х	-
	omega3, per sq cm	X		X	-	X	-
Q4159 Affinity1		X	_	X	-	X	-
Q4160 Nushield		X	_	X	-	X	-
	nekt wound matrix, per square centimeter	X	_	X		X	-
	lw, bioskn flw, 0.5cc	X	_	X	-	X	-
	x, bioskin, per sq cm	X	_	X		X	-
	per square centimeter	X	_	X	-	X	-
	rix, per square centimeter	X	_	X	-	X	-
	per sq centimeter	X	_	X	-	X	-
Q4168 Amnioba	and 1 mg	X	_	X	_	X	-
	wound, per sq cm	X	_	X	-	X	-
Q4170 Cygnus,		X	_	X	_	X	-
Q4171 Interfyl, 1		X	_	X	-	X	-
	n or palingen xplus	X	_	X	_	X	-
Q4174 Palingen		X	_	X	-	X	-
Q4175 Mirodern		X	-	X	-	X	-
	h, per sq centimeter	X	-	X	-	X	-
Q4177 Flowerar		X	-	X	-	X	-
Q4179 Flowerde		Х	-	Х	-	Х	-
Q4180 Revita, p		X	-	X	-	X	-
	ound, per square cm	Х	-	Х	-	Х	-
	te, per sq centimeter	Х	-	Х	-	Х	-
	ft, per square centimeter	Х	-	Х	-	Х	-
	, per square centimeter	Х	-	Х	-	Х	-
	flowable amnion (25 mg per cc); per 0.5 cc	Х	-	Х	-	Х	-
Q4187 Epicord,	per square centimeter	Х	-	Х	-	Х	-
	mor, per square centimeter	Х	-	Х	-	Х	-
Q4189 Artacent		Х	-	Х	-	Х	-
Q4190 Artacent	ac, per square centimeter	Х	-	Х	-	Х	-
	in, per square centimeter	Х	-	Х	-	Х	-
Q4192 Restorigi		Х	-	Х	-	Х	-
	erm, per square centimeter	Х	-	Х	-	Х	-
	or, per square centimeter	Х	-	Х	-	Х	-
Q4195 Puraply,	per square centimeter	Х	-	Х	-	Х	-
	am, per square centimeter	Х	-	Х	-	Х	-
	xt, per square centimeter	Х	-	Х	-	Х	-
Q4198 Genesis	amniotic membrane, per square centimeter	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Cygnus matrix, per square centimeter	Х	-	Х	-	Х	-
	Skin te, per square centimeter	X	_	X	_	X	-
	Matrion, per square centimeter	X	-	X	_	X	
	Keroxx (2.5g/cc), 1cc	X	-	X	_	X	
	Derma-gide, per square centimeter	X		X	_	X	
	Xwrap, per square centimeter	X		X	-	X	
	Fluid flow or fluid gf 1 cc	X	-	X	-	X	
	Surgraft per sq cm	X		X	-	X	
	Axoloti graf dualgraf sq cm	X	-	X	-	X	
	Amnion bio or axobio sq cm	X	-	X	-	X	
	Allingen, per cc	X	-	X	-	X	-
	Allogen, per cc Ascent, 0.5 mg	X		X		X	
	Cellesta cord per sq cm	X	-	X	-	X	-
	Axolotl ambient, cryo 0.1 mg		-		-		-
		X	-	X	-	X	-
	Artacent cord per sq cm	X	-	X	-	X	-
	Woundfix biowound plus xplus	X	-	X	-	Х	-
	Surgicord per sq cm	X	-	X	-	Х	-
	Surgigraft dual per sq cm	X	-	X	-	Х	-
	Bellacell hd, surederm sq cm	Х	-	Х	-	Х	-
	Amniowrap2 per sq cm	Х	-	Х	-	Х	-
	Progenamatrix, per sq cm	Х	-	Х	-	Х	-
	Hhf10-p per sq cm	Х	-	Х	-	Х	-
	Amniobind, per sq cm	Х	-	Х	-	Х	-
	Myown harv prep proc sq cm	Х	-	Х	-	Х	-
	Amniocore per sq cm	Х	-	Х	-	Х	-
	Bionextpatch, per sq cm	Х	-	Х	-	Х	-
Q4229	Cogenex amnio memb per sq cm	Х	-	Х	-	Х	-
	Cogenex flow amnion 0.5 cc	Х	-	Х	-	Х	-
	Corplex, per sq cm	Х	-	Х	-	Х	-
	Surfactor /nudyn per 0.5 cc	Х	-	Х	-	Х	-
Q4234	Xcellerate, per sq cm	Х	-	Х	-	Х	-
	Amniorepair or altiply sq cm	Х	-	Х	-	Х	-
	Carepatch per sq cm	Х	-	Х	-	Х	-
Q4237	Cryo-cord, per sq cm	Х	-	Х	-	Х	-
Q4238	Derm-maxx, per sq cm	Х	-	Х	-	Х	-
	Amnio-maxx or lite per sq cm	Х	-	Х	-	Х	-
	Corecyte topical only 0.5 cc	Х	-	Х	-	Х	-
	Polycyte, topical only 0.5cc	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Large Employer		Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
	Amniocyte plus, per 0.5 cc	Х	_	Х	_	Х	-
	Procenta, per 200 mg	X		X	-	X	-
	Amniotext, per cc	X		X	-	X	
	Coretext or protext, per cc	X	_	X		X	
	Amniotext of protext, per sq cm	X	-	X	-	X	
	Dermacyte amn mem allo sq cm	X	_	X	-	X	
	Amniply, per sq cm	X	_	X	-	X	
	Amnioamp-mp per sq cm	X	-	X	-	X	
	/im, per square centimeter	X	-	X	-	X	
	/endaje, per square centimeter	X	-	X		X	
	Zenith amniotic membrane, per square centimeter	X	-	X	-	X	
	Reguard, topical use per sq	X	-	X	-	X	-
	Alg complet, per sq cm	X	-	X	-	X	-
	Relese, per sq cm	X	-	X	-	X	-
	Enverse, per sq cm	X	-	X	-	X	-
	Celera dual layer or celera dual membrane, per square centimeter	X	-	X	-	X	
	Signature apatch, per square centimeter	X	-	X	-	X	-
	rag, per square centimeter	X	-	X	-	X	-
		X	-	X	-	X	-
	Dual layer impax membrane, per square centimeter		-		-		-
	Surgraft tl, per square centimeter	X	-	X	-	X	-
	Cocoon membrane, per square centimeter	X	-	X	-	X	-
	Veostim tl, per square centimeter Veostim membrane, per square centimeter	X	-	X	-	X	-
		X	-	X	-	X	-
	Neostim dl, per square centimeter	X	-	X	-	X	-
	Surgraft ft, per square centimeter	X	-	X	-	X	-
	Surgraft xt, per square centimeter	X	-	X	-	X	-
	Complete sl, per square centimeter	X	-	X	-	Х	-
	Complete ft, per square centimeter	X	-	X	-	X	-
	sano a, per square centimeter	X	-	X	-	X	-
	sano aaa, per square centimeter	X	-	X	-	Х	-
	sano ac, per square centimeter	X	-	X	-	X	-
	Esano aca, per square centimeter	X	-	X	-	X	-
	Drion, per square centimeter	Х	-	X	-	Х	-
	Voundplus membrane or e-graft, per square centimeter	Х	-	X	-	Х	-
	Epieffect, per square centimeter	Х	-	X	-	Х	-
	/endaje AC, per sq cm	Х	-	X	-	Х	-
	Kcell amnio matrix, per square centimeter	Х	-	Х	-	Х	-
Q4281 E	Barrera sl or barrera dl, per square centimeter	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. A	lditionally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	e Pharmacy link option within the website. ge limited to ACA 10 essential health benefits.						
,	Cygnus dual, per square centimeter	Х	-	Х	-	Х	-
	Biovance tri-layer or biovance 31, per square centimeter	X	-	X		X	-
	Dermabind sl, per square centimeter	X	-	X		X	-
	DermaBind DL, per sq cm	×	-	X		X	
	DermaBind CH, per sq cm	× X	-	X		X	-
	RevoShield+ Amniotic Barrier, per sq cm						
		X	-	X	-	Х	-
	/lembrane Wrap-Hydro™, per sq cm	X	-	X	-	X	-
	amellas XT, per sq cm	X	-	X	-	X	-
	amellas, per sq cm	X	-	X	-	Х	-
	Acesso DL, per sq cm	X	-	X	-	Х	-
	Amnio Quad-Core, per sq cm	X	-	Х	-	Х	-
	Amnio Tri-Core Amniotic, per sq cm	Х	-	Х	-	Х	-
	Rebound Matrix, per sq cm	Х	-	Х	-	Х	-
	Emerge Matrix, per sq cm	Х	-	Х	-	Х	-
	AmniCore Pro, per sq cm	Х	-	Х	-	Х	-
	AmniCore Pro+, per sq cm	Х	-	Х	-	Х	-
	Acesso TL, per sq cm	Х	-	Х	-	Х	-
	Activate Matrix, per sq cm	Х	-	Х	-	Х	-
	Complete ACA, per sq cm	Х	-	Х	-	Х	-
	Complete AA, per sq cm	Х	-	Х	-	Х	-
	Grafix plus, per sq cm	Х	-	Х	-	Х	-
Q4305 A	American amnion ac tri-layer, per square centimeter	Х	-	Х	-	Х	-
Q4306 A	American amnion ac, per square centimeter	Х	-	Х	-	Х	-
Q4307 A	American amnion, per square centimeter	Х	-	Х	-	Х	-
Q4308 S	Sanopellis, per square centimeter	Х	-	Х	-	Х	-
Q4309 V	/ia matrix, per square centimeter	Х	-	Х	-	Х	-
Q4310 F	Procenta, per 100 mg	Х	-	Х	-	Х	-
	Acesso, per sq cm	Х	-	Х	-	Х	-
	Acesso ac, per sq cm	Х	-	Х	-	Х	-
	Dermabind fm, per sq cm	X	-	X	-	X	-
	Reeva, per sq cm	X	-	X	-	X	-
	Regenelink amniotic mem allo	X	-	X	-	X	_
	Amchoplast, per sq cm	X	-	X	-	X	-
	/itograft, per sq cm	X	-	X	-	X	-
	E-graft, per sq cm	X	-	X	-	X	-
	Sanograft, per sq cm	X		X		X	-
	Pellograft, per sq cm	X		X		X	
	Renograft, per sq cm	X	-	X	-	X	-
112CHK	tenogran, per sy chi	~	-	^	-	^	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	e 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 imn	nunizations, injectable dru	igs, or specialty m	edications and should be
directed to the Pharmacy link option w *Plan coverage limited to ACA 10 ess							
Q4322 Caregraft, per sq		Х	_	Х	-	Х	-
Q4323 Alloply, per sq cm		X	_	X	-	X	-
Q4324 Amniotx, per sq ci		X		X	-	X	-
Q4325 Acapatch, per sq		X	_	X	-	X	-
Q4326 Woundplus, per s		X		X	-	X	
Q4327 Duoamnion, per s		X	_	X	-	X	
Q4328 Most, per sq cm		X		X		X	-
Q4329 Singlay, per sq cn	0	X	_	X	-	X	
Q4330 Total, per sq cm		X	-	X	-	X	
Q4331 Axolotl graft, per s	a cm	X	-	X	-	X	
Q4332 Axoloti dualgraft, j		X	-	X	-	X	
Q4333 Ardeograft, per so		X		X		X	
Q4333 Annioplast 1, per		X	-	X	-	X	-
Q4335 Amnioplast 2, per		X	-	X	-	X	
Q4336 Artacent c, per sq		X	-	X	-	X	-
Q4337 Artacent trident, p		X	-	X	-	X	
Q4337 Artacent indent, p		X	-	X	-	X	-
Q4339 Artacent vericlen,			-		-		-
Q4339 Anacent vencien, Q4340 Simpligraft, per sc		X	-	X X	-	X X	-
			-		-		-
Q4341 Simplimax, per sq		X	-	X	-	X	-
Q4342 Theramend, per s			-	X	-	X	-
	trix amniotic membrane allograft, per square centimeter	X	-	X	-	X	-
Q4344 Tri-membrane wra		<u>X</u>	-	X	-	X	-
	t dermis, per square centimeter	X	-	Х	-	Х	-
Q4346 Shelter dm matrix		X	-	X	-	Х	-
Q4347 Rampart dl matrix		X	-	X	-	Х	-
Q4348 Sentry sl matrix, p		X	-	X	-	X	-
Q4349 Mantle dl matrix, p		X	-	X	-	Х	-
Q4350 Palisade dm matri		X	-	X	-	Х	-
Q4351 Enclose tl matrix,		X	-	X	-	Х	-
Q4352 Overlay sl matrix,		X	-	X	-	Х	-
Q4353 Xceed tl matrix, pe		X	-	X	-	Х	-
	er membrane, per square centimeter	X	-	Х	-	Х	-
	nembrane and abiomend xplus hydromembrane, per square centimeter	Х	-	Х	-	Х	-
	ane and abiomend hydromembrane, per square centimeter	X	-	X	-	Х	-
Q4357 Xwrap plus, per so		Х	-	Х	-	Х	-
Q4358 Xwrap dual, per se		Х	-	Х	-	Х	-
Q4359 Choriply, per squa	are centimeter	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	plan type and may not follow the listed services. These codes are updated quarterly. Additio	nally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to the Pharmacy link option within the webs *Plan coverage limited to ACA 10 essential health b	enefits						
Q4360 Amchoplast fd, per square		Х	-	Х	-	Х	-
Q4361 Epixpress, per square centi		X	_	X		X	
Q4362 Cygnus disk, per square ce		X		X	-	X	
	and hydromembrane, per square centimeter	X	_	X		X	
	prane and xplus hydromembrane, per square centimeter	X		X		X	
Q4365 Amnio burgeon dual-layer r		X X	_	X	-	X	
Q4366 Dual layer amnio burgeon x		X		X		X	
Q4367 Amniocore sl, per square c		X	_	X		X	
Q4368 Amchothick, per square ce		X	-	X	-	X	
Q4369 Amnioplast 3, per square ce		X		X	-	X	
Q4370 Aeroguard, per square cen		X	-	X	-	X	-
Q4371 Neoguard, per square cent		X		X	-	X	
Q4372 Amchoplast excel, per square cent		X	-	X	-	X	
Q4373 Membrane wrap lite, per squa		X	-	X	-	X	-
Q4375 Duograft ac, per square cel		X	-	X	-	X	
Q4376 Duograft aa, per square ce		X	-	X	-	X	
Q4377 Trigraft ft, per square centir		^ X	-	X	-	X	-
Q4378 Renew ft matrix, per square centil		X	-	X	-	X	-
Q4379 Amniodefend ft matrix, per		^ X	-	X	-	X	-
Q4380 Advograft one, per square		X	-	X	-	X	-
Q4380 Advograft dual, per square		X	-	X		X	-
Q5001 Hospice in patient home	Centimeter	^	- X	^	- X	-	- X
Q5002 Hospice in assist living		-		_			
Q5002 Hospice in It/non-skilled nf			X X	-	X	-	X X
Q5003 Hospice in snf		-	X	-	X		× X
Q5004 Hospice in still Q5005 Hospice, inpatient hospital		-				-	
Q5006 Hospice in hospice facility		-	X X	-	X	-	X X
Q5007 Hospice in Itch		-		-	X	-	
Q5008 Hospice in inpatient psych		-	X X		X	-	X X
		-		-		-	
Q5009 Hospice, nos	d in a heaping facility	-	X	-	X	-	X
Q5010 Hospice home care provide	a in a nospice racility	- X	Х	- V	Х	- V	Х
Q9001 Va chaplain assessment			-	X	-	X	-
Q9002 Va chaplain counsel individ	u	<u> </u>	-	X	-	X	-
Q9003 Va chaplain counsel group		X	-	X	-	X	-
Q9004 Va whole health partner se		<u> </u>	-	X	-	X	-
Q9950 Injection, sulfur hexafluoride	e lipid microspheres, per mi	X	-	X	-	X	-
R0075 Transport port x-ray multipl		<u> </u>	-	X	-	X	-
R0076 Transport portable ekg		Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Partial hospitalization services, less than 24 hours, per diem	_	Х	-	Х	- 1	Х
	Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	X	-	X	-	X	-
	Paramedic intercept, hospital-based als service (non-voluntary), non-transport	X	-	X	-	X	
	Wheelchair van, mileage, per mile	X	-	X	_	X	_
	Non-emergency transportation; mileage	X	-	X	-	X	_
	Medical conference by physic	X	-	X	_	X	_
	Medical conference, 60 min	X	-	X		X	_
S0250							
	Comprehensive geriatric assessment and treatment planning performed by assessment team	Х	-	Х	-	Х	-
	History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro	Х	-	х	-	х	-
S0270	Physician management f patient home care standard monthly case rate per 30 days	Х	-	Х	-	Х	-
	Physician management of patient home care hospice monthly case rate per 30 days	Х	-	Х	-	Х	-
	Physician management of patient home care episodic care monthly case rate per 30 days	Х	-	Х	-	Х	-
	Nurse practioner visit at members home outside of a capitation arrangement	Х	-	Х	-	Х	-
	Medical home program, comprehensive care coordination and planning, initial plan	Х	-	Х	-	Х	-
S0281	Medical home program, comprehensive care coordination and planning, maintenance of plan	Х	-	х	-	х	-
	Colonoscopy consultation performed prior to a screening colonoscopy procedure	Х	-	Х	-	Х	_
S0302	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva	X	-	X	-	X	-
S0310	Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)	х	-	х	-	х	-
S0311	Comprehensive management and care coordination for advanced illness, per calendar month	Х	-	х	-	х	-
	Disease management program, initial assessment and initiation of program	Х	-	Х	-	Х	-
S0316	Disease management program, followup assessment	Х	-	Х	-	Х	-
	Disease management program; per diem	Х	-	Х	-	Х	-
S0320	Telephone calls by reg nurse to disease management program member	Х	-	Х	-	Х	-
S0340	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar	Х	-	х	-	х	-
S0341	Lifestyle modification program for management for coronary artery disease, including all supportive services; second or	Х	-	х	-	х	-
S0342	Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua	Х	-	х	-	Х	-
	Treatment planning and care coordination management for cancer initial treatment	-	Х	-	Х	- 1	Х
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	-	x	-	X	-	X

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

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



As of: 06/17/25

		La	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Impression casting of a foot performed by a practitioner other than the manufacturer of the						
00000	orthotic	Х	-	Х	-	Х	-
S0504	Single vision prescription lens (safety, athletic, or sunglass), per lens	Х	_	Х	_	Х	-
	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	_	X	_
	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	_	X	_	X	_
	Non-prescription lens (safety, athletic, or sunglass), per lens	X	-	X	_	X	_
	Safety eyeglass frames	X	_	X	_	X	_
	Sunglasses frames	X	-	X	_	X	_
	Polycarbonate lens (list this code in addition to the basic code for the lens)	X	_	X	_	X	_
	Nonstandard lens (list this code in addition to the basic code for the lens)	X	_	X	_	X	_
	Integral lens service, miscellaneous services reported separately	X	-	X	_	X	_
	Dispensing new spectacle lenses for patient supplied frame	X	_	X	_	X	_
	Phakic intraocular lens for correction of refractive error	X	_	X	_	X	_
	Audiometry for hearing aid evaluation to determine the level and degree of hearing loss	-	_	X	_	-	_
	Physical exam for college, new or established patient (list separately in addition to appropriate	1					
COOLL	evaluation and managem	Х	-	Х	-	Х	-
S0800	Laser in situ keratomileusis	Х	_	Х	_	Х	-
	Photorefractive keratectomy	X	_	X	_	X	-
	Phototheraputic keratectomy (ptk)	X	-	X	-	X	-
	Deluxe item, patient aware (list in addition to code for basic item)	X	-	X	-	X	-
	Customized item (list in addition to code for basic item)	X	-	X	-	X	-
	Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of						
	data, use cpt code)	-	Х	-	Х	-	Х
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor						
	replacement, and download to monitor	-	Х	-	Х	-	Х
S2053	Transplantation of small int	Х	-	Х	-	Х	-
	Transplantation of multivisc	X	-	X	-	X	-
	Harvesting of donor multivis	X	-	X	-	X	-
	Lobar lung transplantation	-	Х	-	Х	-	Х
	Donor lobectomy (lung)	-	X	-	X	-	X
	Simultaneous pancreas kidney transplantation	-	X	-	X	- 1	X
S2083		~				× ×	
	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Х	-	Х	-	Х	-
S2102	Islet cell tissue transplant	Х	-	Х	-	Х	-
	Adrenal tissue transplant	Х	-	Х	-	Х	-
	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	Х	-	X	-	X	-
\$2140	Cord blood harvesting	-	х		Х	┨────┤	Х
	Cold blood halvesting	-		-	^	- 1	Λ

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

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



As of: 06/17/25

		Lar	rge Employer	Individ	lual Benchmark*	Small Emp	oloyer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these the Deserve with a sub-trian within the work in the second services.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty me	edications and should be
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
	Cord blood-derived stem-cell	Х	-	Х	-	Х	-
	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or					~~~	
	autologous, including phe	-	Х	-	Х	-	Х
S2152	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living	V		V		× ×	
	donor(s), procurement,	Х	-	Х	-	Х	-
S2202	Echosclerotherapy	Х	-	Х	-	Х	-
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle	v		х		v	
	ear	Х	-	^	-	Х	-
S2235	Implantationof auditory brain stem implant	-	-	Х	-	-	-
S2260	Induced abortion, 17 to 24 weeks, any surgical method	Х	-	Х	-	Х	-
	Abortion for fetal indication, 25-28 weeks	Х	-	Х	-	Х	-
	Abortion for fetal indication, 29-31 weeks	Х	-	Х	-	Х	-
S2267	Abortion for fetal induction, 32 weeks or greater	Х	-	Х	-	Х	-
S2300	Arthroscopy, shoulder, surgi	Х	-	Х	-	Х	-
S2348	Decompress disc rf lumbar	Х	-	Х	-	Х	-
	Diskectomy, anterior, with d	Х	-	Х	-	Х	-
S2351	Diskectomy, anterior, with d	Х	-	Х	-	Х	-
	Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero	Х	-	Х	-	Х	-
S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified	х	-	х	-	х	-
S2900	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-	х	-	х	-
S3005	Performance measurement, evaluation of patient self assessment, depression	Х	-	Х	-	Х	-
	Saliva test, hormone level;	Х	-	Х	-	Х	-
	Saliva test, hormone level;	Х	-	Х	-	Х	-
S3800	Genetic testing for amyotrophic lateral sclerosis (als)	-	Х	-	Х	-	Х
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	-	Х	-	Х	-	Х
S3841	Genetic testing for retinoblastoma	-	Х	-	Х	-	Х
	Genetic testing for von hippel-lindau disease	-	X	-	X	-	X
S3844	Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	-	Х	-	Х	-	Х
S3845	Genetic testing for alpha-thalassemia	-	Х	-	Х	_	Х
	Genetic testing for hemoglobin e beta-thalassemia	-	X	-	X	- 1	X X
	Genetic testing for niemann-pick disease	-	X	-	X	- 1	X X
	Genetic testing for sickle cell anemia	_	X	-	X		X X
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	X	-	X	-	X	-
	Genetic testing for myotonic muscular dystrophy	-	X	-	X	~	X

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	ese coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
directed to t *Plan cover	he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.						
	Gene expression profiling panel for use in the management of breast cancer treatment	-	Х	-	Х	-	Х
	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for					1 1	
	suspected brugada syndrome	-	Х	-	Х	-	Х
	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	-	Х	-	Х	- 1	Х
	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an						
	individual with a known hcm mu	-	Х	-	Х	-	Х
	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism		V		Y		V
	spectrum disorder and/or mental	-	Х	-	Х	-	Х
S3900	Surface electromyography (emg)	Х	-	Х	-	Х	-
S3904	Masters two step	Х	-	Х	-	Х	-
S4005	Interim labor facility global (labor occurring but not resulting in delivery)	Х	-	Х	-	Х	-
	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	Х	-	х	-	х	-
S4013	Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-	Х	-	Х	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	Х	-	Х	-	Х	-
S4015	Complete in vitro fertilization cycle, case rate	Х	-	Х	-	Х	-
	Frozen in vitro fertilization cycle, case rate	Х	-	Х	-	Х	-
S4017	Incomplete cycle, treatment cancelled prior to stimulation, case rate	Х	-	Х	-	Х	-
S4018	Frozen embryo transfer procedure cancelled before transfer, case rate	Х	-	Х	-	Х	-
S4020	In vitro fertilization procedure cancelled before aspiration, case rate	Х	-	Х	-	Х	-
S4021	In vitro fertilization procedure cancellation after aspiration, case rate	Х	-	Х	-	Х	-
S4022	Assisted oocyte fertilization, case rate	Х	-	Х	-	Х	-
S4023	Donor egg cycle, incomplete, case rate	Х	-	Х	-	Х	-
S0424	Air polymer-type a intrauterine foam, per study dose	Х	-	Х	-	Х	-
S4025	Donor services for in vitro fertilization (sperm or embryo), case rate	Х	-	Х	-	Х	-
S4026	Procurement of donor sperm from sperm bank	Х	-	Х	-	Х	-
S4027	Storage of previously frozen embryos	Х	-	Х	-	Х	-
S4028	Microsurgical epididymal sperm aspiration (mesa)	Х	-	Х	-	Х	-
S4030	Sperm procurement and cryopreservation services; initial visit	Х	-	Х	-	Х	-
S4031	Sperm procurement and cryopreservation services; subsequent visit	Х	-	Х	-	Х	-
	Stimulated intrauterine insemination (iui), case rate	Х	-	Х	-	Х	-
S4037	Cryopreserved embryo transfer, case rate	Х	-	Х	-	Х	-
	Monitoring and storage of cryopreserved embryos, per 30 days	Х	-	Х	-	Х	-
S4042	Ovulation mgmt per cycle	Х	-	Х	-	Х	-
S4990	Nicotine patches, legend	Х	-	Х	-	Х	-
S4991	Nicotine patches, non-legend	Х	-	Х	-	Х	-
S4993	Contraceptive pills for birth control	Х	-	Х	-	Х	-
S4995	Smoking cessation gum	Х	-	Х	-	Х	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	dual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additional	ally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty me	edications and should be
	ne Pharmacy link option within the website. Ige limited to ACA 10 essential health benefits.						
	Prescription drug, generic	Х	-	Х	-	Х	-
	Prescription drug, brand name	X		X	-	X	-
	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	-	X	-	X	-	X
	Home infusion therapy, repair of infusion device (e.g., pump repair)		X	-	X		X X
	Day care services, adult, per 15 minutes	X	-	X	-	X	-
	Day care services, adult, per half day	X		X	-	X	-
	Day care services, adult, per diem	X	_	X		X	-
	Day care services, center based, not incl in program fee, per diem	X	_	X	-	X	-
	Home care training to home care client, per 15 minutes		X	-	X	-	X
	Home care training to home care client, per 15 minutes per session	-	X	-	X	-	× ×
	Home care training, family, per 15 minutes	X	-	X	-	X	-
	Home care training, family, per residues	×	-	X	-	X	-
	Home care training, non-family, per 15 minutes	X	-	X	-	X	-
	Home care training, non-family, per ression	X	-	X	-	X	-
	Chore services, per 15 minutes	^ X	-	X	-	X	-
	Home care training, family, per diem	X	-	X	-	X	
	Attendant care services, per 15 minutes	X	-	X		X	
	Attendant care services, per lo minutes	X	-	X	-	X	-
	Homemaker services, per 15 minutes	X	-	X	-	X	
	Homemaker services, nos, per diem	X	-	X	-	X	-
	Companion care, adult, per 15 minutes	X	-	X	-	X	-
	Companion care, adult, per diem	× ×	-	X		X	-
	Foster care, adult, per diem	× ×	-	X	-	X	-
	Foster care, adult, per month	X	-	X		X	-
	Foster care, therapeutic, child, per diem	X	-	X	-	X	-
	Foster care, therapeutic, child, per month	X	-	X		X	-
	Unskilled respite care, not hospice, per 15 minutes	× ×		X	-	X	-
S5150	Unskilled respite care, not hospice, per liem	× ×	-	X		X	-
	Emergency response system, installation and testing	× ×	-	X	-	X	-
	Emergency response system, installation and resulting	× ×	-	X	-	X	-
	Emergency response system, service ree per month Emergency response system, purchase only	X	-	X	-	X	-
	Home modifications, per service	X	-	X	-	X	-
	Home delivered meals, including preparation, per meal	X	-	X	-	X	-
	Laundry service, external, professional, per order	X	-	X	-	X	-
	Home health respiratory therapy, initial evaluation	^	X	^	X	^	X
	Home health respiratory therapy, initial evaluation Home health respiratory therapy, nos, per diem	-	X	-	X		X X
	Medication reminder services, no face to face, per month	- X		- X		- X	
	Wellness assessment, performed by non-physician	X X	-	X	-	X	-
32190	weiness assessment, performed by non-physician	~	-	^	-	~	-

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

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



As of: 06/17/25

	Treatm	Lar	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
directed to t	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website. age limited to ACA 10 essential health benefits.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Х	-	Х	-	Х	-
	Magnetic source imaging	Х	-	Х	-	Х	-
S8040	Topographic brain mapping	Х	-	Х	-	Х	-
	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the CPT code for multifetal pregnancy reduction	х	-	х	-	х	-
	Fluorine-18 fluorodeoxygluco	Х	-	Х	-	Х	-
	Electron beam computed tomog	Х	-	Х	-	Х	-
	Interferential current stimulator, 2 channel	Х	-	Х	-	Х	-
	Interferential current stimulator, 4 channel	Х	-	Х	-	Х	-
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	-	-	Х	-	-	-
	Supplies for home delivery of infant	Х	-	Х	-	Х	-
S8930	Auricular electrostim	Х	-	Х	-	Х	-
S8940	Equestrian/hippotherapy, per session	Х	-	Х	-	Х	-
S8948	Application of a modality (requiring constant provider attendance) to one or	Х	-	Х	-	Х	-
S8950	Complex lymphedema therapy,	Х	-	Х	-	Х	-
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Х	-	Х	-	Х	-
S9001	Home uterine monitor with or	Х	-	Х	-	Х	-
	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	х	-	х	-	х	-
S9007	Ultrafiltration monitor	-	Х	-	Х	-	Х
S9024	Paranasal sinus ultrasound	Х	-	Х	-	Х	-
S9034	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	Х	-	Х	-	Х	-
	Procuren or other growth fac	Х	-	Х	-	Х	-
S9056	Coma stimulation per diem	Х	-	Х	-	Х	-
S9090	Vertebral axial decompressio	Х	-	Х	-	Х	-
S9097	Home visit for wound care	-	Х	-	Х	-	Х
	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a	-	Х	-	Х	-	Х
S9110	Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per	Х	-	х	-	Х	-
	Back school, per visit	-	X*	-	X*	-	Х*
	Home health aide or certifie	Х	-	Х	-	Х	-
	Nursing care, in the home; b	-	Х	X	-	- 1	Х
	Nursing care, in the home; b	-	X	X	-	- 1	X
	Respite care, in the home, p	Х	-	X	-	Х	-
	Hospice care, in the home, p	-	Х	-	Х	- 1	Х

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

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



As of: 06/17/25

	La	rge Employer	Individ	ual Benchmark*	Small Em	oloyer and Individual
Codes Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
isclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additio	nally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be
irected to the Pharmacy link option within the website. Plan coverage limited to ACA 10 essential health benefits.						
S9127 Social work visit, in the ho	-	X*	-	X*	Г <u>-</u> Т	X*
S9128 Speech therapy, in the home,		X*	-	X*		X*
S9129 Occupational therapy, in the	_	X*	-	X*	- 1	X*
S9131 Physical therapy, in the home, per diem		X*	-	X*	- 1	X*
S9140 Diabetic management program,	Х	-	Х	-	Х	-
S9141 Diabetic management program,	X	_	X	-	X	-
S9145 Insulin pump initiation, instruction in initial use of pump (pump not included)	X	-	X	_	X	-
Sel 50 Evaluation by ocularist	X	_	X	_	X	-
Second Evaluation by occuration Second Parameters Second Paramet	-	 X*	-	 X*	-	 X*
Signal Delivery or service to high risk areas requiring escort or extra protection, per visit	X	<u></u>	X	-	X	
S930 Pharmacy compounding and dispensing services	X	-	X	-	X	-
S9432 Med food non inborn err meta	X		X		X	
S9436 Childbirth preparation/lamaze classes, non-physician provider, per session	^ X	-	X	-	X	-
S9437 Childbirth refresher classes, non-physician provider, per session	X	-	X		X	
S9438 Cesarean birth classes, non-physician provider, per session	^ X	-	X	-	X	-
S9430 Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-	X		X	
S9431 Asthma education, non-physician provider, per session		-	X			
S9442 Birthing classes, non-physician provider, per session	X	-		-	- X	-
S9444 Parenting classes, non-physician provider, per session	X	-	X X	-	X	-
		-				-
S9447 Infant safety (including cpr) classes, non-physician provider, per session	<u> </u>	-	X	-	X	-
S9449 Weight management classes, non-physician provider, per session	X X	-	X	-	X	-
S9451 Exercise classes, non-physician provider, per session		-	X	-	X	-
S9453 Smoking cessation classes, non-physician provider, per session	X	-	X	-	Х	-
S9454 Stress management classes, non-physician provider, per session	X	-	Х	-	Х	-
S9472 Cardiac rehabilitation progr	X	-	X	-	Х	-
S9473 Pulmonary rehabilitation pro	X	-	X	-	Х	-
S9474 Enterostomal therapy by a re	Х	-	Х	-	Х	-
S9475 Ambulatory setting substance	-	Х	-	Х	-	Х
S9476 Vestibular rehabilitation program, non-physician provider, per diem	Х	-	Х	-	Х	-
S9480 Intensive outpatient psychia	-	Х	-	Х	-	Х
S9482 Family stabilization services, per 15 minutes	Х	-	Х	-	Х	-
S9484 Crisis intervention mental health services, per hour	-	Х	-	Х	-	Х
S9485 Crisis intervention mental h	-	Х	-	Х	-	Х
S9900 Services by a journal-listed christian science practitioner for the purpose of healing, per die	m X	-	х	-	х	-
S9901 Christian sci nurse visit	Х	-	Х	-	Х	-
S9960 Air ambulanc nonemerg fixed	Х	-	Х	-	Х	-
S9961 Air ambulan nonemerg rotary	X	-	X	-	X	-

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

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



As of: 06/17/25

Description Not Covered Preauthorizati Required taimer 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 on coverage limits to ACA10 essential nearbit benefits. Preauthorizati Required 3970 Health Club membership, annual X - 3977 Transplant related lodging, meals and transportation, per diem X - 3977 Meals, per diem, not otherwise specified X - 3988 Medical records copying fee, aper page X - 3989 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 3992 Transportation costs to and X - - 3998 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 3992 Transportation costs to and X - - 3996 Meals for clinical trial par X - - 3995 teat duryindependent nursing service(s) - licensed, up to 15 minutes - X - <	Indiv	idual Benchmark*	Small Employer and Individual	
cited to the Pharmacy link option within the website. 0970 Health club membership, annual X - 1975 Transplant related lodging, meals and transportation, per diem X - 1976 Lodging, per diem, not otherwise specified X - 1977 Meals, per diem, not otherwise specified X - 1981 Medical records copying fee, per page X - 1982 Medical records copying fee, per page X - 1986 Not medically necessary service (patient is aware that service not medically necessary) X - 1986 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 1998 Services (e.g. hotel ch X - - 1999 Sales tax X - - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1011 Nursing assessment/evaluation - X - - 1002 Rn services, up to 15 minutes - X - - X - 1011 <td< th=""><th>ion Not Covered</th><th>Preauthorization Required</th><th>Not Covered</th><th>Preauthorization Required</th></td<>	ion Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
n coverage limited to AA. 10 essential health benefits. 9970 Health club membership, annual 9975 Transplant related lodging, meals and transportation, per diem X - 9976 Itansplant related lodging, meals and transportation, per diem X - 9976 Meals, per diem, not otherwise specified X - 9977 Meals, per diem, not otherwise specified X - 9988 Medical records copying fee, administrative X - 9988 Medical records copying fee, administrative X - 9988 Medical records copying fee, per page X - 9988 Not medically necessary service (patient is aware that service not medically necessary) X - 9989 Transportation costs to and X - 9990 Transportation costs to and X - 9990 Meals for clinical trial par X - 9990 Meals for clinical trial par X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1000 Respite duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1000 Respite duty/independent nursing aide, up to 15 minutes - X - 1000 Alcohol and/or substance abuse services, family/couple counseling X - 1000 Alcohol and/or substance abuse services, family/couple counseling - X - 1010 Mais for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) - 1012 Alcohol and/or substance abuse services, family/couple counseling - 1014 - 1015 Clinic visit/encounter, all-inclusive - 1015 Clinic visit/encounter, all-inclusive - 1016 Case management, each 15 minutes - 1017 - 1018 School-based individuals receiving alcohol services bill separately - 1018 - 1019 - 1019 - 1012 - 1011 - 102 - 102 - 103 - 103 - 103 - 104 - 104 - 104 - 104 - 105 - 105 - 104 - 105 - 10	nation regarding im	nmunizations, injectable dr	rugs, or specialty m	nedications and should be
9970 Health club membership, annual X - 9975 Transplant related lodging, meals and transportation, per diem X - 9976 Lodging, per diem, not otherwise specified X - 9977 Meals, per diem, not otherwise specified X - 9981 Medical records copying fee, per page X - 9982 Medical records copying fee, per page X - 9984 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9994 Indiging costs (e.g., hotel ch X - - 9995 Sales tax X - - 9996 Meals for clinical rial par X - - 9996 Meals for clinical trial par X - - 9997 Sales tax X - - X 1000 Irving assessment/evaluation - X - X 1001 Nursing assessment/evaluation - X - X - 1002 Rn services, up to 15 minutes -				
9975 Transplant related lodging, meals and transportation, per diem X - 9976 Lodging, per diem, not otherwise specified X - 9977 Meals, per diem, not otherwise specified X - 9978 Medical records copying fee, per page X - 9988 Medical records copying fee, per page X - 9988 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9998 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9992 Transportation costs to and X - - 9994 Lodging costs (e.g. hotel ch X - - 9995 Sales tax X - - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1001 Nursing assessment/evaluation - X - - X 1002 Rn services, up to 15 minutes - X - - X - 1002 Rinzer services, family/couple counse	Х	-	Х	_
9976 Lodging, per diem, not otherwise specified X - 9977 Meals, per diem, not otherwise specified X - 9981 Medical records copying fee, administrative X - 9982 Medical records copying fee, per page X - 9986 Not medically necessary service (patient is aware that service not medically necessary) X - 9987 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9989 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9992 Transportation costs to and X - - 9992 Bales for clinical trial par X - 9993 Bales tax X - - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1001 Nursing assessment/evaluation - X - X 1002 Rn services, up to 15 minutes - X - X 1003 Lpn/lvn services, up to 15 minutes X -	X		X	
9977 Meals, per diem, not otherwise specified X - 9981 Medical records copying fee, administrative X - 9982 Medical records copying fee, per page X - 9986 Not medically necessary service (patient is aware that service not medically necessary) X - 9988 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9998 Jesservices, provided outside of the united states of america (list in addition to code(s) for service(s) X - 9999 Sales tax - - X - 9999 Sales tax X - - X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1001 Nursing assessment/evaluation - X - X - 1002 Rn services, up to 15 minutes - X - X - 1003 Lpn/lvn services, up to 15 minutes - X - - X - 1006 Alcohol and/or substance abuse services, family/couple couns	X	-	X	-
3981 Medical records copying fee, administrative X - 3982 Medical records copying fee, per page X - 3986 Not medically necessary service (patient is aware that service not medically necessary) X - 3988 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 3999 Transportation costs to and X - 3994 Lodging costs (e.g. hotel ch X - 3995 Sales tax X - 3000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 3001 Nursing assessment/evaluation - X - 3002 Rn services, up to 15 minutes - X - 3003 Respite care services, up to 15 minutes - X - 3004 Services of a qualified nursing aide, up to 15 minutes X - - 3005 Respite care services, up to 15 minutes X - - 3005 Respite care services, up to 15 minutes X - - 3004 Services of a	X	-	X	
9982 Medical records copying fee, per page X - 9986 Not medically necessary service (patient is aware that service not medically necessary) X - 9989 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9989 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9999 Sales tax X - - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X - 1001 Nursing assessment/evaluation - X - X - 1002 Re services, up to 15 minutes - X - X - 1003 Lpn/Ivn services, up to 15 minutes - X - X - 1004 Services of a qualified nursing aide, up to 15 minutes X - - X - 1005 Respite care services, up to 15 minutes X - - - - 1006 Alcohol and/or substance abuse services, family/couple counseling X - - - </td <td>X</td> <td>-</td> <td>X</td> <td>-</td>	X	-	X	-
0986 Not medically necessary service (patient is aware that service not medically necessary) X - 0988 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 0992 Transportation costs to and X - 0992 Transportation costs to and X - 0994 Lodging costs (e.g. hotel ch X - 0995 Sales tax X - 000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X - 1002 Envirose of a qualified nursing aide, up to 15 minutes - X - 1003 Lop/I/un services, up to 15 minutes X - - 1004 Services of a qualified nursing aide, up to 15 minutes X - - 1005 Respite care services, up to 15 minutes X - - 1004 Alcohol and/or substance abuse services, framily/couple counseling X - 1004 Alcohol and/or substance abuse services, treatment plan development and/or modification X -	X	-	X	-
9989 Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9992 Transportation costs to and X - 9994 Lodging costs (e.g. hotel ch X - 9996 Meals for clinical trial par X - 9996 Meals for clinical trial par X - 9997 Sales tax - X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X - 1002 Rn services, up to 15 minutes - X - 1003 Lpn/lvn services, up to 15 minutes - X - 1004 Services of a qualified nursing aide, up to 15 minutes X - - 1005 Respite care services, the tot 15 minutes X - - - 1005 Alcohol and/or substance abuse services, freatment plan development and/or modification X - - 1006 Alcohol and/or substa	X	-	X	-
Services provided outside of the united states of america (list in addition to code(s) for service(s) X - 9992 Transportation costs to and X - 9994 Lodging costs (e.g. hotel ch X - 9995 Bales tax X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X - 1002 R services, up to 15 minutes - X - 1003 Lpn/lvn services, up to 15 minutes - X - 1004 Services of a qualified nursing aide, up to 15 minutes X - X 1005 Respite care services, treatment plan development and/or modification X - - 1006 Alcohol and/or substance abuse services, treatment plan development and/or substance abuse X - 1007 Alcohol and/or substance abuse services, skills development X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development </td <td>^</td> <td>-</td> <td>~</td> <td>-</td>	^	-	~	-
Degged Lodging costs (e.g. hotel ch X - Degged Meals for clinical trial par X - Degged Sales tax X - D000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X D010 Nursing assessment/evaluation - X D011 Nursing assessment/evaluation - X D021 Rn services, up to 15 minutes - X D022 Rn services, up to 15 minutes - X D031 Lpn/lvn services, up to 15 minutes - X D043 Services of a qualified nursing aide, up to 15 minutes X - D056 Respite care services, up to 15 minutes X - D066 Alcohol and/or substance abuse services, family/couple counseling X - D07 Alcohol and/or substance abuse services, family/couple counseling X - D07 Alcohol and/or substance abuse services, family/couple counseling X - D07 Alcohol and/or substance abuse services, family/couple counseling X - D07 Alcohol and/or sub	Х	-	Х	-
9996 Meals for clinical trial par X - 9999 Sales tax X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X 1002 Rn services, up to 15 minutes - X 1003 Lpn/lvn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes - X 1005 Respite care services, up to 15 minutes - X 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services X - - 1011 Sign language or oral interpreter services X - -	Х	-	Х	-
9999 Sales tax X - 1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X 1002 Rn services, up to 15 minutes - X 1003 Lpn/lvn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes - X 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1011 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse ser	Х	-	Х	-
1000 Private duty/independent nursing service(s) - licensed, up to 15 minutes - X 1001 Nursing assessment/evaluation - X 1002 Rn services, up to 15 minutes - X 1003 Lpn/Ivn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes - X 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive </td <td>Х</td> <td>-</td> <td>Х</td> <td>-</td>	Х	-	Х	-
1001 Nursing assessment/evaluation - X 1002 Rn services, up to 15 minutes - X 1003 Lpn/lvn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes - X 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X -	Х	-	Х	-
1002 Rn services, up to 15 minutes - X 1003 Lpn/lvn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes X - 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X <	Х	-	-	Х
1003 Lpn/lvn services, up to 15 minutes - X 1004 Services of a qualified nursing aide, up to 15 minutes X - 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) service	Х	-	-	Х
1004 Services of a qualified nursing aide, up to 15 minutes X - 1005 Respite care services, up to 15 minutes X - 1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1012 Alcohol and/or substance abuse services X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) se	Х	-	-	Х
1005Respite care services, up to 15 minutesX-1006Alcohol and/or substance abuse services, family/couple counselingX-1007Alcohol and/or substance abuse services, treatment plan development and/or modificationX-1009Child sitting services for children of the individual receiving alcohol and/or substance abuse servicesX-1010Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)X-1012Alcohol and/or substance abuse services, skills developmentX-1013Sign language or oral interpreter servicesX-1014Telehealth transmission, per minute, professional services bill separatelyX-1015Clinic visit/encounter, all-inclusiveX-1016Case management, each 15 minutesX-1017Targeted case management, each 15 minutesX-1018School-based individualized education program (iep) services, bundledX-1019Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursingX	Х	-	-	Х
1006 Alcohol and/or substance abuse services, family/couple counseling X - 1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X	Х	-	Х	-
1007 Alcohol and/or substance abuse services, treatment plan development and/or modification X - 1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X	Х	-	Х	-
1009 Child sitting services for children of the individual receiving alcohol and/or substance abuse services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X	Х	-	Х	-
services X - 1010 Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program) X - 1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	Х	-	Х	-
1010 Included in the program)X-1012Alcohol and/or substance abuse services, skills developmentX-1012Alcohol and/or substance abuse services, skills developmentX-1013Sign language or oral interpreter servicesX-1014Telehealth transmission, per minute, professional services bill separatelyX-1015Clinic visit/encounter, all-inclusiveX-1016Case management, each 15 minutesX-1017Targeted case management, each 15 minutesX-1018School-based individualized education program (iep) services, bundledX-1019Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursingX	Х	-	Х	-
1012 Alcohol and/or substance abuse services, skills development X - 1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X	х	-	х	-
1013 Sign language or oral interpreter services X - 1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	Х	-	Х	-
1014 Telehealth transmission, per minute, professional services bill separately X - 1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	X	-	X	-
1015 Clinic visit/encounter, all-inclusive X - 1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	X	-	X	-
1016 Case management, each 15 minutes X - 1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	X	-	X	-
1017 Targeted case management, each 15 minutes X - 1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X -	X	-	X	-
1018 School-based individualized education program (iep) services, bundled X - 1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing X	X	-	X	_
1019 Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing	X	-	X	-
	X	-	X	-
1020 Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-	х	-
1021 Home health aide or certified nurse assistant, per visit X -	Х		Х	_
1022 Contracted home health agency services, all services provided under contract, per day X -	× X	-	X	

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the the Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a						
	specified program, pr	Х	-	Х	-	Х	-
T1024	Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care	V		V		X	
	to multiple or severely	Х	-	Х	-	Х	-
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex	V		v		X	
	medical, physical, m	Х	-	Х	-	Х	-
T1026	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex	v		V		v	
	medical, physical, m	Х	-	Х	-	Х	-
T1027	Family training and counseling for child development, per 15 minutes	Х	-	Х	-	Х	-
T1028	Assessment of home, physical and family environment, to determine suitabilityto meet patient's	х		х		х	
	medical needs	~	-	~	-	^	-
T1029		х		х		х	
	Comprehensive environmental lead investigation, not including laboratoryanalysis, per dwelling	^	-	^	-	^	-
	Nursing care, in the home, by registered nurse, per diem	-	Х	-	Х	-	Х
	Nursing care, in the home, by licensed practical nurse, per diem	-	Х	-	Х	-	Х
T1032	Services performed by a doula birth worker, per 15 minutes	Х	-	Х	-	Х	-
T1033	Services performed by a doula birth worker, per diem	Х	-	Х	-	Х	-
T1040	Comm bh clinic svc per diem	Х	-	Х	-	Х	-
	Comm bh clinic svc per month	Х	-	Х	-	Х	-
	Elec med comp dev, noc	Х	-	Х	-	Х	-
	Non-emergency transportation; patient attendant/escort	Х	-	Х	-	Х	-
T2002	Non-emergency transportation; per diem	Х	-	Х	-	Х	-
	Non-emergency transportation; encounter/trip	Х	-	Х	-	Х	-
	Non-emergency transport; commercial carrier, multi-pass	Х	-	Х	-	Х	-
	Non-emergency transportation; non-ambulatory stretcher van	Х	-	Х	-	Х	-
T2007	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour	х		х		х	
	increments	^	-	^	-	^	-
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	Х	-	Х	-	Х	-
T2011	Preadmission screening and resident review (pasrr) level ii eval, per eval	Х	-	Х	-	Х	-
	Habilitation, educational; waiver, per diem	Х	-	Х	-	Х	-
T2013	Habilitation, educational, waiver; per hour	Х	-	Х	-	Х	-
	Habilitation, prevocational, waiver; per diem	Х	-	Х	-	Х	-
	Habilitation, prevocational, waiver; per hour	Х	-	Х	-	Х	-
	Habilitation, residential, waiver; per diem	Х	-	Х	-	Х	-
	Habilitation, residential, waiver; 15 minutes	Х	-	Х	-	Х	-
	Habilitation, supported employment, waiver; per diem	Х	-	Х	-	Х	-
	Habilitation, supported employment, waiver; per 15 minutes	Х	-	Х	-	Х	-
T2020	Day habilitation, waiver; per diem	Х	-	Х	-	Х	_

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

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



As of: 06/17/25

		Lai	ge Employer	Individ	dual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	gs, or specialty m	edications and should be
Plan cover	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.						
T2021	Day habilitation, waiver; per 15 minutes	Х	-	Х	-	Х	-
	Case management, per month	Х	-	Х	-	Х	-
	Targeted case management; per month	Х	-	Х	-	Х	-
	Service assessment/plan of care development, waiver	Х	-	Х	-	Х	-
	Waiver services; not otherwise specified (nos)	Х	-	Х	-	Х	-
	Specialized childcare, waiver; per diem	Х	-	Х	-	Х	-
	Specialized childcare, waiver; per 15 minutes	X	-	X	-	X	-
	Specialized supply, not otherwise specified, waiver	Х	_	Х	-	Х	-
	Specialized medical equipment, not otherwise specified, waiver	X	_	X	-	X	-
	Assisted living, waiver; per month	X	_	X	-	X	-
	Assisted living; waiver, per diem	X	_	X	-	X	-
	Residential care, not otherwise specified (nos), waiver; per month	X	_	X	-	X	-
	Residential care, not otherwise specified (nos), waiver; per diem	X	_	X	-	X	-
	Crisis intervention, waiver; per diem	Х	_	Х	-	Х	-
	Utility services to support medical equipment and assistive technology/devices, waiver	X	_	X	-	X	-
	Therapeutic camping, overnight, waiver; each session	Х	_	Х	-	Х	-
	Therapeutic camping, day, waiver; each session	X	-	X	-	X	-
	Community transition, waiver; per service	Х	_	Х	-	Х	-
	Vehicle modifications, waiver; per service	X	-	X	-	X	-
T2040	Financial management, self-directed, waiver; per 15 minutes	Х	-	Х	-	Х	-
	Supports brokerage, self-directed, waiver, per 15 minutes	Х	-	Х	-	Х	-
	Hospice routine home care; per diem	-	Х	-	Х	-	Х
	Hospice continuous home care; per hour	-	Х	-	Х	-	Х
	Hospice inpatient respite care; per diem	Х	-	Х	-	Х	-
	Hospice general inpatient care; per diem	-	Х	-	Х	-	Х
	Hospice long term care, room and board only; per diem	Х	-	Х	-	Х	-
	Hab prevo waiver per 15	Х	-	Х	-	Х	-
T2048							
	Behavioral health; long-term care residential (non-acute care in a residential program, per diem	Х	-	Х	-	Х	-
	Non-emergency transportation; stretcher van, mileage; per mile	Х	-	Х	-	Х	-
	Financial mgt waiver/diem	X	-	X	-	X	-
	Support broker waiver/diem	X	-	X	-	X	-
	Adult size brief/diaper sm	X	-	X	-	X	-
	Adult size brief/diaper med	X	-	X	-	X	-
	Adult size brief/diaper lg	X	-	X	-	X	-
	Adult size brief/diaper xl	X	-	X	-	X	-
	Adult size pull-on sm	X	_	X	-	X	-
	Adult size pull-on med	X	-	X	_	X	-

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

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



As of: 06/17/25

		La	rge Employer	Individ	ual Benchmark*	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	te that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additi	onally, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	igs, or specialty m	edications and should be
	acy link option within the website. I to ACA 10 essential health benefits.						
T4527 Adult s		Х	-	Х	_	Х	
T4528 Adult s		X		X	-	X	
	ze brief/diaper sm/med	X	-	X	-	X	
	ze brief/diaper lg	X	_	X		X	_
	ze pull-on sm/med	X	-	X	-	X	
4532 Ped siz		X		X		X	
	size brief/diaper	X	_	X		X	_
4534 Youth s		X	-	X	-	X	_
	able liner/shield/pad	X	_	X		X	_
	ble pull-on any size	× X	-	X	-	X	-
	ble underpad bed size	X	-	X		X	-
	serv reusable diaper	X	-	X	-	X	-
	diaper/brief any size	X		X	-	X	-
	ble underpad chair size	X	-	X		X	
	disposable underpad	X	-	X	-	X	
	Jisposable underpad	X	-	X	-	X	-
	able incontinence product, brief/diaper, bariatric, each	X	-	X		X	
	sp und/pull on abv xl	× ×	-	X	-	X	-
	nence product, disposable, penile wrap, each	× X	-	X		X	
	ning seat for persons with special orthopedic needs, for use in vehicles	× ×	-	X	-	X	-
	svcs frames purchases	X	-	X		X	
	ses delux frames	× X	-	X		X	
	pher single plano 4.00	X	-		-		-
	visn sphere 4.12-7.00	X	-	-	-	-	
	isn sphere 7.12-7.00	× X	-	-	-	-	-
	pcylindr 4.00d/12-2.00d	× X	-	-	-	-	-
	ocylindr 4.00d/2.12-4d	× X	-	-	-	-	-
	ocylinder 4.00d/4.25-6d	× X	-	-		-	-
	ocylinder 4.00d/4.2000	× X	-	-	-	-	-
	ocylinder 4.25d/12-2d	X	-	-	-	-	
	ocylinder 4.25d/2-24	X		-	-	-	-
	ocylinder 4.25d/4.25-6d	X	-	-	-	-	-
	ocylinder 4.25d/4.25-od	X	-	-	-	-	-
	bcylinder 4.25d/0ver 6d bcylindr 7.25d/.25-2.25	X	_	_	-	_	-
	beylindr 7.25d/2.25-4d	X	-	-		-	
	ocylindr 7.25d/4.25-6d	X	-	-	-	-	-
•	•		-	-		-	
	pcylinder over 12.00d	X	-	-	-	-	-
	enticular bifocal	Х	-	-	-	-	-

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

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



As of: 06/17/25

		Lai	rge Employer	Individ	lual Benchmark*	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the he Pharmacy link option within the website.	se coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be
	age limited to ACA 10 essential health benefits.						
V2118	Lens aniseikonic single	Х	-	-	-	-	-
V2121	Lenticular lens, per lens, single	Х	-	-	-	- 1	-
	Lens spher bifoc plano 4.00d	Х	-	-	-	-	-
V2201	Lens sphere bifocal 4.12-7.0	Х	-	-	-	-	-
V2202	Lens sphere bifocal 7.12-20.	Х	-	-	-	-	-
V2203	Lens sphcyl bifocal 4.00d/.1	Х	-	-	-	-	-
V2204	Lens sphcy bifocal 4.00d/2.1	Х	-	-	-	-	-
V2205	Lens sphcy bifocal 4.00d/4.2	Х	-	-	-	-	-
V2206	Lens sphcy bifocal 4.00d/ove	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7d/.	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/2.	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/4.	Х	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/ov	Х	-	-	-	-	-
V2211	Lens sphcy bifo 7.25-12/.25-	Х	-	-	-	-	-
V2212	Lens sphcyl bifo 7.25-12/2.2	Х	-	-	-	-	-
V2213	Lens sphcyl bifo 7.25-12/4.2	Х	-	-	-	-	-
V2214	Lens sphcyl bifocal over 12.	Х	-	-	-	-	-
V2215	Lens lenticular bifocal	Х	-	-	-	-	-
V2218	Lens aniseikonic bifocal	Х	-	-	-	-	-
	Lens bifocal seg width over	Х	-	-	-	-	-
V2220	Lens bifocal add over 3.25d	Х	-	-	-	-	-
V2221	Lenticular lens, per lens, bifocal	Х	-	-	-	-	-
V2299	Lens bifocal speciality	Х	-	-	-	-	-
V2300	Lens sphere trifocal 4.00d	Х	-	-	-	-	-
	Lens sphere trifocal 4.12-7.	Х	-	-	-	-	-
V2302	Lens sphere trifocal 7.12-20	Х	-	-	-	-	-
	Lens sphcy trifocal 4.0/.12-	Х	-	-	-	-	-
	Lens sphcy trifocal 4.0/2.25	Х	-	-	-	-	-
V2305	Lens sphcy trifocal 4.0/4.25	Х	-	-	-	-	-
	Lens sphcyl trifocal 4.00/>6	Х	-	-	-	-	-
V2307	Lens sphcy trifocal 4.25-7/.	Х	-	-	-	-	-
V2308	Lens sphc trifocal 4.25-7/2.	Х	-	-	-	-	-
	Lens sphc trifocal 4.25-7/4.	Х	-	-	-	-	-
V2310	Lens sphc trifocal 4.25-7/>6	Х	-	-	-	-	-
V2311	Lens sphc trifo 7.25-12/.25-	Х	-	-	-	-	-
V2312	Lens sphc trifo 7.25-12/2.25	Х	-	-	-	-	-
	Lens sphc trifo 7.25-12/4.25	Х	-	-	-	-	-
V2314	Lens sphcyl trifocal over 12	Х	-	-	-	- 1	-

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

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



As of: 06/17/25

	Description	La	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally	, these coding lists	do not reflect information	regarding imm	nunizations, injectable dru	gs, or specialty m	edications and should be	
	the Pharmacy link option within the website. age limited to ACA 10 essential health benefits.							
	Lens lenticular trifocal	Х	-	- I	-	- 1	_	
	Lens aniseikonic trifocal	X	_	-	_	- 1	_	
	Lens trifocal seg width > 28	X	_	-		_	_	
	Lens trifocal add over 3.25d	X	_	-	_	- 1	_	
	Lenticular lens, per lens, trifocal	X	_	-	_	- 1	_	
	Lens trifocal speciality	X	_	Х	_	Х	_	
	Lens variab asphericity sing	X	_	X	_	X	_	
	Lens variable asphericity bi	X	-	X	-	X	-	
	Variable asphericity lens	X	_	X	_	X	_	
	Cntct lens hydrophil photoch	X	_	X	_	X	_	
	Contact lens, hydrophilic, with blue-violet filter, per lens	X	_	X	_	X	_	
	Hand held low vision aids	X	_	X	_	X	_	
	Single lens spectacle mount	X	_	X	_	X	_	
	Telescop/othr compound lens	X	_	X	_	X	_	
	Fabrication & fitting		_	X	_	-	_	
	Balance lens	Х	_	-	_		_	
	Deluxe lens feature		_	Х	_	Х	_	
	Glass/plastic slab off prism	Х	_	-	_	-	_	
	Prism lens/es	X	_	-	_	- 1	_	
	Fresnell prism press-on lens	X	_	Х	_	Х	_	
	Special base curve	X	_	-	_	-	_	
	Tint photochromatic lens/es	X	-	Х	-	Х	-	
	Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	X	_	X	_	X	_	
	Anti-reflective coating	X	-	X	-	X	-	
	Uv lens/es	X	_	X	_	X	_	
	Eye glass case	X	-	X	-	X	_	
	Scratch resistant coating	X	-	X	-	X	-	
	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	X	-	X	-	X	-	
	Polarization, any lens material, per lens	X	-	X	-	X	-	
	Occluder lens/es	X	-	X	-	X	-	
	Oversize lens/es	X	-	X	-	X	-	
	Progressive lens per lens	X	-	X	-	X	-	
	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	X	-	X	-	X	-	
	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass	X	-	X	-	X	-	
	Lens, polycarbonate or equal, any index, per lens	X	-	X	-	X	-	
	Specialty occupational multifocal lens, per lens	X	-	X	-	X	-	
	Astigmatism correcting function of intraocular lens	X	-	X	-	X	-	
	Presbyopia correcting function of intraocular lens	X		X		X		

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

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



As of: 06/17/25

	Description	La	Large Employer		Individual Benchmark*		Small Employer and Individual	
Codes		Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Addition	nally, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	ıgs, or specialty m	edications and should be	
	the Pharmacy link option within the website. rage limited to ACA 10 essential health benefits.							
	Vision supply, accessory and/or service component of another hcpcs vision code	Х	-	Х	-	Х	-	
	Miscellaneous vision service	-	-	X	-	-	-	
	Assessment for hearing aid	Х	_	X	-	Х	-	
	Hearing aid fitting/checking	X	-	X	-	X	-	
	Hearing aid repair/modifying	X	_	X	-	X	-	
	Conformity evaluation	X	-	X	-	X	-	
	Body-worn hearing aid air	X	-	X	-	X	-	
	Body-worn hearing aid bone	X	-	X	-	X	-	
	Hearing aid monaural in ear	X	-	X	-	X	-	
	Behind ear hearing aid	X		X	-	X	-	
	Glasses air conduction	X	-	X	-	X	-	
	Glasses bone conduction	X		X	-	X		
	Hearing aid dispensing fee	X		X		X		
	Semi-implantable middle ear hearing prosthesis	X	-	X	-	X	-	
	Body-worn bilat hearing aid	X		X		X		
	Hearing aid dispensing fee	X		X		X		
	Body-worn binaur hearing aid	X	_	X		X	-	
	In ear binaural hearing aid	X		X		X		
	Behind ear binaur hearing ai	X X	_	X		X	_	
	Glasses binaural hearing aid	X	_	X		X	-	
	Dispensing fee binaural	X	-	X		X		
	Hearing aid, contralateral routing device, monaural, in the ear (ite)	X X		X		X		
	Hearing aid, contralateral routing device, monaural, in the cara (itc)	X	_	X		X		
	Hearing aid, contralateral routing device, monaural, behind the ear (bte)	X		X		X		
	Glasses cros hearing aid	X	-	X		X		
	Cros hearing aid dispens fee	X	-	X		X		
	Hearing aid, contralateral routing system, binaural, ite/ite	X X	_	X		X		
	Hearing aid, contralateral routing system, binaural, ite/itc	X	-	X	-	X	-	
	Hearing aid, contralateral routing system, binaural, ite/bte	X	-	X		X	-	
	Hearing aid, contralateral routing system, binaural, itc/itc	X	-	X	-	X	-	
	Hearing aid, contralateral routing system, binaural, itc/bte	× ×	-	X	-	X	-	
	Hearing aid, contralateral routing system, binaural, lic/ble	X	-	X	-	X	-	
	Glasses bicros hearing aid	× ×	-	X	-	X	-	
	Dispensing fee bicros	× ×	-	X	-	X	-	
	Dispensing fee, monaural healing aid, any type	X		X	_	X	_	
	Hearing aid, analog, monaural, cic (completely in the ear canal)	X	-	X	-	X	-	
			-	X	-		-	
	Hearing aid, analog, monaural, itc (in the canal)	X	-		-	X	-	
v 9244	Hearing aid, digitally programmable analog, monaural, cic	Х	-	Х	-	Х	-	

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

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



As of: 06/17/25

ControlRestrict			La	Large Employer		Individual Benchmark*		Small Employer and Individual	
ubicate of the Pharmacy lisk optimum within the website. V3245 Hearing aid. digitally programmable analog, monaural, ite (in the ear) X - X V3245 Hearing aid. digitally programmable analog, monaural, ite (in the ear) X - X V3245 Hearing aid. digitally programmable analog, monaural, ite (behind the ear) X - X V3247 Hearing aid. analog, binaural, ite X - X - X V3248 Hearing aid, analog, binaural, ite X - X - X V3249 Hearing aid, digitally programmable analog, binaural, ite X - X - X V3251 Hearing aid, digitally programmable binaural, ite X - X - X V3252 Hearing aid, digital, monaural, ite X - X - X V3254 Hearing aid, digital, monaural, ite X - X - X V3255 Hearing aid, digital, monaural, ite X - X - X V			Covered	Required	Covered	Required		Preauthorization Required	
The concense limited bit ACA 10 assestial hash barefils. V5245 Hearing aid, digitally programmable analog, monaural, lite (in the ear) X - X - X V5246 Hearing aid, digitally programmable analog, monaural, lite (in the ear) X - X - X V5247 Hearing aid, analog, binaural, cic X - X - X V5248 Hearing aid, digitally programmable analog, binaural, cic X - X - X V5251 Hearing aid, digitally programmable analog, binaural, lic X - X - X V5251 Hearing aid, digitally programmable analog, binaural, lic X - X - X V5252 Hearing aid, digital, monaural, lic X - X - X V5254 Hearing aid, digital, monaural, lic X - X - X V5255 Hearing aid, digital, monaural, lic X - X - X V5256 Hearing aid, digital, monaural, lic X			y, these coding lists	do not reflect information	regarding imn	nunizations, injectable dru	igs, or specialty m	edications and should be	
V5245 Hearing aid, digitally programmable analog, monaural, lite (in the ear) X - X - X V5246 Hearing aid, digitally programmable analog, monaural, bite (behind the ear) X - X - X V5247 Hearing aid, digitally programmable analog, monaural, bite (behind the ear) X - X - X V5248 Hearing aid, digitally programmable analog, binaural, cic X - X - X V5249 Hearing aid, digitally programmable analog, binaural, itc X - X - X V5251 Hearing aid, digitally programmable binaural, itc X - X - X V5252 Hearing aid, digital, monaural, cic X - X - X V5254 Hearing aid, digital, monaural, itc X - X - X V5255 Hearing aid, digital, monaural, itc X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, monaural, ite X									
Vis246 Ihearing aid. Vis247 Ihearing aid. Vis247 Ihearing aid. Vis247 Ihearing aid. Vis248 Ihearing aid. Vis249 Ihearing aid. Vis249 Ihearing aid. Vis249 Ihearing aid. Vis248 Ihearing aid. Vis249 Ihearing aid.	U		X	-	X	-	X	-	
V5247 Hearing aid, alignality programmable analog, monaural, bie (behind the ear) X - X - X V5248 Hearing aid, analog, binaural, cic X - X - X V5249 Hearing aid, digitally programmable analog, binaural, cic X - X - X V5250 Hearing aid, digitally programmable analog, binaural, ite X - X - X V5252 Hearing aid, digitally programmable binaural, ite X - X - X V5254 Hearing aid, digital, monaural, ite X - X - X V5254 Hearing aid, digital, monaural, ite X - X - X V5255 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5256 Hea						-		-	
W5248 Hearing ald, analog, binaural, ic X - X - X V5249 Hearing ald, digitally programmable analog, binaural, ic X - X - X V5250 Hearing ald, digitally programmable analog, binaural, itc X - X - X V5251 Hearing ald, digitally programmable binaural, ite X - X - X V5254 Hearing ald, digitally programmable binaural, ite X - X - X V5254 Hearing ald, digital, monaural, ite X - X - X V5255 Hearing ald, digital, monaural, ite X - X - X V5256 Hearing ald, digital, monaural, ite X - X - X V5256 Hearing ald, digital, monaural, ite X - X - X V5256 Hearing ald, digital, inaural, ite X - X - X V5266 Hearing ald, digital, inaural, i				_				_	
V5249 Hearing aid. analog. binaural. itc X - X - X V5250 Hearing aid. digitally programmable analog. binaural. itc X - X - X V5251 Hearing aid. digitally programmable binaural. itc X - X - X V5252 Hearing aid. digitally programmable binaural. itc X - X - X V5254 Hearing aid. digital, monaural, itc X - X - X V5256 Hearing aid. digital, monaural, itc X - X - X V5256 Hearing aid. digital, monaural, itc X - X - X V5256 Hearing aid. digital, innaural, itc X - X - X V5256 Hearing aid. digital, innaural, itc X - X - X V5256 Hearing aid. digital, innaural, itc X - X - X V5256 Hearing aid. digital, innaural, itc X - X - X V5261 Hearing a								-	
V5250 Hearing aid, digitally programmable analog, binaural, itc X - X - X V5251 Hearing aid, digitally programmable binaural, ite X - X				_				_	
VS251 Hearing aid. digitally programmable binaural, ite X - X VS252 Hearing aid. digitally programmable binaural, ite X - X VS253 Hearing aid. digitally programmable binaural, ite X - X VS254 Hearing aid. digitally monaural, ite X - X VS254 Hearing aid. digital, monaural, ite X - X VS254 Hearing aid. digital, monaural, ite X - X VS254 Hearing aid. digital, monaural, ite X - X VS254 Hearing aid. digital, monaural, ite X - X VS256 Hearing aid. digital, binaural, ite X - X VS258 Hearing aid. digital, binaural, ite X - X VS269 Hearing aid. digital, binaural, ite X - X VS261 Hearing aid. digital, binaural, ite X - X VS264 Hearing aid. digital, binaural, ite X - X VS265 Hearing aid. digital, binaural, ite X - X				-		-			
VS252 Hearing aid. digitally programmable binaural, ite X - X - X V5253 Hearing aid, digitally monaural, ite X - X - X V5254 Hearing aid, digital, monaural, ite X - X - X V5254 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, innaural, ite X - X - X V5259 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, ite X - X - X V5264 Hearing aid, digital, binaural, ite X - X - X V5264 Hearing aid, digital, binaural, ite X - X - X V5264 Hearing aid, digital, binaural, ite X -								-	
V5253 Hearing aid. digital, monaural, cic X - X - X V5254 Hearing aid, digital, monaural, cic X - X - X V5254 Hearing aid, digital, monaural, itc X - X - X V5256 Hearing aid, digital, monaural, itc X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, binaural, cic X - X - X V5260 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, bte X - X - X V5262 Hearing aid, digital, binaural, bte X - X - X V5263 Hearing aid, digital, binaural, bte X - X - X V5264 Hearing aid, digital, binaural, bte X				-		-		-	
V5254 Hearing aid, digital, monaural, cic X - X - X V5255 Hearing aid, digital, monaural, ite X - X - X V5256 Hearing aid, digital, monaural, ite X - X - X V5257 Hearing aid, digital, monaural, ite X - X - X V5258 Hearing aid, digital, binaural, ite X - X - X V5260 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, disposable, and type, monaural X - X - X V5262 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - X - X V5265 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - X - X V5264 Battrey for use in hearing dev						-		-	
V5255 Hearing aid, digital, monaural, itc X - X - X V5256 Hearing aid, digital, monaural, bte X - X - X V5256 Hearing aid, digital, monaural, bte X - X - X V5258 Hearing aid, digital, binaural, itc X - X - X V5250 Hearing aid, digital, binaural, itc X - X - X V5260 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, monaural X - X - X V5264 Hearing aid, digital, binaural, te X - X - X V5265 FAR MOLD/INSERT, DISPOSABLE, ANYTYPE X - X - X V5266 Battery for use in hearing device, telephone amplifier, any typ						-		-	
V5266 Hearing aid, digital, monaural, ite X - X - X V5267 Hearing aid, digital, innaural, ble X - X - X V5267 Hearing aid, digital, binaural, itc X - X - X V5269 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, bte X - X - X V5261 Hearing aid, digital, binaural, bte X - X - X V5264 Hearing aid, disposable, and type, monaural X - X - X V5264 Hearing aid, disposable, and type, binaural X - X - X V5265 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5266 Battery for use in hearing device, telephone amplifier, any type X - X - X V5268 Assitive listening device, television caption decoder X - X - X V5270				_				-	
V5257 Hearing aid, digital, monaural, ble X - X - X V5258 Hearing aid, digital, binaural, itc X - X - X V5269 Hearing aid, digital, binaural, itc X - X - X V5260 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, itc X - X - X V5262 Hearing aid, digital, binaural, bte X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - X - X V5266 Battery for use in hearing device, telephone amplifier, any type X - X - X V5264 Assistive listeni									
V5258 Hearing aid, digital, binaural, ic X - X - X V5269 Hearing aid, digital, binaural, itc X - X - X V5261 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, ite X - X - X V5262 Hearing aid, disposable, and type, binaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - - - - V5266 Battery for use in hearing device X - X - X V5266 Battery for use in hearing device, telephone amplifier, any type X - X - X V5269 Assistive listening device, television caption decoder X - X - X V5272				_		-		-	
V5259 Hearing aid, digital, binaural, ite X - X - X V5260 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, be X - X - X V5262 Hearing aid, disposable, and type, monaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - X - X - V5266 Battery for use in hearing device. X - X - X - V5267 Hearing aid, diptital, binaural, any type X - X - X - X V5268 Assistive listening device, telephone amplifier, any type X - X - X - X - X - X - X - X </td <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td> <td></td> <td></td>						-			
V5260 Hearing aid, digital, binaural, ite X - X - X V5261 Hearing aid, digital, binaural, bte X - X - X V5261 Hearing aid, disposable, and type, binaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANYTYPE X - - - - V5266 Battery for use in hearing device X - X - X V5266 Battery for use in hearing device, telephone amplifier, any type X - X - X V5269 Assistive listening device, television amplifier, any type X - X - X V5269 Assistive listening device, television caption decoder X - X - X V5270 Assistive listening device, tot X - X - X -								-	
V5261 Hearing aid, digital, binaural, bte X - X - X V5262 Hearing aid, disposable, and type, monaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 Battery for use in hearing device X - X - X - V5266 Battery for use in hearing device X - X - X - V5267 Hearing aid supplies/accessories X - X - X - V5268 Assistive listening device, telephone amplifier, any type X - X - X - X V5269 Assistive listening device, television caption decoder X - X - X - X - X - X - X - X - X - X - X - X - </td <td></td> <td></td> <td></td> <td>_</td> <td></td> <td></td> <td></td> <td></td>				_					
V5262 Hearing aid, disposable, and type, monaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - X - - - V5266 Battery for use in hearing device X - X - X - X V5267 Hearing aid supplies/accessories X -									
V5263 Hearing aid, disposable, and type, binaural X - X - X V5264 EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPE X - - - - V5265 EAR MOLD/INSERT, DISPOSABLE, ANY TYPE X - - - - V5266 Battery for use in hearing device X - X - X - V5266 Battery for use in hearing device X - X - X - X V5267 Hearing aid supplies/accessories X - X - X - X V5268 Assistive listening device, television amplifier, any type X - X - X - X V5270 Assistive listening device, television caption decoder X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - X - <									
V5264EAR MOLD/INSERT, NOT DISPOSABLE, ANY TYPEXV5266Assistive listening device, telephone amplifier, any typeX-X<									
V5265EAR MOLD/INSERT, DISPOSABLE, ANYTYPEX									
V5266Battery for use in hearing deviceX-X-XV5267Hearing aid supplies/accessoriesX-X-XV5268Assistive listening device, telephone amplifier, any typeX-X-XV5269Assistive listening device, alering, any typeX-X-XV5270Assistive listening device, television amplifier, any typeX-X-XV5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, television caption decoderX-X-XV5273Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening device, not otherwise specifiedX-X-XV5274Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X				_			_		
V5267Hearing aid supplies/accessoriesX-X-XV5268Assistive listening device, telephone amplifier, any typeX-X-XV5269Assistive listening device, alerting, any typeX-X-XV5270Assistive listening device, television amplifier, any typeX-X-XV5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, television caption decoderX-X-XV5273Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-X									
V5268Assistive listening device, telephone amplifier, any typeX-X-XV5269Assistive listening device, alerting, any typeX-X-XV5270Assistive listening device, television amplifier, any typeX-X-XV5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, television caption decoderX-X-XV5274Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening device, not otherwise specifiedX-X-XV5275Ear impression, eachX-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X				_					
V5269Assistive listening device, alerting, any typeX-X-XV5270Assistive listening device, television amplifier, any typeX-X-XV5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, television caption decoderX-X-XV5273Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening device, not otherwise specifiedX-X-XV5275Ear impression, eachX-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neckInduction receiverX-X<									
V5270Assistive listening device, television amplifier, any typeX-X-XV5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, to use with cochlear implantX-X-XV5274Assistive listening device, for use with cochlear implantX-X-XV5275Ear impression, eachX-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X								_	
V5271Assistive listening device, television caption decoderX-X-XV5272Assistive listening device, tddX-X-X-XV5273Assistive listening device, for use with cochlear implantX-X-X-XV5274Assistive listening device, not otherwise specifiedX-X-X-XV5275Ear impression, eachX-X-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X									
V5272Assistive listening device, iddX-X-XV5273Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening device, not otherwise specifiedX-X-XV5275Ear impression, eachX-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-X									
V5273Assistive listening device, for use with cochlear implantX-X-XV5274Assistive listening devise, not otherwise specifiedX-X-XV5275Ear impression, eachX-X-X-XV5275Ear impression, eachX-X-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X				_					
V5274Assistive listening devise, not otherwise specifiedX-X-XV5275Ear impression, eachX-X-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X								_	
V5275Ear impression, eachX-X-XV5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm neck, loop induction receiverX-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X						-			
V5281Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any typeX-X-XV5282Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any typeX-X-X-XV5283Assistive listening device, personal fm/dm neck, loop induction receiverX-X-X-XV5284Assistive listening device, personal fm/dm, ear level receiverX-X-X-X						-			
V5282 Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type X - X - X V5283 Assistive listening device, personal fm/dm neck, loop induction receiver X - X - X V5284 Assistive listening device, personal fm/dm neck, loop induction receiver X - X - X V5284 Assistive listening device, personal fm/dm, ear level receiver X - X - X	281 As	ssistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter,				-		-	
V5283 Assistive listening device, personal fm/dm neck, loop induction receiver X - X - X V5284 Assistive listening device, personal fm/dm, ear level receiver X - X - X	282 As	ssistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter,	Х	-	x	-	х	-	
/5284 Assistive listening device, personal fm/dm, ear level receiver X - X - X			×	_	X	_	X	-	
				_		_			
V5285 Assistive listening device, personal fm/dm, direct audio input receiver X - X - X				-		-		-	

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

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



As of: 06/17/25

		Large Employer		Individual Benchmark*		Small Employer and Individual		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. *Plan coverage limited to ACA 10 essential health benefits.								
V5286	Assistive listening device, personal blue tooth fm/dm receiver	Х	-	Х	-	Х	-	
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Х	-	Х	-	Х	-	
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	Х	-	Х	-	Х	-	
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	х	-	х	-	Х	-	
V5290	Assistive listening device, transmitter microphone, any type	Х	-	Х	-	Х	-	
V5298	Hearing aid, not otherwise classified	Х	-	Х	-	Х	-	
V5362	Speech screening	Х	-	Х	-	Х	-	
V5363	Language screening	Х	-	Х	-	Х	-	
V5364	Dysphagia screening	Х	-	Х	-	Х	-	
	END OF DATA							