

Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be
00797	Anes, intraperitoneal procedures in upper abd including laparoscopy; gastric restrictive procedure	_	_	Х	_	Х	_
	for obesity						
	Therapy for contour defects	X	-	X	-	Х	-
	Therapy for contour defects	X	-	Х	-	Х	-
	Therapy for contour defects	Х	-	Х	-	Х	-
	Therapy for contour defects	Х	-	Χ	-	Χ	-
	Hair transplant punch grafts	Х	-	Χ	-	Х	-
	Hair transplant punch grafts	Х	-	Χ	-	Х	-
	Abrasion treatment of skin	X	-	Х	-	Х	-
	Abrasion treatment of skin	X	-	Х	-	Х	-
	Abrasion treatment of skin	X	-	Х	-	Х	-
	Abrasion treatment of skin	Х	-	Χ	-	Х	-
	Abrasion, lesion, single	Х	-	X	-	Х	-
	Abrasion, lesions, add-on	Х	-	Χ	-	Х	-
	Chemical peel, face, epiderm	Х	-	Х	-	Х	-
	Chemical peel, face, dermal	Х	-	Х	-	Χ	-
	Chemical peel, nonfacial	Х	-	Χ	-	Х	-
	Chemical peel, nonfacial	X	-	Χ	-	Χ	-
	Plastic surgery, neck	X	-	Χ	-	Х	-
	Revision of lower eyelid	-	Х	-	X	-	X
	Revision of lower eyelid	-	X	-	X	-	X
	Revision of upper eyelid	-	X	-	X	-	X
	Revision of upper eyelid	-	X	-	X	-	X
	Removal of forehead wrinkles	Х	-	Х	-	Х	-
	Removal of neck wrinkles	Х	-	Χ	-	Х	-
	Removal of brow wrinkles	Х	-	Χ	-	Х	-
	Removal of face wrinkles	X	-	Х	-	Х	-
	Removal of skin wrinkles	X	-	Х	-	Х	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Excise excessive skin tissue	X	-	X	-	Х	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Excise excessive skin tissue	X	-	X	-	X	-
	Skin and muscle repair, face	Х	-	Х	-	Х	-
15847	Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg,	Х	_	Χ	-	Χ	-
4====	abdominoplasty) (includes umbilical						
	Removal of sutures	X	-	X	-	X	-
	Suction assisted lipectomy	X	-	X	-	Х	-
	Suction assisted lipectomy	X	-	X	-	X	-
15878	Suction assisted lipectomy	Х	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

Ü		Laı	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, thes the Pharmacy link option within the website.	e coding lists o	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
	Suction assisted lipectomy	Х	_	Х	_	Х	_
	Skin peel therapy	X	_	X	_	X	-
	Hair removal by electrolysis	X	_	X	_	X	-
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Х	-	Х	-	Х	-
	Correct inverted nipple(s)	Х	_	Х	_	Х	<u>-</u>
	Ndl insj w/o njx 1 or 2 musc	X	_	X	_	X	-
	Ndl insj w/o njx 3+ musc	X	_	X	-	X	-
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (list separately in addition to code for primary procedure)	Х	-	Х	-	X	-
	Spinal bone autograft	Х	_	Х	_	Х	-
	Computer-assisted surgical navigational procedure for musculoskeletal procedures, image-less (list separately in additio	Х	-	Х	-	X	-
21010	Incision of jaw joint	-	-	Х	-	_	-
	Removal of jaw joint	-	-	Х	-	-	-
	Remove jaw joint cartilage	-	-	Х	-	-	-
	Remove coronoid process	-	-	Х	-	-	-
	Manipulation of temporomandibular joint(s) (tmj), therapeutic, requiring an anesthesia service (ie, general or monitored	-	-	Х	-	-	-
	Prepare face/oral prosthesis	Х	-	Х	-	Х	-
	Interdental fixation	Х	-	Х	-	Х	-
	Injection, jaw joint x-ray	-	-	Х	-	-	-
21120	Reconstruction of chin	Х	-	Х	-	Х	-
21121	Reconstruction of chin	Х	-	Х	-	Х	-
21122	Reconstruction of chin	Χ	-	Χ	-	Χ	-
	Reconstruction of chin	Х	-	Х	-	Χ	-
	Revision of eyelid	-	X	-	X	-	X
	Revision of eyelid	-	X	-	X	-	X
	Revision of jaw muscle/bone	Х	-	Χ	-	X	-
	Revision of jaw muscle/bone	Х	-	Х	-	Χ	-
	Reset dislocated jaw	-	-	X	-	-	-
	Reset dislocated jaw	-	-	X	-	-	-
	Repair dislocated jaw	-	-	X	-	-	-
	Interdental wiring	X	-	X	-	X	-
	Manipulation of spine	Х	-	Х	-	Х	- V
	Perq cervicothoracic inject	-	X	-	X	-	X
	Perq lumbosacral injection	-	X	-	X	-	X
	Vertebroplasty addl inject	-	X	-	X	-	X
	Perq vertebral augmentation	-		-		-	
	Perq vertebral augmentation Perq vertebral augmentation	-	X	-	X	-	X
22015	r ery vertebrar augmentation		۸	<u> </u>	۸	-	^

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
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	-
22533	Arthrodesis, lateral extracavitary technique, including minimal diskectomy to prepare interspace; lumbar	-	Х	-	Х	-	Х
	Neck spine fuse&remove	-	X	-	X	-	Χ
22552	Neck spine fuse&remove addl	-	Χ	-	Χ	-	Χ
	Neck spine fusion	-	X	-	Χ	-	Χ
	Lumbar spine fusion	-	X	-	Χ	-	Χ
	Prescrl fuse /w instr I5/1	Χ	-	Χ	-	X	-
	Neck spine fusion	-	X	-	X	-	X
	arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	-	X	-	X	-	Χ
22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)	-	Х	-	X	-	Χ
22614	Spine fusion, extra segment	-	Х	-	X	-	Χ
22630	Lumbar spine fusion	-	X	-	Χ	-	Χ
22632	Spine fusion, extra segment	-	X	-	X	-	Χ
	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t	1	X	-	X	-	X
22800	Fusion of spine	-	X	-	Χ	-	Χ
22802	Fusion of spine	-	Χ	-	Χ	-	Χ
	Fusion of spine	-	X	-	Χ	-	Χ
22836	Anterior thoracic vertebral body tethering, including thoracoscopy	Χ	-	Χ	-	Х	=
22837	Anterior thoracic vertebral body tethering, including thoracoscopy	Χ	-	Χ	-	X	-
	Anterior thoracic vertebral body tethering, including thoracoscopy	Χ	-	Χ	-	X	-
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes	-	Х	-	Х	-	Χ
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for	-	Х	-	Х	-	Х
22858	Second level cer diskectomy	-	X	-	X	-	X
	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing	Х	-	Х	-	Х	-
	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco	Х	-	Х	-	х	-

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

3 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	Х	-	Х	-	Х	-
22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second	Х	-	Х	-	Х	-
	Reconstruct shoulder joint	_	Х	_	X	_	X
24357	Tenotomy, elbow, lateral or medial (eg, epicondylitis, tennis elbow, golfer's elbow); percutaneous	Х	-	Х	-	Х	-
	Total hip replacement	-	Х	-	X	-	Χ
	Total knee replacement	-	Χ	-	Χ	-	Χ
	Reconstruct ankle joint	-	X	-	X	-	Χ
	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, including ultra	Х	-	Х	-	Х	-
	Jaw arthroscopy/surgery	-	-	Χ	-	-	-
	Jaw arthroscopy/surgery	-	-	Χ	-	-	-
	Reconstruction of nose	Х	-	Х	-	Х	-
	Reconstruction of nose	Χ	-	Χ	-	Х	-
	Revision of nose	Χ	-	Χ	-	Х	-
	Revision of nose	X	-	Х	-	Х	-
	Revision of nose	Х	-	Χ	-	Х	-
	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Х	-	X	-	Х	-
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal remodeling	Х	-	Х	-	Х	-
	Intranasal reconstruction	Χ	-	Χ	-	X	-
32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic	Х	-	Х	-	Х	-
	Thorax stereo rad target w/tx	-	X	-	Χ	-	Χ
32850	Donor pneumonectomy	-	Х	-	Χ	-	Χ
32851	Lung transplant, single	-	Х	-	Χ	-	Χ
	Lung transplant with bypass	-	Х	-	Χ	-	Χ
	Lung transplant, double	-	Χ	-	Χ	-	Χ
	Lung transplant with bypass	-	Χ	-	Χ	-	Χ
	Backbench standard preparation of cadaver donor lung allograft; unilateral	-	Χ	-	Χ	-	Χ
	Backbench standard preparation of cadaver donor lung allograft; bilateral	-	Χ	-	Χ	-	Χ
32994	Ablation therapy for reduction or eradication of 1 or more pulm tumor(s)	X	-	Χ	-	X	-
33140	Heart revascularize (tmr)	Χ	-	Χ	-	X	-
	Heart tmr w/other procedure	Х	-	Χ	-	X	-
	Removal of heart lesion	Х	-	Χ	-	X	-
	Removal of donor heart/lung	-	X	-	X	-	Χ
	Backbench standard preparation of cadaver donor heart/lung allograft	-	X	-	X	-	Χ
	Transplantation, heart/lung	-	X	-	X	-	Χ
	Removal of donor heart	-	X	-	X	-	Χ
33944	Backbench standard preparation of cadaver donor heart allograft	-	X	-	X	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Transplantation of heart	-	Х	-	Х	_	Х
	Plnning pt spec fenest graft	Х	-	Х	-	Х	-
	Place needle in vein	Х	-	Х	-	Х	-
	Collection of capillary blood specimen (eg, finger, heel, ear stick)	Х	-	Х	-	Х	-
36465	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein	-	Х	Х	-	-	Χ
36466	Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins	-	Χ	Х	-	-	Χ
36468	Injection(s), spider veins	Х	-	Х	-	Х	-
36470	Injection therapy of vein	-	X	Х	-	-	Χ
36471	Injection therapy of veins	-	X	Х	-	-	Χ
36475	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
	Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites	-	Х	-	Х	-	Х
36482	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated	-	Х	-	Х	-	Х
36483	Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated	-	Х	-	Х	-	Х
	Secondary percutaneous transluminal thrombectomy (eg, nonprimary mechanical, snare basket, suction technique), noncorona	Х	-	Х	-	Х	-
37500	Vascular endoscopy, surgical, with ligation of perforator veins, subfascial (seps)	Х	_	Х	_	Х	-
	Revise leg vein	-	Х	-	Х	-	Х
	Ligation, division, and stripping, short saphenous vein	-	Х	-	Х	-	Х
	Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below	-	Х	-	Х	-	Х
37735	Removal of leg veins/lesion	-	Х	-	Х	-	Х
37760	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, 1 leg	-	Х	-	Х	-	Х
37765	Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions	-	Х	Х	-	-	X
	Stab phlebectomy of varicose veins, one extremity; more than 20 incisions	-	Х	Х	-	-	Х
	Revision of leg vein	-	Х	-	Х	-	Χ
37785	Revise secondary varicosity	-	X	-	X	-	Χ
	Revascularization, penis	-	-	Χ	-	-	-
37790	Penile venous occlusion	-	-	Χ	-	-	-
38204	Management of recipient hematopoietic progenitor cell donor search and cell acquisition	Χ	-	Χ	-	Х	=
38205	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	ge Employer	Individ	ual 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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous	-	Х	-	Х	-	Х
	Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage	-	Х	-	Х	-	X
	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	-	X	-	X	-	X
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	-	Х	-	Х	-	X
	Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion	-	Х	-	Х	-	Х
	Transplant preparation of hematopoietic progenitor cells; tumor cell depletion	_	X	_	X	_	Х
	Transplant preparation of hematopoletic progenitor cells; red blood cell removal		X	_	X	<del>                                     </del>	X
	Transplant preparation of hematopoletic progenitor cells; platelet depletion	-	X	_	X	<del>                                     </del>	X
	Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion	_	X		X	<del>  </del>	X
38215	Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer	-	X	-	X	-	X
	Bone marrow harvesting for transplantation; allogenic	_	X	_	X	<del>  _  </del>	X
	Bone marrow harvesting for transplantation; altologous	-	X	_	X	<del>                                     </del>	X
	Bone marrow/stem transplant	-	X	_	X	<del>                                     </del>	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
	Tongue base suspension, permanent suture technique	Х	_	Х	_	Х	
	Submucosal ablation of the tongue base, radiofrequency, one or more sites, per session	X		X		X	<u> </u>
	Excision of gum flap	X		X	-	X	<del></del>
	Excision of gum lesion	X		X	<u> </u>	X	<u> </u>
	Excision of gum lesion	X		X	-	X	<u> </u>
	Excision of gum lesion	X	-	X	-	X	-
	Excision of gum lesion	X		X	-	X	-
	Excision of gum lesion	X		X		X	-
	Excision of gum lesion	X		X	-	X	
	Removal of gum tissue	X	-	X	-	X	
	Treatment of gum lesion			X		X	
		X	-		-		-
	Gum graft Pagair augus	X	-	X	-	X	-
	Repair gum	X	-	X	-	X	-
	Repair tooth socket	Х	-	Х	-	Х	-
	Remove tonsils and adenoids	-	X	-	X	-	X
	Remove tonsils and adenoids	-	X	-	X	- 1	X
	Removal of tonsils	-	X	-	X	-	X
	Removal of tonsils	-	X	-	X	- 1	X
	Removal of adenoids	-	X	-	X		X
	Removal of adenoids	-	X	-	X		X
42835	Removal of adenoids	-	X	-	Χ	<u> </u>	X

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

6 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

0		La	rge Employer	Individ	ual 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. Additionally, these the Pharmacy link option within the website.	coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
_	Removal of adenoids	-	Х	-	Х	-	Х
	Esoph optical endomicroscopy	Х	-	Х	-	Х	-
	Upper gi optical endomicrscopy	Х	-	Х	-	Х	-
43290	Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon	Х	-	Х	-	Х	-
43291	Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)	-	Х	Х	-	Х	-
43633	Removal of stomach, partial	-	Х	-	Х	-	Х
43644	Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)	-	Х	-	Х	-	Х
43645	Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction	-	Х	-	Х	-	Х
	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	-	X	-
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	-	X	-
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	-
43842	Gastroplasty for obesity	-	Х	Χ	-	Х	-
43843	Gastroplasty for obesity	Χ	-	Х	-	X	-
	Gastric revision for obesity		Χ	X	-	Χ	-
	Gastric bypass for obesity	-	X	Х	-	X	-
	Gastric bypass for obesity	Х	-	Х	-	Χ	-
	Revision gastroplasty	-	X	Х	-	X	-
	Revise stomach-bowel fusion	-	X	Χ	-	X	-
	Revise stomach-bowel fusion	-	X	Х	-	Χ	-
	Gastric restrictive procedure, open; revision of subcutaneous port component only	Х	-	X	-	Х	-
	Gastric restrictive procedure, open; removal of subcutaneous port component only	Х	-	X	-	Х	-
	Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only	Х	-	Х	-	Х	-
	Enterectomy, cadaver donor	Χ	-	Х	-	X	-
	Enterectomy, live donor	Χ	-	Х	-	X	-
	Intestine transplnt, cadaver	-	X	-	X	-	Χ
	Intestine transplant, live	-	X	-	X	-	Χ
	Removal of transplanted intestinal allograft, complete	-	X	-	Х	-	Χ
44715	Backbench standard preparation of cadaver or living donor intestine allograft	Χ	-	Χ	-	X	-

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

7 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	ge 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 Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
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	-
	Diagnostic anoscopy	Х	-	Х	-	Х	-
46607	Diagnostic anoscopy & biopsy	Χ	-	Х	-	Х	-
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
47135	Transplantation of liver	-	Х	-	Х	- 1	Χ
47140	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
	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	-	X	-	Χ	-	Χ
48552	Backbench reconstruction of cadaver donor pancreas allograft prior to transplantation, venous anastomosis, each	-	Х	-	Х	-	Х
48554	Transpl allograft pancreas	-	Х	-	Х	-	Х
	Removal, allograft pancreas	-	Х	-	Х	- 1	Х
	Removal of donor kidney	-	Х	-	X	-	Х
	Removal of donor kidney	-	Х	-	Х	- 1	X
	Backbench standard preparation of cadaver donor renal allograft	-	X	-	X	- 1	Χ
50325	Backbench standard preparation of living donor renal allograft (open or laparoscopic)	-	X	-	X	-	Χ
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

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

9 of 208

		Laı	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 the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Removal of kidney	_	Х	_	Х	-	Χ
	Transplantation of kidney	-	X	-	X	_	X
	Transplantation of kidney	-	X	-	X	-	X
	Remove transplanted kidney	-	Х	-	Х	-	Х
	Reimplantation of kidney	-	Х	-	Х	-	Х
	Removal (via snare/capture) and replacement of internally dwelling ureteral stent via percutaneous approach, including r	Х	-	Х	-	Х	-
50547	Laparo removal donor kidney	-	Х	-	Х	-	Х
	Hysterectomy/bladder repair	-	Х	-	Х	-	Х
	Urethroplasty with tubularization of posterior urethra and/or lower bladder for incontinence	Х	-	Х	-	Х	-
	Insertion of tandem cuff (dual cuff)	Х	-	Х	-	Х	-
	Transurethral rf treatment	Х	-	Х	-	Х	-
	Treatment of penis lesion	-	-	Х	-	-	-
	Circumcision	-	-	Х	-	-	-
	Circumcision	-	-	Х	-	-	-
54161	Circumcision	-	-	Х	-	-	-
	Treatment of penis lesion	-	-	Х	-	Х	-
	Treatment of penis lesion	-	-	Х	-	Х	-
	Treatment of penis lesion	-	-	Х	-	Х	-
	Prepare penis study	-	-	Х	-	Х	-
	Dynamic cavernosometry	-	-	Х	-	Х	-
	Penile injection	-	-	Х	-	Х	-
54240	Penis study	-	-	Х	-	Х	-
	Penis study	-	-	Х	-	Х	-
54406	Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis	-	-	Х	-	Х	-
54408	Repair of component(s) of a multi-component, inflatable penile prosthesis	-	-	Х	-	Х	-
	Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session	-	-	Х	-	Х	-
	Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt	-	-	Х	-	Х	-
54415	Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis	-	-	Х	-	Х	-
54416	Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session	-	-	Х	-	Х	-
54417	Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement	-	-	Х	-	Х	-
54660	Revision of testis	Х	-	Х	-	Х	-
	Repair of sperm duct	-	-	Х	-	Х	-
	Electroejaculation	Х	-	Х	-	Х	-
	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (hifu), including ultrasound guidance	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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, these the Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Sex transformation, m to f	-	Х	-	Х	-	Х
55980	Sex transformation, f to m	-	Х	-	Х	-	Х
	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	-	Х	-
	Total hysterectomy	-	Χ	-	Χ	-	Χ
	Total hysterectomy	-	Χ	=	X	-	Χ
	Partial hysterectomy	-	Х	-	X	-	Χ
	Extensive hysterectomy	-	Χ	-	Χ	-	Χ
58260	Vaginal hysterectomy, for uterus 250 grams or less;	-	Χ	-	X	-	Χ
58262	Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)	-	Х	-	Х	-	Х
	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	-	Χ	-	Х	-	Χ
	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	-
	Sperm washing	Х	-	Х	-	Х	-
58541	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	-	Х
	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	-	Х
	Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
58553	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;	-	Х	-	Х	_	Х
58554	Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar	-	X	-	X	-	X
58565	Hysteroscopy, surgical; with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Ü		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, these the Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;	-	Х	-	Х	-	X
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	-	Х	-	Х	-	Х
58572	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;	_	Х	-	Х	_	X
58573	Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	-	X	-	X	-	X
	Laparoscopy, salpingostomy	Х	_	Х	_	Х	
	Repair oviduct	X	-	X	-	X	-
	Create new tubal opening	X	-	X	-	X	-
	Retrieval of oocyte	X	-	X	-	X	-
	Transfer of embryo	X	-	X	-	X	-
			-	X	-	X	-
	Transfer of embryo Transabdominal amnioinfusion, including ultrasound guidance	X	-		-		-
		X	-	X	-	X	-
	Fetal umbilical cord occlusion, including ultrasound guidance	X	-	X	-	X	-
	Procedure associated with miscarriage or terminated pregnancy	X	-	X	-	X	-
	Procedure associated with miscarriage or terminated pregnancy	X	-	X	-	X	-
	Procedure associated with miscarriage or terminated pregnancy	X	-	X	-	Х	-
	Procedure associated with miscarriage or terminated pregnancy	X	-	X	-	Х	-
	Procedure associated with miscarriage or terminated pregnancy	X	-	X	-	X	-
	Abortion (mpr)	Х	-	X	-	Х	-
	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	X	-	Х	-	Х	-
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	Х	-	Х	-	Х	-
61640	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	-
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se	Х	-	Х	-	Х	-
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion	Х	-	Х	-	Х	-
	Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)	Х	-	Х	-	х	-
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	-	X	Х	-	-	Χ
	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
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li	-	Х	Х	-	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



			ge Employer	Individ	ual 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 d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
61800	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	-
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi	Х	-	Х	-	Х	-
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1	Х	-	Х	-	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
63620	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
	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	X	-	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
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	-	Х	-	Х	-	Х
64495	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	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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, these he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	-	Х	-	Х	-	Х
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
	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	-	Χ	-
	Revision of cornea	Х	-	Χ	-	X	-
	Corneal tissue transplant	Х	-	Х	-	X	-
	Revise cornea with implant	Х	-	Х	-	X	-
65771	Radial keratotomy	Х	-	Х	-	X	
	Revision of iris	Х	-	Χ	-	X	-
	Implant eye drug system	-	X	-	X	-	X
	Suprachoroidal space injection of pharmacologic agent (separate procedure)	Х	-	Х	-	X	-
	Incision of eyelid fold	Х	-	Х	-	X	-
	Repair brow defect	-	X	-	X	-	X
	Repair eyelid defect	-	Χ	-	Χ	-	Χ
	Repair eyelid defect	-	X	-	X	-	Χ
	Repair eyelid defect	-	Χ	-	Χ	-	Χ
	Repair eyelid defect	-	Χ	-	Χ	-	Χ
	Repair eyelid defect	-	X	-	X	-	Χ
	Repair eyelid defect	-	Χ	-	Χ	-	Χ
	Revise eyelid defect	-	Χ	-	X	-	Χ
	Revise eyelid defect	-	X	-	X	-	Χ
	Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each	Х	-	Х	-	Х	-
	Pierce earlobes	Х	-	Х	-	Х	-
69300	Revise external ear	Х	-	Х	-	Х	-
69710	Implant/replace hearing aid	-	-	Х	-	-	-
	Remove/repair hearing aid	-	-	Х	-	-	-
	Implant temple bone w/stimul	-	Х	Х	-	-	Х
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor	-	X	Х	-	-	X
	Temple bone implant revision	-	Х	Х	-	-	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	rge Employer	Individ	ual 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.	coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	ications and should be
	Revision or replacement (including removal of existing device), osseointegrated implant, skull; with		.,	.,			
	magnetic transcutaneous attachment to external speech processor	-	Х	Х	-	-	X
69726	Removal, osseointegrated implant, skull; with percutaneous attachment to external speech	_	Х	Х	_	_	Х
	processor		^	^	_		
69727	Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external	-	Х	Х	_	_	Χ
	speech processor		^`	, ,		ļ	
69728	Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to		.,	.,			
	external speech processor, outside the mastoid and involving a bony defect greater than or equal	-	X	Х	-	-	X
00700	to 100 sq mm surface area of bone deep to the outer cranial cortex						
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external		V	X			V
	speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex	-	X	^	-	- 1	X
60720	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic					1	
09730	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	-	Χ	-	X	-	Χ
	cortex						
69930	Implant cochlear device	-	Х	_	Х	<del>  </del>	Х
	Computed tomographic (ct) colonography, screening, including image postprocessing	Х	-	Х	-	Х	-
	X-ray consultation	X	_	X	_	X	_
	Echo guide, ova aspiration	X	-	X	-	X	-
	Us bone density measure	Х	-	Х	-	Х	-
	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips,	Х					
	pelvis, spine) old code 760	Х	-	Х	-	Х	-
77081	Dual-energy x-ray absorptiometry (dxa), bone density study, 1 or more sites; appendicular skeleton	Х		Х		Х	
	(peripheral) (eg, rad	^	-	^	-	^	-
	Fracture assessment via dxa	Χ	-	Χ	-	Х	-
77089	Trabecular bone score (tbs), structural condition of the bone microarchitecture; using dual x-ray						
	absorptiometry (dxa) or other imaging data on gray-scale variogram, calculation, with interpretation	Х	-	Х	-	X	-
	and report on fracture-risk						
77090	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical	Х	_	Х	_	×	_
	preparation and transmission of data for analysis to be performed elsewhere						
77091	Trabecular bone score (tbs), structural condition of the bone microarchitecture; technical	Χ	-	Х	-	X	-
77000	calculation only						
77092	Trabecular bone score (tbs), structural condition of the bone microarchitecture; interpretation and	Χ	-	Х	-	X	-
77274	report on fracture-risk only by other qualified health care professional  Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of						
11311	cerebral lesion(s) consis	-	Х	X	-	-	X
77372	Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of						
11312	cerebral lesion(s) consis	-	X	Х	-	-	X
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including		_				
	image guidance, en	-	X	Х	-	-	X
			<u> </u>	I	<u> </u>		

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	ge 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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
77423	High energy neutron radiation treatment delivery; 1 or more isocenter(s) with coplanar or non- coplanar geometry with blo	Х	-	Х	-	Х	-
77432	Stereotactic radiation trmt	_	Х	Х	-	_	Х
	Stereotactic body radiation therapy, treatment management, per treatment course, to one or more						
11 100	lesions, including image	-	X	Х	-	-	X
77520	Proton trmt, simple w/o comp	-	Х	-	Х	_	X
	Proton trmt, simple w/comp	-	X	-	X	_	X
	Proton trmt, intermediate	-	X	-	X	_	X
	Proton treatment, complex	_	X	_	X	_	X
	Bone mineral, single photon	Х	-	Х	-	Х	-
	Alcohols	X	-	X	_	X	-
	Alcohol biomarkers; 1 or 2	X	_	X	_	X	-
	Alcohol biomarkers; 3 or more	X	_	X	_	X	-
	Alkaloids, not otherwise specified	X	-	X	-	X	_
	Amphetamines; 1 or 2	X	_	X	-	X	_
	Amphetamines; 3 or 4	X	_	X	_	X	-
	Amphetamines; 5 or more	X	-	X	-	X	-
	Anabolic steroids; 1 or 2	X	_	X	_	X	-
	Anabolic steroids; 3 or more	X	_	X	-	X	_
	Analgesics, non-opioid; 1 or 2	X	_	X	-	X	_
	Analgesics, non-opioid; 3-5	Х	_	Х	_	X	-
	Analgesics, non-opioid; 6 or more	X	_	X	_	X	-
	Antidepressants, serotonergic class; 1 or 2	Х	_	X	_	X	-
	Antidepressants, serotonergic class; 3-5	Х	_	Х	_	X	-
	Antidepressants, serotonergic class; 6 or more	Х	_	Х	_	X	-
	Antidepressants, tricyclic and other cyclicals; 1 or 2	X	_	Х	_	X	-
	Antidepressants, tricyclic and other cyclicals; 3-5	Х	_	Х	_	X	-
	Antidepressants, tricyclic and other cyclicals; 6 or more	Х	_	X	_	X	-
	Antidepressants, not otherwise specified	X	-	Х	-	X	_
	Antiepileptics, not otherwise specified; 1-3	Х	_	Х	_	Х	-
	Antiepileptics, not otherwise specified; 4-6	Х	-	Х	-	X	-
	Antiepileptics, not otherwise specified; 7 or more	Х	-	Х	-	X	-
	Antipsychotics, not otherwise specified; 1-3	Х	-	Х	-	Х	-
	Antipsychotics, not otherwise specified; 4-6	X	-	Х	-	X	-
	Antipsychotics, not otherwise specified; 7 or more	Х	-	Х	-	Х	-
	Barbiturates	X	-	X	-	X	-
	Benzodiazepines; 1-12	Х	-	X	-	X	-
	Benzodiazepines; 13 or more	Х	-	X	-	X	-
	Buprenorphine	X	-	Х	-	X	-
	Cannabinoids, natural	Х	-	Х	-	X	-
	Cannabinoids, synthetic; 1-3	Х	-	X	-	X	-
	Cannabinoids, synthetic; 4-6	Х	_	Х	_	X	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		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
	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.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Cannabinoids, synthetic; 7 or more	Х	_	Х	_	Х	-
	Cocaine	X	-	X	-	X	-
	Fentanyl	Х	-	Х	-	Х	-
80355	Gabapentin, non-blood	Χ	-	Х	-	Х	-
	Heroin metabolite	Χ	-	X	-	Х	-
	Ketamine and norketamine	Χ	-	X	-	X	-
	Methadone	Χ	-	Х	-	X	-
	Methylenedioxyamphetamines (mda, mdea, mdma)	Χ	-	Χ	-	Х	-
	Methylphenidate	Χ	-	Х	-	Х	-
	Opiates, 1 or more	X	-	X	-	Х	-
	Opioids and opiate analogs; 1 or 2	Χ	-	Х	-	Х	-
	Opioids and opiate analogs; 3 or 4	X	-	Х	-	Х	-
	Opioids and opiate analogs; 5 or more	X	-	X	-	Х	-
	Oxycodone	X	-	X	-	X	-
	Pregabalin Press and the second secon	X	-	X	-	X	-
	Propoxyphene	X	-	X	-	X	-
	Sedative hypnotics (non-benzodiazepines)	X	-	X	-	X	-
	Skeletal muscle relaxants; 1 or 2 Skeletal muscle relaxants; 3 or more	X	-	X	-	X	<del>-</del>
	Stimulants, synthetic	X	-	X	-	X	
	Tapentadol	X	-	X	-	X	
	Tramadol	X	-	X	-	X	<u>-</u>
	Stereoisomer anal single drug class	X		X		X	<u> </u>
	Drug(s) definitive, gual or guant nos 1-3	X		X		X	<del></del>
	Drug(s) definitive, qual or quant rios 1 3  Drug(s) definitive, qual or quant unlisted 4-6	X	_	X	_	X	
	Drug(s) definitive, qual or quant thinsted 4 o	X	-	X	-	X	-
	Idh1 (isocitrate dehydrogenase 1 [nadp+], soluble) (eg, glioma), common variants (eg, r132h, r132c)	-	Х	-	Х	-	Х
	Idh2 (isocitrate dehydrogenase 2 [nadp+], mitochondrial) (eg, glioma), common variants (eg, r140w, r172m)	-	Х	-	Х	-	Х
	Dmd deletion and duplication analysis, if performed	-	Х	-	Х	-	X
81162	Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis	-	X	-	X	-	X
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
	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
	Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	-	Х	-	Х	-	Х

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

16 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be	
	Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full		Х		Х		Х	
	duplication/deletion analysis (ie, detection of large gene rearrangements)	-	^	-	^	-	۸	
	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome	_	X	_	X	_	Х	
	inactivation) gene analysis; full gene sequence							
81174	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome	_	X	-	X	_	Х	
04477	inactivation) gene analysis; known familial variant							
811/5	Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome,		V		V			
	myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; full gene	-	X	-	X	-	X	
04470	sequence Asxl1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome,							
	myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; targeted		X		X		Х	
	sequence analysis (eg, exon 12)	-	^	-	^	-	^	
81177	Atn1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect							
	abnormal (eg, expanded) alleles	-	X	-	X	-	Х	
	Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,							
	expanded) alleles	-	X	-	X	-	Χ	
81179	Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,							
	expanded) alleles	-	X	-	X	-	Х	
81180	Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to		Х		Х		Х	
	detect abnormal (eg, expanded) alleles	_	^	-	^	_	٨	
81181	Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,	_	Х		X	_	Х	
	expanded) alleles				Λ		Λ	
81182	Atxn8os (atxn8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis,	_	X	_	Χ	_	Х	
	evaluation to detect abnormal (eg, expanded) alleles						,,	
81183	Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg,	_	X	-	X	_	Х	
04404	expanded) alleles							
81184	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene	-	X	-	X	-	Χ	
01105	analysis; evaluation to detect abnormal (eg, expanded) alleles  Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene							
01100	analysis; full gene seguence	-	X	-	X	-	Χ	
81186	Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene							
01100	analysis; known familial variant	-	X	-	X	-	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	-	X	-	X	-	X	
81188	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal							
	(eg, expanded) alleles	-	X	-	X	-	Х	
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence	-	Χ	-	Χ	-	Χ	
	Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)	-	X	-	Χ	-	Χ	
	Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	-	Х	-	Χ	-	Χ	
	Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	-	X	-	X	-	X	
81193	Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	-	Χ	-	X	-	Χ	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
81194	Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	-	Х	-	Х	-	Х
81201	Apc gene analysis; full sequence	-	Х	-	Х	-	Х
	Apc gene analysis; known fam variants	-	Х	-	Х	-	Χ
81203	Apc gene analysis; duplication/deletion variants	-	Х	-	Х	-	Χ
81204	Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me	-	Х	1	Х	-	X
81209	Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant	-	Х	-	Х	-	Х
	Braf (v-raf murine sarcoma viral oncogene homolog b1) (eg, colon cancer), gene analysis, v600e 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
	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
81223	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
	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
	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	- 1	Х
	Cyp3a5, gene analaysis, common variants	-	X	-	X	-	Χ
	Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481f, c481f)	-	Х	-	Х	-	Х
	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	-	X	-	X	-	X
81235	Egfr gene analysis; common variants	-	Х	-	X	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	ge 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, these the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	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
	Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	-	Х
	Fancc (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
81251	Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)	-	Х	-	Х	-	Х
81252	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	-	X	-	X	-	Χ
	Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis, for common deletions or variant (eg, south	-	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
81263	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
81275	Kras (v-ki-ras2 kirsten rat sarcoma viral oncogene) (eg, carcinoma) gene analysis, variants in codons 12 and 13	-	Х	-	Х	-	Х
81276	Kras (kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	-	Х	-	Х	-	Х
81278	Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative	-	Х	-	Х	-	Х
81279	Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
81284	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	-	Х	-	Х	-	Х
81285	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	-	Х	-	Х	-	Х
81286	Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence	-	Х	-	Х	-	Χ
	Mgmt gene methylation anal	-	Х	-	Х	-	Χ
	Mlh1 gene methylation anal	-	Х	-	Х	-	Χ
	Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)	Х	-	Х	-	Х	-
81292	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81293	Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	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
81295	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81296	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants	-	Х	-	Х	-	Х
81297	Msh2 (muts homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х
	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81300	Msh6 (muts homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants	-	Х	-	Х	-	Х
	Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com	-	Х	-	Х	-	Х
81305	Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant	-	Х	-	Х	-	Х
81307	Palb2 gene full gene seq	-	X	-	Х	-	Χ
81309	Pik3ca gene trgt seq alys	-	Х	-	Х	-	Χ
81311	Nras (neuroblastoma ras viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 & 13) and exon 3 (eg, codon61)	-	Х	-	Х	-	Х
81312	Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	-	Х	-	Х	-	Х
81313	Pca3 klk3	-	Х	-	Х	-	X
81314	Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	-	Х	-	Х	-	Х
81316	Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6 or exon 6), qualitative or quantitative	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Large Empl		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.	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
81317	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis	-	Х	-	Х	-	Х
81318	Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal	-	Х	-	Х	-	Х
	cancer, lynch syndrome) gene analysis; known familial variants  Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal	-	X	-	X	-	Х
	cancer, lynch syndrome) gene analysis; duplication/deletion variants Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)	-	Х	-	Х	-	Х
	Pten gene analysis;full seq analysis	-	Х	-	Х	-	Х
	Pten gene analysis; duplication/deletion variant	-	Х	-	Х	-	Χ
	Pmp22 gene analysis; dup/deletion analysis	-	Χ	-	Χ	-	Χ
81325	Pmp22 gene analysis; full seq analysis	-	Х	-	X	-	X
81326	Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant	-	X	-	Χ	-	Χ
81327	Sept9 (septin9) (eg, colorectal cancer) methylation analysis	Χ	=	Χ	=	Х	-
81328	Slc01b1, gene analysis, common variant(s)	-	X	-	Χ	-	Χ
81330	Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a)	-	Х	-	Х	-	Х
24222	gene analysis, common variants (eg, r496l, l302p, fsp330)						
81333	Tgfbi (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)	-	X	-	Χ	-	Χ
81334	variants (eg, 11241, 11240, 11241, 1555w, 1555q)						
	Runx1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder	-	Х	-	Χ	-	X
	with associated myeloid malignancy), gene analysis, targeted sequence analysis (eg, exons 3-8)						
	MpI (mpI proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)	-	Χ	-	Χ	-	X
81339	Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	-	Х	-	Х	-	Х
	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	Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using direct probe methology (eg, southe	-	Х	-	Х	-	Х
	Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)	-	Х	-	Х	-	Х
	Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene 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 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) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)	-	Х	-	Х	-	Х
	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis	-	Х	-	Х	-	Х
81351	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence	-	Х	-	Х	-	Χ
	Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	-	Х	-	Х	-	Х
	Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)	-	Х	-	Х	-	Х
	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,	ı	Х	-	Х	-	X
81404	Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati	1	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
81407	Molecular pathology procedure, level 8 (eg, analysis of 26-50 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of >50 exons, sequence analysi	-	Х	-	Х	-	Х
81408	Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (	-	Х	-	Х	-	Х
	Gsps for aortic dysfnc or dilat	-	X	-	X	-	Χ
81411	Gsps for aortic dysfnc or dilat dupe delete anal	-	X	-	X	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
81412	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
81414	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	-	Χ	-	X	-	Χ
	Exome sequence anal ea add	-	X	-	X	-	Χ
	Exome sequence anal re-eval	-	X	-	X	-	X
	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including cyp2c19, cyp2d6, and cyp2d6 duplication/deletion analysis	X	-	Х	-	х	-
	Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2	-	X	-	Х	-	X
	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	-	X	-	Х	-	Χ
81426	Gsps for unex costitut heritable ds ea add	-	Χ	-	Х	-	Χ
81427	Gsps for unex costitut heritable ds re-eval	-	Χ	-	Х	-	Χ
81430	Gsps for hearing loss	-	X	-	Х	-	Χ
81431	Gsps for hearing loss dupe delete anal	-	X	-	Х	-	X
	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 brip1 cdh	-	Х	-	Х	-	Х
	Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1 brca2 mlh1	-	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
	Gsps for colon ca	-	X	-	X	-	Χ
81436	Gsps for colon ca dupe delete anal	-	X	-	Х	-	Χ
	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
81438	Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl	-	Х	-	Х		Х
	Inherited cardiomyopathy (eg. hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	ge Employer	Individ	ual 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.	coding lists d	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	ications and should be
	Gsps nuclear encod mitochondrial genes	_	Х	_	Х	_	X
81441	Inherited bone marrow failure syndromes (ibmfs) (eg, fanconi anemia, dyskeratosis congenita, diamond-blackfan anemia, shwachman-diamond syndrome, gata2 deficiency syndrome, congenital amegakaryocytic thrombocytopenia) sequence analysis panel, must include sequencing of at least 30 genes, including brca2, brip1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancl, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2	-	X	-	X	-	X
	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	-	X
	Gsps for solid organ neoplasm	-	X	-	Х	-	Χ
	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
	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	-	X
	Gsps hematolymphoid neo 5-50 genes		Χ	-	X	-	Χ
	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	-	X
81455	Gsps hematolymphoid neo =/>51 genes	-	Х	-	Х	-	Χ
	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		X		X	-	Χ
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	-	Х	-	Х	-	Х
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements	-	Х	-	Х	-	Х
81460	Gsps for whole mitochondrial genome	-	Х	-	Х	-	Χ
	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

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Ü			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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma),						
81463	interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability	-	X	-	X	-	X
	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	-	Х	-	X	-	Χ
	number variants, microsatellite instability, tumor mutation burden, and rearrangements						
81465	Gsps for whole mitochondrial genome lg delete anal	-	Х	-	Х	- 1	X
81470	Gsps for xlid at least 60 genes	-	Χ	-	Χ	-	Χ
81471	Gsps for xlid at least 60 genes	-	X	-	X	-	Χ
81479	Unlisted molecular pathology	-	X	-	Χ	-	Χ
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Х	-	Х	-	Х	-
91402	Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing			-		<del>                                     </del>	
01493	whole peripheral blood, algorithm reported as a risk score	-	X	-	Χ	-	Χ
91500	Maaa 2 serum proteins	Х	-	Х	-	Х	-
	Maaa 2 serum proteins	X		X	-	X	
	Oncology tissue of origin	^	X	-	- X		X
	Maaa 7 serum/plasma analytes	X	-	X	^	X	-
	Fetal aneuploidy trisom risk	^	X	^	X		X
	Maaa 5 maternal serum analytess	X	^	X	^	X	^
01512	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	-	Х	-
	Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm	-	Х	-	Х	-	Х
81519	Gsps onco (brst) 21 genes	-	Х	-	Х	- 1	Х
	Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes	-	Х	-	Х	- 1	Χ
81521	Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes	-	Х	-	Х	-	Х
	Onc breast mrna 12 genes	_	Х	_	Х	<del>  _  </del>	X
	Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content		^	<del>                                     </del>	^	<del>                                     </del>	^
	genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis	-	X	-	X	-	X
81525	Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm	-	Х	-	Х		Х
	Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis	Х	-	х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	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 of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and	Х	_	Х	_	Х	_
	morphology, predictive algorithm reported as a drug response score; first singl	^		^		,	
	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and	Х	-	Х	-	Х	-
	morphology, predictive algorithm reported as a drug response score; each additi Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum,						
	prognostic and predictive algorithm reported as good versus poor overall surviva	X	-	Χ	-	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	-
	Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92		V		V		V
	genes (87 content and 5 housekeeping) to classify tumor into main cancer type and	-	Х	-	X	-	X
	Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes	-	Х	-	X	-	Χ
	Onc prostate mrna 22 cnt gen	-	X	-	Χ	-	Χ
	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	-	X	-	X
81551	Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes	-	Х	-	Х	_	X
	Onc breast mrna 12 genes	_	X	_	X	_	X
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	-	X
	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score	Х	-	Х	-	х	-
81595	Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	-	Х	-	Х	-	Х
	Infectious disease, chronic hepatitis c virus (hcv) infection, six biochemical assays (alt, a2-macroglobulin, apolipoprotein a-1, total bilirubin, ggt, and haptoglobin) utiliz	Х	-	Х	-	Х	-
82777	Assay of galectin-3	Х	-	Χ	-	X	-
	Assay growth hormone (st2)	Χ	-	Χ	-	Х	-
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when	Х	-	Х	-	Х	-
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses (eq. by nuclear mag	Х	-	Х	-	Х	-
83950	Oncoprotein; her-2/neu	Х	-	Х	-	Х	-
	Oncoprotein; des-gamma-carboxy-prothrombin (dcp)	X	-	X	-	X	•
	Ph; exhaled breath condensate	X	-	X	-	X	-
	Assay for phencyclidine	Х	-	Χ	-	Х	-
86005	Allergen specific ige; qualitative, multiallergen screen (eg, disk, sponge, card)	Χ	-	Χ	-	Χ	-
86152	Cell enumeration	Χ	-	Χ	-	Χ	-
	Cell enumeration phys interp	Х	-	Χ	-	Χ	-
	Leukocyte histamine release	Х	-	Χ	-	Χ	-
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, atp)	Х	-	Χ	-	Х	-

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

26 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24	As of	i: (	)3/	22/	24
-----------------	-------	------	-----	-----	----

		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Autologous blood process	-	-	Х	_	_	-
	Autologous blood, op salvage	-	-	X	-	-	-
	Compatibility test each unit; electronic	Х	-	Х	-	Х	-
87623	Hpv low-risk types	Х	-	Х	-	Х	-
87900	Infectious agent drug susceptibility phenotype prediction using regularly updated genotypic bioinformatics	Х	-	Х	-	Х	-
	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	-
	Hemoglobin, quantitative, transcutaneous, per day; methemoglobin	X	-	X	-	X	-
	Caffeine halothane contracture test (chct) for malignant hyperthermia susceptibility, including interpretation and repor	Х	-	Х	-	Х	-
89250	Fertilization of oocyte	Х	-	Х	-	Х	=
	Culture oocyte w/embryos	Х	-	Х	-	Х	-
	Embryo hatching	Х	-	Х	-	Х	=
	Oocyte identification	X	-	Х	-	X	-
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	Χ	-	Х	-	X	-
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	Χ	-	Х	-	Х	-
89281	Assisted oocyte fertilization, microtechnique; greater than 10 oocytes	Χ	-	Х	-	Х	-
89290	Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos	Х	-	Х	-	Х	-
89291	Biopsy, oocyte polar body or embryo blastomere, microtechnique; greater than 5 embryos	Χ	-	Х	-	Х	-
89300	Semen analysis	Χ	-	Χ	-	Х	-
89329	Sperm evaluation test	Χ	-	Х	-	Х	-
89335	Cryopreservation, reproductive tissue, testicular	Χ	-	Х		Х	•
89337	Cryopreservation, mature oocyte(s)	Χ	-	Χ	-	X	•
89342	Storage, (per year); embryo(s)	Χ	-	Χ	-	Х	-
	Storage, (per year); sperm/semen	Χ	-	Χ	-	Χ	-
	Storage, (per year); reproductive tissue, testicular/ovarian	Χ	-	Χ	-	Χ	-
89346	Storage, (per year); oocyte	Χ	-	Χ	-	Χ	-
89352	Thawing of cryopreserved; embryo(s)	Χ	-	Χ	-	Χ	-
	Thawing of cryopreserved; sperm/semen, each aliquot	Χ	-	Χ	-	Χ	-
89354	Thawing of cryopreserved; reproductive tissue, testicular/ovarian	Χ	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	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 d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	X	-	X	-	X	-
	Dengue vaccine quadrivalent live 3 dose schedule for subcutaneous use	X	-	X	-	X	-
	Cholera vaccine, live, adult dosage, 1 dose schedule, for oral use	X	-	X	-	X	-
	Influenza virus vaccine, pandemic formulation, live, for intranasal use	X	-	X	-	X	-
90666	Influenza virus vaccine, pandemic formulation, split virus, preservative free, for intramuscular use	Х	-	Х	-	X	-
	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	Х	-	X	-	X	-
	Typhoid vaccine, im	Х	-	Х	-	Х	-
	Yellow fever vaccine, sc	Х	=	Х	-	Х	-
	Japanese encephalitis virus vaccine, inactivated, for intramuscular use	Х	=	Х	-	Х	-
	Narcosynthesis	Х	-	Х	-	Х	-
	Psychophysiological therapy	Х	-	Х	-	Х	-
	Psychophysiological therapy	Х	=	Х	-	Х	=
	Hypnotherapy	Х	-	Х	-	Х	-
	Environmental manipulation	Х	-	Х	-	Х	-
	Psy evaluation of records	Х	-	Х	-	Х	-
90887	Consultation with family	Х	-	Х	-	Х	-
90889	Preparation of report	Х	-	Х	-	Х	-
	Biofeedback train, any meth	Х	-	Х	-	Х	-
	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	Х	-	Х	-	Х	-
	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure)	Х	·	Х	•	х	-
	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report	Х	-	Х	-	Х	-
91112	Gi wireless capsule measure	Χ	=	Χ	-	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	Χ	-	Χ	-	Х	-
92229	Imaging of retina for detection or monitoring of disease; point-of-care automated analysis and report, unilateral or bilateral	Х	-	Х	-	Х	-
	Contact lens fitting	Χ	-	Χ	-	Х	-
	Contact lens fitting	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: (	03/	22/	24
----------	-----	-----	----

			ge 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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.				T		
	Prescription of contact lens	X	-	X	-	X	-
	Prescription of contact lens	X	-	Х	-	Х	-
	Fitting of spectacles	X	-	-	-	-	-
	Fitting of spectacles	Х	-	-	-	-	-
	Fitting of spectacles	X	-	-	-	-	-
	Special spectacles fitting	X	-	X	-	X	-
	Special spectacles fitting	X	-	X	-	X	-
	Special spectacles fitting	X	-	X	-	X	-
	Special spectacles fitting	X	-	X	-	X	-
	Eye prosthesis service	X	-	X	-	X	-
	Repair & adjust spectacles	X	=	X	-	X	-
	Repair & adjust spectacles	Х	-	Х	-	Х	- V*
	Speech/hearing therapy	-	X*	-	X*	-	X*
	Speech/hearing therapy	-	X*	-	X*	-	X*
	Evaluation of speech fluency	-	X*	-	X*	-	X*
	Evaluate speech production	-	X*	-	X*	-	X*
	Speech sound lang comprehen	-	X*	-	X*	-	X*
92524	Behavral qualit analys voice	-	X*	-	X*	-	X*
	Oral function therapy	- V	X*	-	X*	-	X*
	Spontaneous nystagmus study	X	-	X	-	X	-
	Positional nystagmus study	X	-	X	-	X	-
	Caloric vestibular test	X	=	X	-	X	-
	Optokinetic nystagmus	X	-	X	-	X	-
	Filtered speech hearing test	X	-	X	-	X	-
	Staggered spondaic word test	X	-	X	-	X	-
	Sensorineural acuity test	X	-	X	-	X	-
	Synthetic sentence test	Х	-	X	-	Х	-
	Hearing aid exam, one ear	-	-	X	-	-	-
	Hearing aid exam, both ears	-	-	X	-	-	-
	Hearing aid check, one ear	-	-	X	-	-	-
	Hearing aid check, both ears	-	=	X	-	-	-
	Electro hearing aid test, one	-	=	X	-	-	-
	Electro hearing aid tst, both	- ~	-	X	-	- V	-
	Ear protector evaluation	Х	-	Х	-	Х	-
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; first hour	Х	-	Χ	-	Х	-
92606	Therapeutic service(s) for the use of non-speech-generating device, including programming and modification	Х	-	Х	-	Х	-
92607	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	-	X*	-	X*
92608	Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t	-	X*	-	X*	-	X*

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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 he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
92609	Therapeutic services for the use of speech-generating device, including programming and modification	-	X*	-	X*	-	X*
	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (list separat	Х	-	Х	-	х	-
92630	Auditory rehabilitation; pre-lingual hearing loss	-	Χ*	-	X*	-	Χ*
	Prq cardiac angio addl art	Χ	-	Х	-	Х	-
	Prq card angio/athrect addl	Χ	-	Х	-	Х	-
92929	Prq card stent w/angio addl	Χ	-	Χ	-	Х	-
92934	Prq card stent/ath/angio	Х	-	Χ	-	Х	-
92938	Prq revasc byp graft addl	Χ	-	Χ	-	Х	-
92944	Percut translum revasc of chronic total occusion, corn artery, corn artery branch, or bypass graft; each addl	Х	-	Х	-	Х	-
93025	Microvolt t-wave alterans for assessment of ventricular arrhythmias	Х	-	Х	-	Х	-
93050	Arterial pressure waveform analysis for assessment of central arterial pressures, includes obtaining waveform(s), digitization and application of nonlinear mathematical transf	Х	-	Х	-	Х	-
93590	Percutaneous transcatheter closure of paravalvular leak; initial occlusion device, mitral valve	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; each additional occlusion device (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
93668	Peripheral vascular rehab	-	X*	-	X*	-	X*
	Bioimpedance-derived physiologic cardiovascular analysis	Х	_	Х	-	Х	-
	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	_
94005	Home ventilator management care plan oversight of a patient (patient not present) in home, domiciliary or rest home (eg,	X	-	Х	-	Х	-
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age	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;	Х	-	Х	-	Х	-
	High altitude simulation test (hast), with physician interpretation and report; with supplemental oxygen titration	Х	-	Х	-	Х	-
94660	Pos airway pressure, cpap	-	-	Х	-	-	-
	Eye allergy tests	Х	-	-	-	- 1	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

Ü		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Nose allergy test	Х	_	_	_		
	Polysom <6 yrs 4/> paramtrs	-		X			
	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 14consecutive days of recording)	-	-	X	-	-	-
95805	Multiple sleep latency test	_	-	Х	-	-	-
	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory	-	-	Х	-	-	-
95807	Sleep study, attended	-	-	Х	-	-	-
	Polysomnography, 1-3	-	-	Х	-	-	=
	Polysomnography, 4 or more	-	-	Х	-	-	=
	Polysomnography w/cpap	-	-	Х	-	-	-
	Eeg digital analysis	Х	-	Χ	-	Х	-
96000	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics	Х	-	Х	-	Х	-
96001	Comprehensive computer-based motion analysis by video-taping and 3-d kinematics; with plantar pressure measurements	Х	-	Х	-	Х	-
96002	Dynamic surface electromyography, during walking or other functional activities, 1-12 muscles	Х	-	Х	-	Х	-
96003	Dynamic fine wire electromyography, during walking or other functional activities, 1 muscle	Х	-	Х	-	Х	-
96004	Physician review & interp of motion analysis, plantar pressures, surface electromyography, and fine wire emg, w report	Х	-	Х	-	Х	-
96105	Assessment of aphasia	Χ	-	Χ	-	X	-
	Trichogram	Χ	-	Χ	-	X	-
	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o	Х	-	Х	-	Х	-
	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Х	-	Х	-	Х	-
96932	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Х	-	Х	-	Х	-
96933	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Х	-	Х	-	Х	-
96934	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional lesion (list separately i	Х	-	Х	-	Х	-
96935	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (list separately in addition to code for p	Х	-	Х	-	Х	-
96936	Reflectance confocal microscopy (rcm) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (list separately in addition to cod	Х	-	Х	-	Х	-
97010	Hot or cold packs therapy	Х	-	Х	-	Х	-
97012	Mechanical traction therapy	-	Χ*	-	X*	-	Χ*

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



			Large Employer		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, these	coding lists d	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty medi	cations and should be
	the Pharmacy link option within the website.  Electric stimulation therapy	_	X*		X*		X*
	Vasopneumatic device therapy	-	^ X*	-	X*	-	^ X*
	Paraffin bath therapy	-	^ X*	-	X*	-	^ X*
	Whirlpool therapy	-	^ X*	-	X*	-	
	Diathermy treatment	-		-	X*	-	
	Infrared therapy	X	-	X	-	X	^
	Ultraviolet therapy		X*		X*	1	X*
	Electrical stimulation	-	^ X*	-	X*	-	
	Electric current therapy	-	^ X*	-	X*	-	
	Contrast bath therapy	-		-	X*	-	
	Ultrasound therapy		^ X*		X*	<del>                                     </del>	
	, ,	-	X* X*	-	X* X*	-	X*
	Hydrotherapy	-	Χ"	-	Χ"	-	Χ.
97037	Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non- ablative) for post-operative pain reduction	Χ	-	Х	-	Х	-
	Physical therapy treatment	-	Χ*	-	X*	-	Χ*
7110	Therapeutic procedure, 1 or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility	-	X*	-	X*	-	X*
7112	Therapeutic procedure, 1 or more areas, each 15 minutes; neuromuscular reeducation of movement, balance, coordination, kinesthetic sense, posture, and/or proprioception for sitting and/or standing activities	-	X*	-	X*	-	X*
7113	Therapeutic procedure, 1 or more areas, each 15 minutes; aquatic therapy with therapeutic exercises	-	X*	-	X*	-	X*
7116	Gait training therapy	-	X*	-	X*	-	X*
	Massage therapy	-	X*	-	X*	-	X*
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; initial 15 minutes	-	Х*	-	X*	-	X*
	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensatory strategies to manage the performance of an activity (eg, managing time or schedules, initiating, organizing, and sequencing tasks), direct (one-on-one) patient contact; each additional 15 minutes (List separately in addition to code for primary procedure)	-	X*	-	Х*	-	Х*
	Physical medicine procedure	-	Χ*	-	X*	-	Χ*
	Manual therapy	-	X*	-	X*	-	Χ*
	Group therapeutic procedures	Χ	-	Χ	-	X	-
	Physical therapy evaluation: low complex	-	Χ*	-	X*	-	Χ*
	Physical therapy evaluation: moderate complex	-	Χ*	-	X*	-	Χ*
	Physical therapy evaluation: high complex	-	Χ*	-	X*	-	Χ*
	Re-evaluation of physical therapy	-	Χ*	-	X*	-	Χ*

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

			Large Employer		Individual Benchmark**		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 d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	Occupational therapy evaluation, low complex		X*	1	X*	т т	X*
	Occupational therapy evaluation, low complex Occupational therapy evaluation, moderate complex	-	^ X*	-	^ X*	<del>                                     </del>	^ X*
	Occupational therapy evaluation, high complex  Occupational therapy evaluation, high complex	-	^ X*	-	^ X*	-	
97168	Occupational therapy evaluation, high complex	-		-		<del>                                     </del>	
	Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan	-	X*	-	X*	-	X*
97169	Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	Х	-
97170	Athletic training evaluation,moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	Х	-
	Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity;	Х	-	Х	-	Х	-
	Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented change	Х	-	Х	-	Х	-
	Therapeutic activities	-	X*	-	X*	-	Χ*
	Sensory integration	-	X*	-	X*	-	Χ*
	Self care mngment training	-	X*	-	X*	-	Χ*
	Community/work reintegration	-	X*	-	X*	-	Χ*
	Wheelchair mngment training	-	X*	-	X*	-	Χ*
	Work hardening	-	X*	-	X*	-	Χ*
	Work hardening add-on	-	X*	-	X*	-	Χ*
	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community	Х	-	Х	-	Х	-
	Caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls], instrumental adls [iadls], transfers, mobility,	Х	-	Х	-	Х	-
	Group caregiver training in strategies and techniques to facilitate the patient's functional performance in the home or community (eg, activities of daily living [adls]	Х	-	Х	-	Х	-
	Wound care non-selective	Χ	-	Х	-	Χ	-
	Low frequency non-thermal us	Χ	-	Х	-	X	-
	Physical performance test	-	Χ*	-	X*	-	Χ*
	Physical medicine procedure	-	Χ*	-	X*	-	Χ*
	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	-
	Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient	Х	-	Х	-	Х	-
	Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)	Х	-	Х	-	Х	-
	Chiropractic manipulation	-	Χ*	-	X*	-	Χ*
98941	Chiropractic manipulation	-	Χ*	-	X*		Χ*

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

			rge 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 the Pharmacy link option within the website.	coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Chiropractic manipulation	-	X*	-	X*	-	Χ*
	Chiropractic manipulation	-	X*	-	X*	-	Χ*
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	pro-toos-orial acting a chartean						
	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	Χ	-	Х	-	Х	-
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	-	х	-
	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	Х	-	х	-	х	-
99000	Specimen handling	Χ	-	Х	-	Х	-
99001	Specimen handling	Χ	-	Χ	-	Х	-
99002	Device handling	Χ	-	Х	-	X	-
	Postop follow-up visit	Χ	-	X	-	X	-
	Hospital mandated on call service; in-hospital, each hour	Χ	-	Х	-	X	-
	Hospital mandated on call service; out-of-hospital, each hour	Χ	-	Х	-	X	-
	Special supplies	Χ	-	X	-	Χ	-
	Patient education materials	Х	-	X	-	Х	-
	Addl supl matrl&staf tm phe	X	-	Х	-	Х	-
	Medical testimony	X	-	X	-	Х	-
	Group health education	X	-	X	-	Х	-
	Special reports or forms	X	-	X	-	X	-
	Unusual physician travel	X	-	X	-	X	-
	Anesthesia with hypothermia	Х	-	Х	-	Х	-
	Initial hospital care	-	X	-	X	-	X
	Initial hospital care	-	X	-	X	-	X
	Initial hospital care	-	X	-	X	-	X
	Subsequent hospital care	-	X	-	X	-	X
	Subsequent hospital care Subsequent hospital care	-	X	-	X	<del>                                     </del>	X
		- ~	X -	- V	X		X
	Office consultation	X	-	X	-	X	<u>-</u>
	Office consultation	X	-	X		X	
	Office consultation Office consultation	X	-	X	-	X	<u>-</u>
	Office consultation	X	-	X	-	X	-
99243	Office Consultation	۸	-	^	<u> </u>	^	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

			Large Employer		Individual Benchmark**		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.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Initial inpatient consult	Х	_	Х	_	Х	
	Initial inpatient consult	X	<u> </u>	X	<u> </u>	X	<u> </u>
	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	-	X	-	X	-	X
99305	Initial nursing facility care, per day, for the evaluation and management of a patient which requires these three key co	-	Х	_	Х	-	Х
	Initial nursing facility care, per day, for the evaluation and management of a patient, which requires these three key c	-	Х	-	Х	-	Х
	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 requires at least two o	-	Х	-	Х	-	Х
99309	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	-	Х	-	Х
99310	Subsequent nursing facility care, per day, for the evaluation and management of a patient, which requires at least two o	-	Х	_	Х	-	Х
99318	Evaluation and management of a patient involving an annual nursing facility assessment, which requires these three key c	-	Х	-	Х	-	Х
99339	Individual physician supervision of a patient (patient not present) in home, domiciliary or rest home (eq., assisted livi	Х	-	Х	-	Х	-
99358	Prolong service w/o contact	Х	_	Х	-	Х	_
	Prolong serv w/o contact add	X	_	Х	_	X	_
	Medical team conference with interdisciplinary team of health care professionals, face-to-face with patient and/or famil	Х	-	Х	-	Х	-
99367	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-	Х	-
99368	Medical team conference with interdisciplinary team of health care professionals, patient and/or family not present, 30	Х	-	Х	-	Х	-
99374	Home health care supervision	Х	-	Х	-	Х	-
	Hospice care supervision	Х	-	Х	-	Х	-
	Nursing fac care supervision	Х	-	Х	-	Х	-
	Nursing fac care supervision	Х	-	Х	-	Х	-
99417	Prolonged office or other outpatient evaluation and management service(s) beyond the minimum required time of the primary procedure which has been selected using total time, requiring total time with or without direct patient contact beyond the usual service, on the date of the primary service, each 15 minutes of total time (list separately in addition to codes 99205, 99215 for office or other outpatient evaluation and management services)	х	-	х	-	х	-
	Life/disability evaluation	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

G	i di	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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
99452	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	-
	Disability examination	Χ	-	Х	-	Х	-
	Disability examination	Χ	-	Х	-	Х	-
99474	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	X	-	Х	-	х	-
	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
	Home visit for stoma care and maintenance including colostomy and cystostomy	_	X	_	X	_	X
	Home visit for intramuscular injections	_	X	_	X	_	X
	Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)	Χ	-	Х	-	Х	-
	Home visit for assistance with activities of daily living and personal care	X	_	X	-	X	-
	Home visit for individual, family, or marriage counseling	X	_	X	-	X	-
	Home visit for fecal impaction management and enema administration	X	_	X	-	X	-
	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	-
99606	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	-	Х	-	Х	-
99607	Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen	Х	-	Х	-	Х	-
0001F	Heart failure assessed (includes assessment of all the following components) (cad)	Χ	-	Х	-	Х	-
	Rbc dna hea 35 ag 11 bld grp whl bld cmn allel	-	Х	-	Х	- 1	Χ
	Liver disease, 10 biochem assays	Х	-	Х	-	Х	-
	Onc circt quan 3 ur metabolites alg adnmts plp	Х	-	Х	-	Х	-
	Liver disease, 10 biochem assays	Х	-	Х	-	Х	-
	Onc ovarian assay 5 proteins serum alg scor	Х	-	Х	-	Х	-
	Scoliosis dna alys	X	-	Х	-	X	-
	Osteoarthritis assessed (oa)	X	-	Х	-	X	-
	Onco prst8 3 gene ur alg	-	Х	-	Х	- 1	Х
	Onc hep gene risk classifier	Х	-	Х	-	Х	-
	Onc gastro 51 gene nomogram	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including dna authentication in	Х	-	Х	-	Х	-
U8000	Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rrna, gyra, pbp1, rdxa and rpob, next generation sequencing, formalin-fixed paraffin-embedded or fres	Х	-	Х	-	Х	-
0009U	Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting	Х	-	Х	-	Х	-
0010U	Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate	Х	-	Х	-	Х	-
	Onc prst8 ca mrna 12 genes bld plsm &/ur alg	-	X	-	Χ	-	Χ
	Prescription drug monitoring, evaluation of drugs present by lc-ms/ms, using oral fluid, reported as a comparison to an estimated steady-state range, per date of service inclu	Х	-	Х	-	Х	-
	Community acquired bacterial pneumonia assessed (cap)	Χ	-	Χ	-	Х	-
	Onc mrna 5 genes ur alg risk urothelial cancer	Х	-	Х	-	X	-
	Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)	-	Х	-	Х	-	Χ
0013M	Onc mrna 5 genes ur alg risk recr urothelial ca	Х	-	Х	-	Х	-
	Oncology (solid organ neoplasia), gene rearrangement detection by whole genome next- generation sequencing, dna, fresh or frozen tissue or cells, report of specific gene rearra	-	Х	-	Х	-	Х
0014F	Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass	Х	-	Х	-	Х	-
	Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next- generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra	-	Х	-	X	-	Х
	Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding	Х	-	Х	-	Х	-
	Adrnl cortcl tum bchm asy 25	Χ	-	Х	-	Х	-
0016M	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 cell of origin	Х	-	Х	-	х	-
	Trnsplj rnl meas cd154+cll	Х	-	Х	-	Х	=
	Oncology (thyroid), microrna profiling by rt-pcr of 10 microrna sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to	-	Х	-	Х	-	Х
	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations	х	-	х	-	Х	-
	Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential	-	Х	-	X	-	Х
	Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5¿-utr-bmi1, cep 164, 3¿-utr-ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 d	do not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	ications and should be
0022U	ite i namacy ilik option within the website.		l				
00220	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, dna and rna analysis,	Х	_	Х	_	X	_
	23 genes, interrogation for sequence variants and rearrangements, reported as pr						
	Glyca nuc mr spectroscopy quantitative	Х	-	Х	-	Х	-
0025U	Tenofovir liq chrom tandem mass spect ur quan	Х	-	Х	-	Х	-
	Onc thyr dna&mrna 112 genes fna ndul alg alys	-	Х	-	Χ	-	Χ
	Rx metab advrs rx rxn & rspse trgt seq alys	-	X	-	X	-	Χ
	Rx metab warfarin rx response trgt seq alys	-	X	-	X	-	Χ
	Comt gene analysis c.472g>a variant	-	X	-	X	-	Χ
	Htr2a htr2c gene analysis common variants	-	X	-	X	-	X
	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 normal specimen, sequence analyses	-	Х	-	Х	-	Х
	Trgt gen seq alys sid orgn neo dna 324 genes	_	Х	_	Х	<del>  </del>	X
	Vitamin d, 25 hydroxy d2 and d3, by lc-ms/ms, serum microsample, quantitative	Х	-	Х	-	Х	-
	Deoxyribonucleic acid (dna) antibody, double stranded, high avidity	X	_	X	_	X	_
	Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	-	Х	-	Х	-	X
004511	Onc brst dux carc is mrna 12 genes alg rsk scor	_	Х	_	Х	<del>  </del>	X
0046U	Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative	-	X	-	X	-	X
	Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor	_	Х	_	Х	_	X
	Onc sld org neo dna 468 cancer associated genes	_	X	_	X	_	X
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	-	X	-	X	-	X
	Lpoprtn bld w/5 maj class auto prfl ucentrfugtn	Х	_	Х	-	Х	
0053U	Oncology (prostate cancer), fish analysis of 4 genes (asap1, hdac9, chd1 and pten), needle biopsy specimen, algorithm reported as probability of higher tumor grade	Х	-	Х	-	X	-
0054T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image- guidance based on fluoroscopic	Х	-	Х	-	Х	-
	Rx mntr 14+ class drugs & sbsts capillary blood	Х		Х	_	Х	
00540 0055T	Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-		-		-		-
	guidance based on ct/mri images	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	-	X
	Hem aml dna gene rearrangement blood/bone marrow	-	Х	-	Х	-	X
0058U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus oncoprotein (small t antigen), serum, quantitative	Х	-	Х	-	Х	-
0059U	Oncology (merkel cell carcinoma), detection of antibodies to the merkel cell polyoma virus capsid protein (vp1), serum, reported as positive or negative	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
0060U	Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood	Х	-	Х	-	Х	-
0061U	Tc meas 5 biomarkers w/sfdi multi-spectral alys	Х	-	Х	-	Х	-
0070U	Cyp2d6 gen com&slct rar vrnt	-	Х	-	Χ	-	Χ
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-	Х	-
0071U	Cyp2d6 full gene sequence	-	Х	_	Х	_	Х
	Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of	Х	-	Х	-	Х	-
0072U	Cyp2d6 gen cyp2d6-2d7 hybrid	-	Х	-	Х	_	Х
	Cyp2d6 gen cyp2d7-2d6 hybrid	-	X	-	X	_	X
	Cyp2d6 nonduplicated gene	-	X	-	X	_	X
0075U	Cyp2d6 5' gene dup/mlt	-	X	-	X	-	X
0076U	Cyp2d6 3' gene dup/mlt	-	X	-	X	_	X
	Pain mgt opi use gnotyp pnl	Х	_	Х	-	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	X	_	X	-	X	-
	Onc rspse chemo cntrst tomog	X	_	X	_	X	-
	Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens	Х	-	Х	-	Х	-
0086U	Infectious disease (bacterial and fungal), organism identification, blood culture, using rrna fish, 6 or more organism targets, reported as positive or negative with phenotypi	Х	-	Х	-	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	-	X	-
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	-
	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	-	Х	-	Х	-	Х
	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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
	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.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	-
	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina	Х	-	Х	-	Х	-
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy	Х	-	Х	-	Х	-
	Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a	1	Х	-	Х	-	Х
	Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later	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
	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	Χ	-	Х	-	Х	-
0106T	Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar	Х	-	Х	-	Х	-
0107T	Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di	Х	-	Х	-	Х	-
0107U	C diff tox ag detcj ia stool	Х	-	Х	-	Х	-
	Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv	Х	-	Х	-	Х	-
0108U	Gi barrett esoph 9 prtn bmrk	Χ	-	Х	-	Х	-
	Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n	Х	-	Х	-	Х	-
	ld aspergillus dna 4 species	Χ	-	Х		Х	-
0110T	Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation	Х	-	Х	-	Х	-
	Rx mntr 1+oral onc rx&sbsts	Χ	-	Х	-	Χ	-
	Onc colon ca kras&nras alys	•	Χ	-	Χ	-	Χ
0112U	ladi 16s&18s rrna genes	Χ	-	Χ	-	X	-
	Onc prst8 pca3&tmprss2- erg	-	X	-	Χ	-	Χ
	Gi barretts esoph vim&ccna1	-	X	-	X	-	Χ
	Respir iadna 18 viral&2 bact	Χ	-	Χ	-	X	-
	Rx mntr nzm ia 35+oral flu	Χ	-	Χ	-	X	-
	Pain mgmt 11 endogenous anal	Χ	-	Χ	-	X	-
	Trnsplj don-drv cll-fr dna	-	X	-	X	-	Χ
	Crd ceramides liq chrom plsm	Χ	-	Χ	-	X	-
	Onc b cll lymphm mrna 58 gen	-	X	-	X	-	X
	Sc dis vcam-1 whole blood	Х	-	X	-	Х	-
0122U	Sc dis p-selectin whl blood	Χ	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.				T		
	Mchnl fragility rbc prflg	Х	-	Х	-	Х	-
	Hered brst ca rltd do panel	-	X	-	X	-	X
	Hered colon ca do mrna pnl	-	X	-	X	-	X
	Hered brst ca rltd do pnl 13	-	X	-	X	-	X
	Hered ova ca rltd do pnl 17	-	X	-	X	-	X
	Hered prst8 ca rltd do 11	-	X	-	X	-	X
	Hered pan ca mrna pnl 18 gen	-	X	-	X	-	X
	Hered gyn ca mrna pnl 12 gen	-	X	-	X	-	X
	Atm mrna seq alys	-	X	-	X	-	X
	Palb2 mrna seq alys	-	X	-	X	-	X
	Brca1 brca2 mrna seq alys  Nfct ds fungi dna 15 trgt	- V	X	- V	X	-	X
		X	-	X	-	X	-
	Nfct ds bact&fng gram pos	X	-	X	-	X	-
	Nfct ds bact&fng gram neg	X	-	X	-	X	-
	Drug assay 120+ rx/metablt	X	-	X	-	X	-
	Drug assay 160+ rx/metablt	X	-	X	-	X	-
	Drug assay 65+ rx/metablt	X	-	X	-	X	-
	Drug assay 80+ rx/metablt	X	-	X	-	X	-
	Drug assay 85+ rx/metablt	X	-	X	-	X	-
	Drug assay 100+ rx/metablt Drug assay 60+ rx/metablt	X	-	X	-	X	-
	Drug assay 120+ rx/metablt  Drug assay 120+ rx/metablt	X	-	X	-	X	-
		X	<u>-</u>	X	-	X	<u>-</u>
	Nfct bct fng prst dna >1000 Onc breast mrna 101 genes	X -		X -		X	X
	Fgfr3 gene analysis		X		X	-	
	<u> </u>	-	X	-	X	-	X X
	Pik3ca gene analysis	- V		- V	X	- X	
	Copy number sequence alys	X -	- V	X	- V	_ ^	- V
	Apc mrna seq alys Mlh1 mrna seq alys	-	X	-	X	-	X
	Msh2 mrna seq alys		X		X	-	X
	Msh6 mrna seq alys	-	X	-		-	X X
	Pms2 mrna seq alys	-	X	-	X	-	X
		-	X	-		-	
	Hered colon ca trgt mrna pnl  Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare	-	Χ	-	X	-	X
	interspace (other than for	-	X	-	X	-	X
0163U	One circt ser 3 prtn alg	Χ	-	Χ	-	Х	-
0164U	Gi ibs ia anticdtb&vinculin	Χ	-	Χ	-	Х	-
0165U	Peanut allg spec asmt 64 epi	Х	-	Χ	-	Х	-
	Liver ds 10 biochem asy srm	Х	-	Χ	-	Х	-
	Ftl aneuploidy dna seq alys	-	Х	-	Х	- 1	Χ
	Neuro asd rna next gen seq	Х	-	Х	-	Х	-
0171U	Trgt gen seq alys pnl dna 23	-	Х	-	Х	- 1	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	One sld tum alys brea1 brea2	_	Х	T -	Х	_	Х
	Psyc gen alys panel 14 genes	X	-	X	^	X	-
	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion		<u>-</u>		<u>-</u>		-
01741	detection) with further phy	Х	-	Х	-	Х	-
0174U	Onc solid tumor 30 prtn trgt	Х	-	Х	-	Х	-
	Computer aided detection (cad) (computer algorithm analysis of digital image data for lesion	V		V		V	
	detection) with further phy	Х	-	Х	-	X	-
0175U	Psyc gen alys panel 15 genes	Χ	-	Х	-	Х	-
0176U	Cdtb&vinculin igg antb ia	Χ	-	Х	-	Х	=
0177U	Onc brst ca dna pik3ca 11	-	X	-	X	-	X
	Peanut allg asmt epi clin rx	Χ	-	Χ	-	Х	-
	Onc nonsm cll lng ca alys 23	-	X	-	Χ	-	Χ
	Abo gnotyp abo 7 exons	Х	-	Χ	-	Х	•
	Co gnotyp aqp1 exon 1	Χ	-	Χ		Х	-
	Crom gnotyp cd55 exons 1-10	Χ	-	Х	-	X	•
	Di gnotyp slc4a1 exon 19	Χ	-	Χ	-	X	-
	Do gnotyp art4 exon 2	Χ	-	Χ	-	X	-
	Fut1 gnotyp fut1 exon 4	Х	-	Χ	-	Х	•
	Fut2 gnotyp fut2 exon 2	Χ	-	Х	-	X	•
0187U	Fy gnotyp ackr1 exons 1-2	Χ	-	Х	-	X	•
	Ge gnotyp gypc exons 1-4	Χ	-	Χ	-	X	-
	Gypa gnotyp ntrns 1 5 exon 2	Χ	-	Χ	-	X	-
	Gypb gnotyp ntrns 1 5 seux 3	Χ	-	Х	-	X	-
0191U	In gnotyp cd44 exons 2 3 6	Χ	-	Х	-	X	-
0192U	Jk gnotyp slc14a1 exon 9	Χ	-	X	-	X	-
	Jr gnotyp abcg2 exons 2-26	Χ	-	Х	-	X	-
	Kel gnotyp kel exon 8	Χ	-	Х	-	X	-
	Klf1 targeted sequencing	Χ	-	Х	-	X	-
	Lu gnotyp bcam exon 3	X	-	Χ	-	X	-
	Lw gnotyp icam4 exon 1	X	-	Х	-	X	-
	Rhd&rhce gntyp rhd1-10&rhce5	Х	-	Χ	-	X	-
	Sc gnotyp ermap exons 4 12	Χ	-	Х	-	Χ	-
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a	Х	-	Х	-	Х	<del>-</del>
000011	balloon or mechanical de						
	Xk gnotyp xk exons 1-3	Х	-	Х	-	Х	=
02011	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic	Х	-	Х	-	Х	-
0201U	Yt gnotyp ache exon 2	Х	-	Х	_	Х	-
	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy,						
	laminectomy, foramin	Х	-	Х	-	Х	-
	Ai ibd mrna xprsn prfl 17	Χ	-	Х	-	Χ	-
0204U	Onc thyr mrna xprsn alys 593	-	X	-	X	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Description			La	rge Employer	Individ	ual Benchmark**	Small Em	ployer and Individual
Intention to the Pharmacy Introducts within the welease.	Codes	Description					Not Covered	
			e coding lists d	do not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
Excusation of meibonian glands, automated, using heat and intermittent pressure, unilateral   X	0205U	Oph amd alys 3 gene variants	Х	-	Х	-	Х	-
Evacuation of melbomian glands, automated, using heat and intermittent pressure, unlateral	0206U	Neuro alzheimer cell aggregj	Х	-	Х	-	Х	-
1009U  Cytog const alsy interrog	0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Х	-	Х	-	Х	-
2010   Syphilis tst antb is quan	0207U	Neuro alzheimer quan imaging	Х	-	Х	-	Х	-
2011U   One part-tum dha&ma gnrj seq	0209U	Cytog const alys interrog	-	X	-	Х	-	Χ
0.212U   Rare ds gen dna alys proband			Χ	-	Χ	-	X	=
O2131   Rijection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   1   1   1   1   1   1   1   1   1	0211U	Onc pan-tum dna&rna gnrj seq	-	X	-	Χ	-	X
Innervating that joi			-	X	-	Х	-	X
Total Content   Total Conten	0213T		-	Х	-	Х	-	X
Innervating that joi	0213U	Rare ds gen dna alys ea comp	-	X	-	Х	-	Χ
10214U   Rare ds xom dna alys proband   -	0214T		-	Х	-	Х	-	Х
C2151   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   2	0214U	Rare ds xom dna alys proband	-	Х	-	Х	-	Χ
O215U   Rare ds xom dna alyse a comp   -		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	-	Х	-	Х	-	Х
Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	0215U	<u> </u>	-	Х	-	Х	_	X
O216U   Neuro inh ataxia dna 12 com   O217   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   O217   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   O218   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   O218   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   O218   Neuro musc dys dmd seq alys   O218   Neuro musc dys dmd seq alys   O218   Neuro musc dys dmd seq alys   O219   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O219   Nict agt hiv gnrj seq alys   O219   Nict agt hiv gnrj seq alys   O220   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O220   One brst ca ai assmt 12 feat   O221   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O221   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O221   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O221   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O222   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O222   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O222   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   O222   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and plac		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	-		-		-	
O217T   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   1	0216U	0 7	_	Х	_	Х	_	X
O217U   Neuro inh ataxia dna 51 gene   -   X		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	-		-		-	
D218T   Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   X	0217U		_	X	_	X	_	Χ
Neuro musc dys dmd seq alys   County   County		Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves	-		_		-	
O219T   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   X	0218U		-	X	-	X	_	X
O219U   Nfct agt hiv gnrj seq alys   X		Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and	Х	-	Х		Х	-
O220T   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   X	0219U		Х	_	Х	_	Х	-
O220U   Onc brst ca ai assmt 12 feat   X		Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and		-		-		-
O221T   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   X	022011		X	_	Х	_	X	-
O221U   Abo gnotyp next gnrj seq abo		Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and		-		-		-
O222T   Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)   X	022111	0 17	X	_	Х	_	X	_
0222U Rhd&rhce gntyp next gnrj seq         X         -         X         -         X         -           0227U Rx asy prsmv 30+rx/metablt         X         -         X         -         X         -           0228U Onc prst8 ma molec prfl alg         X         -         X         -         X         -		Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and		-		-		-
0227U Rx asy prsmv 30+rx/metablt         X         -         X         -         X         -           0228U Onc prst8 ma molec prfl alg         X         -         X         -         X         -	022211		X	_	Y	_	Y	_
0228U Onc prst8 ma molec prfl alg X - X - X -								
			X		X	_	X	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		La	rge 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 he Pharmacy link option within the website.	coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
	Ar full sequence analysis	-	Х	-	Х	-	Х
	Cacna1a full gene analysis	-	Х	-	Х	-	Х
	Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed	Х	-	Х	-	Х	-
0232U	Cstb full gene analysis	-	Х	-	Х	-	Х
	Fxn gene analysis	-	Х	-	Х	-	Х
	Pten full gene analysis	-	Х	-	Х	-	Х
	Car ion chnlpthy gen seq pnl	-	Х	-	Х	-	Х
	Trgt gen seq alys pnl 311+	-	Х	-	Х	-	Х
0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating dna analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements	-	Х	-	Х	-	Х
	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score for preeclampsia	Х	-	Х	-	х	-
	Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single- nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor- mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue	Х	-	Х	-	х	-
	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
0246U	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	-
	Onc brn sphrd cll 12 rx pnl	Χ	-	Х	-	Χ	-
	Onc brst alys 32 phsprtn alg	Χ	-	Х	-	X	-
	Onc sld org neo dna 505 gene	-	X	-	X	-	Χ
	Hepcidin-25 elisa serum/plsm	Χ	-	Х	-	X	-
	Ftl aneuploidy str alys dna	-	X	-	X	-	Χ
	Rprdtve med rna gen prfl 238	-	X	-	X	-	Χ
	Reprdtve med alys 24 chrmsm	-	X	-	X	-	Χ
	Andrology infertility assmt	Χ	-	Х	-	X	-
	Tma/tmao prfl ms/ms ur alg	Χ	-	Χ	-	X	=
	Vlcad leuk nzm actv whl bld	Χ	-	X	-	X	-
	Ai psor mrna 50-100 gen alg	Χ	-	Χ	-	X	=
	Neph ckd nuc mrs meas gfr	Χ	-	Χ	-	X	=
	Rare ds id opt genome mapg	-	Х	=	Х	-	Χ
0261U	Onc circt ca img alys w/ai	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	/24
	vı.	UU		

Disclaimer   Please note that coverage may vary by plan type and may not follow the island services. These codes are updated quarterly. Additionally, these coding islas do not reflect information regarding immunications, injectable drugs, or specially medicated to the Pharmacy link option within the website.	Required
Idinated to the Pharmacy link option within the website.	X X - X - X - X - X - X - X - X - X
Oze   Oze	- X X - X X - X X X X X X X X X X X X X
D2631   Im autol b1 m/w cel ther 1 leg compl incl hrvst	- X X - X X - X X X X X X X X X X X X X
Neuro asd meas 16 c metbit	- X X - X X X X X X X X X X X X X X X X
D264T   Im autol b1 mrw cel ther 1 leg compl xcl hrvst   X	X - X X - X X X X X
O264U   Rare ds id opt genome mapg	- X - X - X - X X - X X
D265T   Im autol b1 mrw cel ther uni/bi hrvst only	- X - X - X - X X - X X
0265U Rar do whl gn&mtcdrl dna als         -         X	- X - X - X
0266U Unxpl cnst hrtbl do gn xprsn         -         X	X - X - X - X
D267T   Impliti/rplcmt crtd sns brorflx actv dev lead uni	- X - X - X
D267T   Impliti/rplcmt crtd sns brorflx actv dev lead uni	- X - X
0268T Implti/rplcmt crtd sns brorflx actv dev pls gen         X         -         X         -         X           0268U Hem ahus gen seq alys 15 gen         -         X	- X - X
0268T Implti/rplcmt crtd sns brorflx actv dev pls gen         X         -         X         -         X           0268U Hem ahus gen seq alys 15 gen         -         X         -         X         -           0269T Rev/remvl crtd sns brorflx actv dev tot sys         X         -         X         -         X           0269U Hem aut dm cgen trmbctpna 14         -         X         -         X         -         X         -           0270T Rev/remvl crtd sns brorflx actv dev lead uni         X         -         X         -         X         -         X           0270U Hem cgen coagi do 20 genes         -         X	X - X
0269T         Rev/remvl crtd sns broffix actv dev tot sys         X         -         X         -         X           0269U         Hem aut dm cgen trmbctpna 14         -         X         -         X         -           0270T         Rev/remvl crtd sns broffix actv dev lead uni         X         -         X         -         X           0270U         Hem cgen coagj do 20 genes         -         X         -         X         -         X         -           0271T         Rev/remvl crtd sns broffix actv dev pls gen         X         -         X         -         X         -         X         -         X           0271U         Hem cgen neutropenia 23 gen         -         X         -	- X
0269U Hem aut dm cgen trmbctpna 14         -         X	X
0270T         Rev/remvl crtd sns broffix actv dev lead uni         X         -         X         -         X           0270U         Hem cgen coagj do 20 genes         -         X         -         X         -           0271T         Rev/remvl crtd sns broffix actv dev pls gen         X         -         X         -         X           0271U         Hem cgen neutropenia 23 gen         -         X         -         X         -           0272T         Interrogation eval crtd sns broffix actv sys         X         -         X         -         X           0272U         Hem genetic bld do 51 genes         -         X         -         X         -           0273T         Interrogation eval crtd sns brofflx w/progrmg         X         -         X         -         X           0273U         Hem gen hyprfibrnlysis 8 gen         -         X         -         X         -         X	
0270U Hem cgen coagj do 20 genes         -         X         <	_
0271T Rev/remvl crtd sns broffix actv dev pls gen         X         -         X         -         X           0271U Hem cgen neutropenia 23 gen         -         X         -         X         -           0272T Interrogation eval crtd sns broffix actv sys         X         -         X         -         X           0272U Hem genetic bld do 51 genes         -         X         -         X         -           0273T Interrogation eval crtd sns broffix w/progrmg         X         -         X         -         X           0273U Hem gen hyprfibrnlysis 8 gen         -         X         -         X         -	
0271U Hem cgen neutropenia 23 gen         -         X         -         X         -           0272T Interrogation eval crtd sns brorflx actv sys         X         -         X         -         X           0272U Hem genetic bld do 51 genes         -         X         -         X         -           0273T Interrogation eval crtd sns brorflx w/progrmg         X         -         X         -         X           0273U Hem gen hyprfibrnlysis 8 gen         -         X         -         X         -	Х
0272T Interrogation eval crtd sns brorflx actv sys         X         -         X         -         X           0272U Hem genetic bld do 51 genes         -         X         -         X         -           0273T Interrogation eval crtd sns brorflx w/progrmg         X         -         X         -         X           0273U Hem gen hyprfibrnlysis 8 gen         -         X         -         X         -	-
0272U Hem genetic bld do 51 genes         -         X         -         X         -           0273T Interrogation eval crtd sns brorflx w/progrmg         X         -         X         -         X           0273U Hem gen hyprfibrnlysis 8 gen         -         X         -         X         -	X
0273T Interrogation eval crtd sns brorflx w/progrmg     X     -     X     -     X       0273U Hem gen hyprfibrnlysis 8 gen     -     X     -     X     -	-
0273U Hem gen hyprfibrnlysis 8 gen - X - X -	Х
	-
0274T Perg lamot/lam any meth single/mlt lyl cry/thrc	X
	-
0274U   Hem gen pltlt do 43 genes	X
0275T   Perq lamot/lam any meth single/mlt IvI lumbar	-
0275U Hem heprn nduc trmbctpna srm X - X - X	-
0276U   Hem inh thrombocytopenia 23   -   X   -   X   -	X
0277U   Hem gen pltlt funcj do 31	X
0278T Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment x - x - x	-
0278U Hem gen thrombosis 12 genes - X - X -	X
0279U Hem vw factor&clgn iii bndg X - X - X	-
0280U Hem vw factor&cign in bindg X - X - X	_
0281U Hem vwd propeptide ag Ivl X - X - X	_
0282U Rbc dna gntyp 12 bld grp gen X - X - X	<u> </u>
0283U Vw factor type 2b eval plsm X - X - X	_
0284U Vw factor type 2n eval plsm	_
0285U Onc rsps radj cll fr dna tox - X - X -	
0287U Onc thyr dna&mrna 112 genes - X - X -	X
0288U Onc lung mrna quan pcr 11&3 - X - X -	X
0289U Neuro alzheimer mrna 24 gen X - X - X	X X X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		Lar	ge 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, these	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	he Pharmacy link option within the website.	1 1/		1 1/			
	Pain mgmt mrna gen xprsn 36	X	-	X	-	X	-
	Psyc mood do mrna 144 genes	X	-	X	-	X	-
	Psyc strs do mrna 72 genes	X	-	X	-	X	-
	Psyc suicidal idea mrna 54	X	-	X	-	X	-
	Lngvty&mrtlty rsk mrna 18gen	X	-	X	-	X	-
	Onc brst dux carc 7 proteins	Х	-	Х	-	Х	-
	Onc orl&/orop ca 20 mlc feat	-	X	-	X	-	X
	Onc pan tum whl gen seq dna	-	X	-	X	-	X
	Onc pan tum whl trns seq rna	-	X	-	X	-	X
	Onc pan tum whl gen opt mapg	-	X	-	X	-	X
	Onc pan tum whl gen seq&opt	-	Х	-	X	-	X
	Adna bartonella ddpcr	X	-	X	-	X	-
	Adna brtnla ddpcr flwg liq	X	-	X	-	X	-
	Hem rbc ads whl bld hypoxic	X	-	X	-	X	-
	Hem rbc ads whl bld normoxic	X	-	X	-	X	-
	Hem rbc fnclty&dfrm shr strs	Х	-	Χ	-	Х	-
	Onc mrd nxt-gnrj alys 1st	-	X	-	X	-	X
	Onc mrd nxt-gnrj alys sbsq	-	X	-	X	-	X
	Insertion of ocular telescope prothesis including removal of crystalline lens	X	-	X	-	X	-
	Crd cad alys 3 prtn plsm alg	X	-	X	-	X	-
	Crd cv ds aly 4 prtn plm alg	X	-	Х	-	X	-
	Ped vsclts kd alys 3 bmrks	X	-	X	-	X	-
	Nfct ds bct quan antmcrb sc	X	-	X	-	X	-
	Laps impltj nstim vagus	X	-	X	-	X	-
	Ai ds sle alys 8 igg autoant	Х	-	Х	-	Х	-
	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk	Х	=	Х	-	X	-
	neurostimulator electrode array and pulse generator						
	Onc pncrs dna&mrna seq 74	-	X	-	X	-	X
	Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator	Х	-	Х	-	Х	-
	Onc cutan mlnma mrna 35 gene	Χ	-	Χ	-	X	-
	Rmvl vagus nerve pls gen	Χ	-	Χ	-	X	-
	Onc cutan sq cll ca mrna 40	X	-	Χ	-	X	-
	Replc vagus nerve pls gen	Χ	-	Χ	-	X	-
	B brgdrferi lyme ds ospa evl	Χ	-	Χ	-	Х	-
	Elec analysis vagus nerve pls gen	X	-	Χ	-	Х	-
	Onc lung ca 4-prb fish assay	-	X	-	X	-	Χ
	Ped whl gen mthyltn alys 50+	-	X	-	Χ	-	Χ
	Neph rna pretrnspl perph bld	-	X	-	X	-	Χ
	Neph rna psttrnspl perph bld	-	X	-	Χ	-	Χ
	ladna gu pthgn 20bct&fng org	Х	-	Χ	-	Х	-
0322U	Neuro asd meas 14 acyl carn	Χ	-	Х	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	the Pharmacy link option within the website.						
	ladna cns pthgn next gen seq	X	-	X	-	X	-
	Onc ovar sphrd cell 4 rx pnl	X	-	X	-	Х	-
	Onc ovar sphrd cell parp	Х	-	Х	-	Х	-
	Trgt gen seq alys pnl 83+	-	X	-	X	-	X
	Drug assay 120+ rx&metablt	X	-	X	-	X	-
	Mntr io press 24hrs/> uni/bi	Х	-	Х	-	Х	-
	Onc neo xome&trns seq alys	-	X	-	X	-	X
	Tear film img uni/bi w/i&r	X	-	X	-	X	-
	ladna vag pthgn panel 27 org	X	-	X	-	X	-
	Heart symp image plnr	Х	-	Х	-	Х	-
	Onc hI neo opt gen mapping	-	X	-	X	-	X
	Heart symp image plnr spect	Х	-	Х	-	Х	-
	Onc pan tum gen prflg 8 dna	-	X	-	X	-	X
	Visual ep acuity screen auto	Х	-	Х	-	Х	-
	Onc lvr surveilanc hcc cfdna	-	X	-	X	-	X
	Onc sld orgn tgsa dna 84/+	-	X	-	X	-	X
	Rare ds whl gen seq fetal	-	X	-	X	-	X
	Rare ds whl gen seq bld/slv	-	X	-	X	-	X
	Onc plsm cell do & myeloma id	X	-	X	-	X	-
	Trnscth renal symp denry unl	X	-	X	-	X	-
	One sld tum ereg tum el slet	X	-	X	-	X	-
	Trnscth renal symp denry bil	X	=	X	-	X	-
	Onc prst8 mrna hoxc6 & dlx1	Х	-	Х	-	Χ	- V
	Onc pan ca alys mrd plasma	-	X	-	X	-	X
	Ftl aneup dna seq cmpr alys	- V	X	-	X	-	X
	One priorite ca multi la eclia	X	-	X	-	X	-
	Onc prst8 xom aly 442 sncrna	X	=	X	-	X	-
	Hep nafld semiq evl 28 lipid	X	-	X	-	X	-
	Psyc genom alys pnl 15 gen	X	-	X	-	X	=
	Beta amyl aβ40 & aβ42 lc-ms/ms	X	-	X	-	X	-
	Ins bone device for rsa		=		=		-
	Rx metab/pcx dna 16 gen alys	X	-	X	-	X	<u>-</u>
	Rsa spine exam	X		X		X	
	Rx metab/pcx dna 25 gen alys	X	-	X	-	X	-
	Rsa upper extr exam	X		X	-	X	-
	Rx metab/pcx dna 27gen rx ia Rsa lower extr exam	X	-	X	-	X	-
		X	-	X	-	X	-
	Rx metab/pcx dna 27 gen alys Intraop oct brst/node spec	X	-	X		X	<u>-</u>
			-		-		<del>-</del>
	Nfct ds bct/viral trail ip10	X	-	X	-	X	-
	Oct brst/node i&r per spec	X	-	X	-	X	-
U3331	Intraop oct breast cavity	٨	=	٨	-	^	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	, or specialty med	ications and should be
	Oct breast surg cavity i&r	Х	-	Х	-	Х	-
	Hpv hi rsk qual mrna e6/e7	X	-	X	-	X	-
0355U	Apol1 (apolipoprotein l1) (eg, chronic kidney disease), risk variants (g1, g2)	Χ	-	Χ	-	Χ	-
0356U	Oncology (oropharyngeal), evaluation of 17 dna biomarkers using droplet digital pcr (ddpcr), cell-free dna, algorithm reported as a prognostic risk score for cancer recurrence	Х	-	Х	-	Х	-
	Oncology (melanoma), artificial intelligence (ai)-enabled quantitative mass spectrometry analysis of 142 unique pairs of glycopeptide and product fragments, plasma, prognostic, and predictive algorithm reported as likely, unlikely, or uncertain benefit from immunotherapy agents	Х	-	Х	-	Х	-
	Bia whole body	X	-	Χ	=	Χ	-
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	-	х	-
0359U	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	-
	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	-
	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid capture–enrichment rna sequencing of 82 content genes and 10 housekeeping genes, formalinfixed paraffin embedded (ffpe) tissue, algorithm reported as one of three molecular subtypes	-	Х	-	Х	-	X
	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	-	X
	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	-
0365U	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, algorithm reported as a probability of bladder cancer	Х	-	Х	-	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 recurrent bladder cancer	Х	-	Х		Х	-
	Oncology (bladder), analysis of 10 protein biomarkers (a1at, ang, apoe, ca9, il8, mmp9, mmp10, pai1, sdc1 and vegfa) by immunoassays, urine, diagnostic algorithm reported as a risk score for probability of rapid recurrence of recurrent or persistent cancer following transurethral resection	Х	-	Х	-	х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
0368U	Oncology (colorectal cancer), evaluation for mutations of apc, braf, ctnnb1, kras, nras, pik3ca, smad4, and tp53, and methylation markers (myo1g, kcnq5, c9orf50, fli1, clip4, znf132 and twist1), multiplex quantitative polymerase chain reaction (qpcr), circulating cell-free dna (cfdna), plasma, report of risk score for advanced adenoma or colorectal cancer	Х	-	Х	-	х	-
	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	-	х	-
0370U	Infectious agent detection by nucleic acid (dna and rna), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibioticresistance genes, multiplex amplified probe technique, wound swab	Х	-	Х	-	х	-
	Infectious agent detection by nucleic acid (dna or rna), genitourinary pathogen, semiquantitative identification, dna from 16 bacterial organisms and 1 fungal organism, multiplex amplified probe technique via quantitative polymerase chain reaction (qpcr), urine	Х	-	Х	-	х	-
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk score	Х	-	Х	-	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	-
0375U	Oncology (ovarian), biochemical assays of 7 proteins (follicle stimulating hormone, human epididymis protein 4, apolipoprotein a-1, transferrin, beta-2 macroglobulin, prealbumin [ie, transthyretin], and cancer antigen 125), algorithm reported as ovarian cancer risk score	Х	-	Х	-	х	-
	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	-	х	-
	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	1	х	-
0378U	Rfc1 (replication factor c subunit 1), repeat expansion variant analysis by traditional and repeat- primed pcr, blood, saliva, or buccal swab	Х	-	Х	-	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
0380U							
	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis, 20 gene variants and cyp2d6 deletion or duplication analysis with reported genotype and phenotype	Х	-	Х	-	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 (lcms/ms)	Х	-	Х	-	х	-
0382U	Hyperphenylalaninemia monitoring by patient-collected blood card sample, quantitative measurement of phenylalanine and tyrosine, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-	Х	-	х	-
0383U	Tyrosinemia type i monitoring by patient-collected blood card sample, quantitative measurement of tyrosine, phenylalanine, methionine, succinylacetone, nitisinone, liquid chromatography with tandem mass spectrometry (lc-ms/ms)	Х	-	Х	-	х	-
	Nephrology (chronic kidney disease), carboxymethyllysine, methylglyoxal hydroimidazolone, and carboxyethyl lysine by liquid chromatography with tandem mass spectrometry (lcms/ms) and hba1c and estimated glomerular filtration rate (gfr), with risk score reported for predictive progression to high-stage kidney disease	Х	-	Х	-	х	-
0385U	Nephrology (chronic kidney disease), apolipoprotein a4 (apoa4), cd5 antigen-like (cd5l), and insulin-like growth factor binding protein 3 (igfbp3) by enzyme-linked immunoassay (elisa), plasma, algorithm combining results with hdl, estimated glomerular filtration rate (gfr) and clinical data reported as a risk score for developing diabetic kidney disease	Х	-	Х	-	х	-
0386U	Gastroenterology (barrett's esophagus), p16, runx3, hpp1, and fbn1 methylation analysis, prognostic and predictive algorithm reported as a risk score for progression to high-grade dysplasia or esophageal cancer	Х	-	Х	-	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	-	х	-
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and structural variants in 37 cancer-related genes, plasma, with report for alteration detection	Х	-	Х	-	х	-
0389U	Pediatric febrile illness (kawasaki disease [kd]), interferon alphainducible protein 27 (ifi27) and mast cell-expressed membrane protein 1 (mcemp1), rna, using reverse transcription polymerase chain reaction (rt-qpcr), blood, reported as a risk score for kd	Х	-	Х	-	х	-
	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	-
0391Ū	Oncology (solid tumor), dna and rna by next-generation sequencing, utilizing formalin-fixed paraffinembedded (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

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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, these he Pharmacy link option within the website.	e coding lists of	do not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
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	-
	High dose rate electronic brachytherapy, skin surface application, per fraction, includes basic dosimetry, when performed	Х	-	Х	-	Х	-
	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	-	Х	-
	High dose rate electronic brachytherapy, interstitial or intracavitary treatment, per fraction, includes basic dosimetry, when performed	Х	-	Х	-	Х	-
0395U	Oncology (lung), multi-omics (microbial dna by shotgun nextgeneration sequencing and carcinoembryonic antigen and osteopontin by immunoassay), plasma, algorithm reported as malignancy risk for lung nodules in early-stage disease	Х	-	х	-	х	-
	Obstetrics (pre-implantation genetic testing), evaluation of 300000 dna single-nucleotide polymorphisms (snps) by microarray, embryonic tissue, algorithm reported as a probability for single-gene germline conditions	Х	-	Х	-	х	-
0397T	Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)	Х	-	Х	-	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	-	х	-
0398T	Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation	Х	-	Х	-	Х	-
	Gastroenterology (barrett esophagus), p16, runx3, hpp1, and fbn1 dna methylation analysis using pcr, formalin-fixed paraffin-embedded (ffpe) tissue, algorithm reported as risk score for progression to high-grade dysplasia or cancer	Х	-	Х	-	х	-
	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
	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	-
	Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting	-	-	Х	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, thes the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Oncology (prostate), mrna, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as percentage of likelihood of detecting clinically significant prostate cancer	-	Х	-	Х	-	Х
	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, plasma, reported as cancer signal detected or not detected	Х	-	Х	-	Х	-
	Oncology (lung), flow cytometry, sputum, 5 markers (meso-tetra [4- carboxyphenyl] porphyrin [tcpp], cd206, cd66b, cd3, cd19), algorithm reported as likelihood of lung cancer	Х	-	Х	-	Х	-
0407U	Nephrology (diabetic chronic kidney disease [ckd]), multiplex electrochemiluminescent immunoassay (eclia) of soluble tumor necrosis factor receptor 1 (stnfr1), soluble tumor necrosis receptor 2 (stnfr2), and kidney injury molecule 1 (kim-1) combined with clinical data, plasma, algorithm reported as risk for progressive decline in kidney function	Х	-	Х	-	х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	х	-
0408U	Infectious agent antigen detection by bulk acoustic wave biosensor immunoassay, severe acute respiratory syndrome coronavirus 2 (sars-cov-2) (coronavirus disease [covid-19])	Х	-	Х	-	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
	Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability	-	Х	-	X	-	Х
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
	Oncology (pancreatic), dna, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Х	-	Х	-	Х	-
	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Х	-	Х	-	Х	-
	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [adhd]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of cyp2d6 (for additional pla code with identical clinical descriptor, see 0345u. see appendix o to determine appropriate code assignment)	Х	-	Х	-	х	-
	Removal of permanent cardiac contractility modulation system; pulse generator only	Х	-	Х	-	Х	-
	Beta amyloid, aβ42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (lc-ms/ms) and qualitative apoe isoformspecific proteotyping, plasma combined with age, algorithm reported as presence or absence of brain amyloid pathology	Х	-	Х	-	х	-
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Х		Х	-	Х	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, dna from blood or bone marrow, report of clinically significant alterations	-	Х	-	Х	-	Х
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Х	-	Х	-	Х	-
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (alk, braf, egfr, erbb2, met, ntrk1-3, ret, ros1), and kras g12c and pd-l1, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker	1	Х	-	Х	-	Х
	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Х	-	Х	-	Х	-
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 diabetes, blood, algorithm reported as a 5-year (deleted risk) score for acs	X	-	Х	-	х	-
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Χ	-	Χ	-	Х	-
0416U	Infectious agent detection by nucleic acid (dna), genitourinary pathogens, identification of 20 bacterial and fungal organisms, including identification of 20 associated antibiotic-resistance genes, if performed, multiplex amplified probe technique, urine	Х	-	Х	-	х	-
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	Х	-	Х	-	Х	-
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder—associated genetic variants	X	-	×	-	Х	-
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr	Х	-	Х	-	Х	-
	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	-	X
	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 rna markers (gapdh, smad4, acy1, areg, cdh1, kras, tnfrsf10b, egln2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk	Х	-	Х	-	Х	-
0422T	Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral	Χ	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



			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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
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	-	х	-	х	-
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity by condition	Х	-	Х	-	х	-
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer	Х	-	Х	-	х	-
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	-	Х	-	Х	-	Х
0426U	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	-
	Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden	-	Х	-	Х	-	Х
0429U	Human papillomavirus (HPV), oropharyngeal swab, 14 high-risk types (ie, 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68)	Х	-	Х	-	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	-
0434U	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	-	Х	-
	Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy	Х	-	Х	-	Х	-
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Х	-	Х	-	Х	-
	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug	X	-	X	-	X	-
04391	Myocrd contrast prfuj echo	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD	х	-	х	-	х	-
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	X	-	Х	-	Х	
	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	X	-	х	-	х	-
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Х	-	Х	-	Х	-
0441U	Infectious disease (bacterial, fungal, or viral infection), semiquantitative biomechanical assessment (via deformability cytometry), whole blood, with algorithmic analysis and result reported as an index	Х	-	Х	-	х	-
	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Х	-	Х	-	Х	-
	Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent	Х	-	Х	-	х	-
	Real time spectral analysis of prostate tissue by fluorescence spectroscopy	Χ	-	Χ	-	Χ	
	Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid	X	-	Х	-	Χ	-
0444T	Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral	Х	-	Х	-	х	-
	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)	-	Х	-	Х	-	Х
	Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including retraining, and removal of existing insert, unilateral or bilateral	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
0445U	ne Pharmacy link option within the website.	l					
	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	-	х	-
0446T	Crtj subq insj impltbl glucose sensor sys	Х	-	Х	-	Х	-
0447T	Rmvl impltbl glucose sensor subq pocket via inc	Х	-	Х	-	Х	-
	Rmvl insj impltbl gluc sensor dif anatomic site	Х	-	Х	-	Х	-
	Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single- nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options	-	Х	-	Х	-	Х
0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), regardless of race or self-identified ancestry, genomic sequence analysis panel, must include analysis of 5 genes (CFTR, SMN1, HBB, HBA1, HBA2)	Х	-	Х	-	х	-
0464T	Visual ep testing for glaucoma w/interpj & reprt	Х	-	Х	-	Х	-
0470T	Oct skn img acquisj i&r 1st	Х	-	Х	-	Х	-
0471T	Oct skn img acquisj i&r addl	Χ	-	Χ	-	Х	=
0472T	Prgrmg io rta eltrd ra	Х	-	Х	-	Х	=
0473T	Reprgrmg io rta eltrd ra	Χ	-	Х	-	X	-
	Insj aqueous drg dev io rsvr	Х	-	Х	-	X	-
	Oct middle ear with i&r unilateral	Χ	-	X	-	X	-
	Oct middle ear with i&r bilateral	Χ	-	Χ	-	X	-
	Diabetes prev online/electronic prgrm pr 30 days	Χ	-	Х	-	X	-
	Autol regn cell tx scleroderma hands	Χ	-	Х	-	X	-
	Autol regn cell tx scldr mlt inj one or both hands	Χ	-	Х	-	Х	-
	Initial prenatal care visit	Х	-	Х	-	Х	-
	Prenatal flow sheet documented in medical record by first prenatal visit	Χ	-	X	-	Х	-
	Subsequent prenatal care visit	Х	-	X	-	Х	-
	Postpartum care visit2	Х	-	Х	-	Χ	-
	Hemodialysis plan of care documented (esrd)	X	-	Х	-	Х	-
	Peritoneal dialysis plan of care documented (esrd)	Х	-	Х	-	Х	-
	Urinary incontinence plan of care documented (ger)	Х	-	Х	-	Х	-
	Removal of sinus tarsi implant	Х	-	X	-	Х	-
	Removal and reinsertion of sinus tarsi implant	X	-	Х	-	Х	-
	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound	Х	-	Х	-	X	-
	Elevated blood pressure plan of care documented (ckd)1	Χ	-	Х	-	X	-
	Esw integ wnd hlg ea addl	Χ	-	X	-	Х	-
0514F	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	rge Employer	Individ	ual 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 d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Glaucoma plan of care documented (ec)5	Х	_	Х	_	Х	
	Falls plan of care documented (ger)5	X	-	X	-	X	<u> </u>
	Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration,		-		-		-
03191	documented prior to initia	Х	-	Х	-	Х	-
0520F	Normal tissue dose constraints established within five treatment days from the initiation of a					1	
0020.	course of 3d conformal ra	Х	-	Х	-	Х	-
0521F	Plan of care to address pain documented (onc)1	Х	_	Х	-	Х	-
	Ev cath dir chem abltj w/img	X	-	X	-	X	-
	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	-	Х	-	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)	Х	-	Х	-	Х	-
0537T	Chimeric antigen receptor t-cell (car-t) therapy; harvesting of blood-derived t lymphocytes for	٧.		V		V	
	development of genetically modified autologous car-t cells, per day	Х	-	Х	-	Х	-
0538T	Chimeric antigen receptor t-cell (car-t) therapy; preparation of blood-derived t lymphocytes for	Х	_	Х	_	Х	
	transportation (eg, cryopreservation, storage)	^	-	^	-	^	=
0539T	Chimeric antigen receptor t-cell (car-t) therapy; receipt and preparation of car-t cells for	Х		Х		Х	
	administration	^	-	^	-	^	-
	Glucorticoid management plan documented (ra)	X	-	Х	-	Χ	-
	Chimeric antigen receptor t-cell (car-t) therapy; car-t cell administration, autologous	X	-	X	-	Χ	-
0543T	Transapical mitral valve repair, including transthoracic echocardiography, when performed, with	X	_	Х	_	Х	_
	placement of artificial chordae tendineae	^		^		Λ	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus	Х	_	Х	_	X	_
	reconstruction device, percutaneous approach including transseptal puncture						
	Plan for follow-up care for major depressive disorder, documented (mdd adol)	Х	-	X	-	Х	-
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus	Х	_	Х	_	Х	-
	reconstruction device, percutaneous approach						
0547T		Х	-	Х	-	Х	-
	Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score			.,			
	Cytopath report-nongyn spcmn	X	-	X	-	X	=
	Cytopath report non-routine	Х	-	Х	-	Х	-
05521	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	х	-	х	-	Х	-
05555	report			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		V	
0555F	Symptom management plan of care documented (hf)	Х	-	X	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	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, these he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
	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	-	х	-
0556F	Plan of care to achieve lipid control documented (cad)	Х	_	Х	-	Х	-
0556T	Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; assessment of bone strength and fracture risk and bone mineral density	Х	-	Х	-	Х	-
	Plan of care to manage anginal symptoms documented (cad)	Χ	-	Χ	-	Χ	=
	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	-	×	-
	Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure	Х	-	Х	-	×	-
	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	-	х	-
	Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide	Χ	-	Χ	-	Χ	=
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	-	X	-
0563T	Evac meibomian glnd heat bi	Х	-	Х	-	Х	-
	Onc chemo rx cytotox csc 14	Χ	-	Х	-	Х	-
0565T	Autol cell implt adps hrvg	Х	-	Х	-	X	•
0566T	Autol cell implt adps njx	Χ	-	Х	-	X	•
0569T	Ttvr perq appr 1st prosth	Χ	-	Χ	-	X	-
0570T	Ttvr perq ea addl prosth	Χ	-	Χ	-	Χ	•
	Hiv rna control plan of care, documented (hiv)	Χ	-	X	-	X	-
	Multidisciplinary care plan	Χ	-	Х	-	X	-
	Pt trnsfrd from anesth to cc	Х	-	X	-	X	-
	No trnsfr from anesth to cc	Х	-	Х	-	X	-
	Transfer care checklist used	Х	-	Х	-	X	-
	No transfer care chklist used	Χ	-	Х	-	X	-
	Perq islet cell transplant	Х	-	Х	-	X	-
	Laps islet cell transplant	Χ	-	Х	-	X	-
	Open islet cell transplant	Х	-	Х	-	X	-
	Hlth&wb coaching indiv 1st	Х	-	Х	-	X	-
	Hlth&wb coaching indiv f-up	Х	-	Х	-	X	-
	Hlth&wb coaching group	Х	-	Х	-	X	-
	Osteot hum xtrnl Ingth dev	Х	-	X	-	X	-
	Temp fml iu vlv-pmp 1st insj	Χ	-	Χ	-	Х	-
	Temp fml iu valve-pmp rplcmt	X	-	X	-	X	-
0598T	Nente r-t fluor wnd img 1st	Χ	-	Χ	-	Χ	=

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

		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, these	e coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	he Pharmacy link option within the website.		1		I		
	Nente r-t fluor wnd img ea	X	-	X	-	X	-
	Ire abltj 1+tum organ perq	X	-	X	-	X	-
	Ire abltj 1+tumors open	X	-	X	-	X	-
	Transdermal gfr measurements	X	-	X	-	X	-
	Transdermal gfr monitoring	X	-	X	-	X	<u>-</u>
	Rem oct rta dev setup&educaj Rem oct rta techl sprt min 8	X	-	X	-	X	
	Rem oct rta techi sprt min 8 Rem oct rta phys/qhp ea 30d	X	-	X	-	X	-
		X	-		-		-
	Rem mntr pulm flu mntr setup	X	-	X	-	X	-
	Rem mntr pulm flu mntr alys  Mrs disc pain acquisi data			X		X	
	Mrs disc pain transmis data	X	-	X	-	X	-
	Mrs disc pain alg alys data	X	-	X	-	X	-
		X	-		<u>-</u>	X	-
0612T	Mrs discogenic pain i&r Perq tcat intratrl septl sht	X	<u>-</u>	X	-	X	-
	Eye mvmt alys w/o calbrj i&r	X	-	X		X	
	Trabeculostomy interno laser	X	-	X	-	X	<u>-</u>
	Trabeculostomy int Isr w/scp	X	-	X	<u>-</u>	X	-
	Auto quantification c plaque	X	-	X	-	X	-
	Auto quan c plaq data prep	X		X		X	-
	Auto quan c plaq data prep  Auto quan c plaq cptr alys	X		X		X	
	Auto quan c plaq i&r  Auto quan c plaq i&r	X	-	X	<u> </u>	X	-
	Perq njx algc fluor Imbr 1st	X		X		X	-
	Perq njx algc fluor Imbr ea	X	-	X		X	
	Perq njx algc ct lmbr 1st	X	_	X	_	X	_
	Perg njx algo ot limbi 1st	X		X	<u>-</u>	X	-
	Perq tcat us ablti nrv p-art	X		X	_	X	
	Ct breast w/3d uni c	X		X		X	
	Ct breast w/3d uni c+	X		X	_	X	
	Ct breast w/3d uni c-/c+	X		X	-	X	<u> </u>
	Ct breast w/3d bi c	X	_	X		X	
	Ct breast w/3d bi c+	X	<u>-</u>	X		X	
	Ct breast w/3d bi c-/c+	X		X		X	<u> </u>
	Wrls skn snr anisotropy meas	X		X		X	
	Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of						
00401	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	Х	_	Х	-	Х	-
	catheterization and left ventriculography when performed, arterial approach						
0644T	Transcatheter removal or debulking of intracardiac mass (eg, vegetations, thrombus) via suction (eg, vacuum, aspiration) device, percutaneous approach, with intraoperative reinfusion of aspirated blood, including imaging guidance, when performed	х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these the Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed	Х	-	Х	-	х	-
	Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report	Х	-	Х	-	Х	-
	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report	Х	-	Х	-	Х	-
	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Х	-	Х	-	Х	-
	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple	Χ	-	Χ	-	Х	-
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter	Х	-	Х	-	Х	-
0655T	Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging	Х	-	Х	-	Х	-
0656T	Vertebral body tethering, anterior; up to 7 vertebral segments	Х	-	Х	-	Х	-
	Vertebral body tethering, anterior; 8 or more vertebral segments	Χ	-	Χ	-	Х	-
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score	Х	-	Х	-	Х	-
	Transcatheter intracoronary infusion of supersaturated oxygen in conjunction with percutaneous coronary revascularization during acute myocardial infarction, including catheter placement, imaging guidance (eg, fluoroscopy), angiography, and radiologic supervision and interpretation	Х	-	Х	-	х	-
0660T	Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach	Х	-	Х	-	Х	-
	Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant	Х	-	Х	-	Х	-
	Scalp cooling, mechanical; initial measurement and calibration of cap	Χ	-	Χ	-	X	-
	Scalp cooling, mechanical; placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
	Donor hysterectomy (including cold preservation); open, from cadaver donor	Х	-	Χ	-	X	-
	Donor hysterectomy (including cold preservation); open, from living donor	Х	-	Х	-	Χ	-
	Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor	Х	-	Х	-	Х	-
	Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor	Х	-	Х	-	Х	-
	Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary	Х	-	Х	-	Х	-
	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each	Х	-	Х	-	Х	-
0670T	Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124	
$\boldsymbol{\neg}$	vı.	$\mathbf{v}$		<i>-</i>	

		Laı	ge 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	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	, or specialty med	ications and should be
	ne Pharmacy link option within the website.  Ndovag cryg rf remdl tiss	V		V	I		
		X	=	X	-	X	-
	Abltj b9 thyr ndul perq lasr	X	-	X	-	X	-
	Laps insj nw/rpcmt prm isdss	X	-		-	X	<u>-</u>
	Laps insj nw/rpcmt isdss 1ld		-	X	-		
	Laps insj nw/rpcmt isdss ea Laps repos lead isdss 1st ld	X		X	-	X	-
		X	-		-		-
	Laps repos lead isdss ea add	X	-	X	-	X	-
	Laps rmvl lead isdss	X	-	X	-	X	-
	Insj/rplcmt pg only isdss	X	-	X	-	X	-
	RIcj pulse gen only isdss	X		X		X	
	Removal pulse gen only isdss	X	=	X	-	X	-
	Prgrmg dev eval isdas ip	X	-	X	-	X	-
	Peri-px dev eval isdss ip	X	-	X	-	X	-
	Interrog dev eval isdss ip	X	-	X	-	X	-
	Histotripsy mal hepatcel tis	X	-	X	-	X	-
	Tx amblyopia dev setup 1st	X	-	X	-	X	-
	Tx amblyopia assmt w/report	X	-	X	-	X	-
	Quan us tis charac w/o dx us	X	-	X	-	X	-
	Quan us tis charac w/dx us	X	-	X	-	X	-
	Auto alys xst ct std vrt fx	X	-	X	-	Х	-
	Therapeutic ultrafiltration	X	-	X	-	X	-
	Compre ful bdy 3d mtn alys	X	-	X	-	X	-
	3d vol img&rcnstj brst/ax	X	-	X	-	X	-
	Bdy srf mpg pm/cvdfb tm impl	Х	-	X	-	Χ	-
	Bdy surf mapg pm/cvdfb f/up	Х	-	Х	-	Χ	-
	Quan mr tis wo mri mlt orgn	X	-	X	-	Х	-
	Quan mr tiss w/mri mlt orgn	Х	-	Х	-	Χ	-
	Molec fluor img sus nev 1st	Х	-	X	-	X	-
	Molec fluor img sus nev ea	Χ	-	Χ	-	X	-
	Rem tx amblyopia setup&edu	Х	-	Χ	-	Х	-
	Rem tx amblyopia tech sprt	Х	-	Х	-	Х	-
	Rem tx amblyopia i&r phy/qhp	Х	-	Х	-	X	-
	Njx b1 sub mtrl sbchdrl dfct	Χ	-	Х	-	Х	-
	ld ca immntx prep & 1st njx	X	-	Х	-	X	-
	ld ca immntx each addl njx	Х	-	Χ	-	X	-
	N-invas artl plaq alys	Х	-	Χ	-	Х	-
0711T	N-nvs artl plaq alys dat prp	X	-	X	-	Х	-
712T	N-nvs artl plaq alys quan	Х	=	Χ	-	Х	=
	N-nvs artl plaq alys rvw i&r	Χ	=	Χ	-	X	-
0714T	Tprnl Isr ablt b9 prst8 hypr	Х	-	Х	-	Х	-
	Car acous wavfrm rec cad rsk	Х	=	Χ	-	Х	=
0717T	Adrc ther prtl rc tear	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these	coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
_	he Pharmacy link option within the website.	V	_	V	_		
	Adrc ther prtl rc tear njx Pst vrt jt rplcmt Imbr 1 sgm	X		X		X	
	Prq elc nrv stim cn wo implt	X	-	X	-	X	-
	Quan ct tiss charac w/o ct	X	-	X	-	X	-
	Quan ct tiss charac w/o ct  Quan ct tiss charac w/ct	X	_	X	-	X	-
	Quarret tiss charac with Qmrcp w/o dx mri sm anat ses	X		X		X	-
	Qmrcp w/dx mri same anatomy	X		X	-	X	-
	Vestibular dev impltj uni	X		X		X	-
	Rmvl implt vstibular dev uni	X		X		X	-
	Rmvl&rplcmt implt vstblr dev	X		X		X	
	Dx alys vstblr implt uni 1st	X		X	-	X	-
	Dx alys vstblr implt uni stq	X	<u>-</u>	X	-	X	-
	Trabeculotomy Isr w/oct gdn	X		X	_	X	-
	Augmnt ai-based fcl phnt a/r	X		X		X	<u> </u>
07311	Immntx admn electroporatn im	X	<u>-</u>	X	_	X	-
	Rem bdy&lmb knmtc ther sply	X		X	_	X	
	Rem bdy&lmb knmtc tx mgmt	X	-	X		X	
	Colonic lavage 35+I water	X		X	_	X	
	Xenograft implti artclr surf	X	-	X	_	X	-
	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data						
	from previously performed magnetic resonance imaging (mri) examination	Χ	-	Х	-	Х	-
	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural,						
	transperineal needle/catheter placement for nanoparticle installation and intraprocedural	.,				.,	
	temperature monitoring, thermal dosimetry, bladder irrigation, and magnetic field nanoparticle	X	-	Х	-	Х	-
	activation						
0740T	Remote autonomous algorithm-based recommendation system for insulin dose calculation and			.,		.,	
	titration; initial set-up and patient education	Χ	-	Х	-	Х	=
0741T							
	Remote autonomous algorithm-based recommendation system for insulin dose calculation and	Х	-	Х	-	Х	<u>-</u>
	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	Χ	-	Х	-	X	-
	separately in addition to code for primary procedure)						
0743T	Bone strength and fracture risk using finite element analysis of functional data and bone-mineral						
	density, with concurrent vertebral fracture assessment, utilizing data from a computed tomography						
	scan, retrieval and transmission of the scan data, measurement of bone strength and bone mineral	V		V		, , , , , , , , , , , , , , , , , , ,	
	density and classification of any	Х	-	Х	-	X	-
	vertebral fractures, with overall fracture risk assessment, interpretation and report						
	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance,						
	when performed, including autogenous or nonautogenous patch graft (eg, polyester, eptfe, bovine	Х	-	Х	-	Х	-
	pericardium), when performed						

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

	Treatur	Lar	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Х	-	Х	-	Х	-
	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report;	Х	-	Х	-	х	-
	Bone strength and fracture-risk assessment using digital x-ray radiogrammetrybone mineral density (dxr-bmd) analysis of bone mineral density (bmd) utilizing data from a digital x ray, retrieval and transmission of digital x ray data, assessment of bone strength and fracture-risk and bmd, interpretation and report; with single-view digital x-ray examination of the hand taken for the purpose of dxr-bmd	Х	-	X	-	х	-
	Digitization of glass microscope slides for level ii, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
	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	-
0753T	Digitization of glass microscope slides for level iv, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0754T	Digitization of glass microscope slides for level v, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-	Х	-
0755T	Digitization of glass microscope slide for level vi, surgical pathology, gross and microscopic examination (list separately in addition to code for primary procedure)	Х	-	Х	-	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	-	Х	-	х	-
	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	-	х	-
	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	-	Х	-
	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	-	х	-
	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	-	х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

9	Treatti Treatti	Laı	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	-	Х	-	х	-
0764T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low- ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to concurrently performed electrocardiogram (list separately in addition to code for primary procedure)	Х	-	Х	-	х	-
0765T	Assistive algorithmic electrocardiogram risk-based assessment for cardiac dysfunction (eg, low- ejection fraction, pulmonary hypertension, hypertrophic cardiomyopathy); related to previously performed electrocardiogram	Х	-	Х	-	х	-
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, initial treatment, with identification and marking of the treatment location, including noninvasive electroneurographic localization (nerve conduction localization), when performed; first nerve	Х	-	Х	-	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; each additional nerve (list separately in addition to code for primary procedure)	Х	-	х	-	Х	-
0770T	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		х	-
	Virtual reality (vr) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports, requiring the presence of an independent, trained observer to assist in the monitoring of the patient's level of dissociation or consciousness and physiological status; each additional 15 minutes intraservice time (list separately in addition to code for primary service)	х	-	х	-	х	-
	Virtual reality (vr) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing the diagnostic or therapeutic service that the vr procedural dissociation supports; initial 15 minutes of intraservice time, patient age 5 years or older	Х	-	Х	-	х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	ınizations, injectable drug	s, or specialty med	lications and should be
	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	-
0777T	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	-	Х	-
0779T	Gastrointestinal myoelectrical activity study, stomach through colon, with interpretation and report	Х	-	Х	-	Х	-
	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	-	х	-
	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	-	X	-	х	-
	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	-
0785T	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	-
0791T	Motor-cognitive, semi-immersive virtual reality–facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)	-	Х	-	Х	-	Х
0794T	Patient-specific, assistive, rules-based algorithm for ranking pharmaco-oncologic treatment options based on the patient's tumor-specific cancer marker information obtained from prior molecular pathology, immunohistochemical, or other pathology results which have been previously interpreted and reported separately	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, thes the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)	Х	-	х	-	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	-
1000F	Tobacco use, smoking, assessed1	Х	-	Х	-	Х	-
	Anginal symptoms and level of activity assessed (nma - no measure associated)	Х	-	Χ	-	Х	-
1003F	Level of activity assessed (nma no measure associated)	Х	-	Χ	-	Х	-
1004F	Clinical symptoms of volume overload (excess) assessed (nma - no measure associated)	Х	-	Χ	-	Х	-
1005F	Asthma symptoms evaluated (includes physician documentation of numeric frequency of symptoms or patient completion of an asthma assessment tool/survey/questionnaire) (nma - no	Х	-	Х	-	Х	-
	Osteoarthritis symptoms and functional status assessed	Χ	-	X	-	Х	-
	Use of anti-inflammatory or analgesic over-the-counter (otc) medications for symptom relief assessed	Х	-	Х	-	Х	-
	Gastrointestinal and renal risk factors assessed for patients on prescribed or otc nsaids	Χ	-	Х	-	Х	-
1010F	Severity of angina assessed by level of activity (cad)	Χ	-	Х	-	Х	-
	Angina present (cad)	Χ	-	Χ	-	Х	-
	Angina absent (cad)	Χ	-	Χ	-	Х	-
1015F	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	-	Χ	-	Х	-
	Dyspnea assessed, present (copd)	Х	-	Χ	-	Х	-
	Pneumococcus immunization status assessed (cap, copd)	Х	-	Χ	-	Х	-
1026F	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)	Х	-	Х	-	Х	-
	Current tobacco smoker or currently exposed to secondhand smoke (asthma)	Х	-	Х	-	Х	-
	Current tobacco non-smoker and not currently exposed to secondhand smoke (asthma)	Х	-	Х	-	Х	-
	Current tobacco smoker (cad, cap, copd, dm, pv)	Х	-	Х	-	Х	-
	Current smokeless tobacco user (eg chew, snuff)(pv)	Х	-	Х	-	Х	-
	Current tobacco non-user (cad, cap, copd, pv), (dm), (ibd)	Х	-	Х	-	Х	-
	Persistent asthma (mild, moderate or severe)	Х	-	Х	-	Х	-
1039F	Intermittent asthma	Х	-	Х	-	Х	-
1040F	Dsm-iv¿ criteria for major depressive disorder documented (mdd)	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	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, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
1050F	History obtained regarding new or changing moles (ml)	Χ	-	Χ	-	Х	-
1052F	Type, anatomic location, and activity all assessed (ibd)	Χ	-	Χ	-	Х	-
1055F	Visual functional staus assessed (ec)	Χ	-	Х	-	X	-
1060F	Documentation of permanent or persistent or paroxysmal atrial fibrillation (str)	Χ	-	Х	-	Х	•
1061F	Documentation of absence of permanent and persistent and paroxysmal atrial fibrillation (str)	Χ	-	Х	-	Х	-
	Ischemic stroke symptom onset of less than 3 hours prior to arrival (str)	Χ	-	Х	-	Х	-
	Ischemic stroke symptom onset greater than or equal to 3 hours prior to arrival (str)	Χ	-	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	-
1090F	Presence or absence of urinary incontinence assessed (ger)	Χ	-	Х	-	Х	-
1091F	Urinary incontinence characterized (eg frequency, volume, timing, type of symptoms, how bothersome) (ger)	Х	-	Х	-	Х	-
1100F	Patient screened for future fall risk; documentation of two or more falls in the past year or any fall with injury in th	Х	-	Х	-	Х	-
1101F	Patient screened for fall risk; documentation of no falls in the past year or only one fall without injury in the past y	Х	-	Х	-	Х	-
1110F	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	-
	Auricular or periauricular pain assessed (aoe)	Х	-	Х	-	Х	<u>-</u>
	Gerd symptoms assessed after 12 months of therapy (gerd)5	X	_	X	_	X	
	Initial evaluation for condition (hep c)1	X	-	X	_	X	-
	Subsequent evaluation for condition (hep c)1	X	_	X	-	X	-
1123F	Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)	Х	-	X	-	X	-
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	-	Х	-	х	-
	Pain severity quantified; pain present (onc)1	Χ	-	Х	-	Х	-
	Pain severity quantified; no pain present (onc)1	Χ	-	Х	-	Χ	-
	New episode for condition (nma-no measure associated)	X	-	X	-	X	-
1128F	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	-
1134F	Episode of back pain lasting 6 weeks or less (bkp)	Х	-	Х	_	Х	_
	Episode of back pain lasting longer than six weeks (bkp)2	X	-	X	_	X	-
	Episode of back pain lasting 12 weeks or less (bkp)2	X	-	X	-	X	-
	Episode of back pain lasting longer than 12 weeks (bkp)2	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

directed to the Pharmacy link option within  1150F Documentation that a  1151F Documentation that a  1152F Documentation of ad  1153F Documentation of ad  1157F Advance care plan o  1158F Advance care planni  1159F Medication list documentation of ad  1170F Functional status assumed to the second status as t	a patient has a substantial risk of death within 1 year (pall cr)  a patient does not have a substantial risk of death within one year (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ir similar legal document present in the medical record (coa)  In g discussion documented in the medical record (coa)  In rord  In rord  In rord  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced	Not Covered e coding lists d  X  X  X  X  X  X  X  X  X  X  X  X  X	- - - - - - - -	Not Covered  Egarding immu  X  X  X  X  X  X  X  X  X  X  X  X  X	Preauthorization Required Inizations, injectable drugs	X X X X X X	Preauthorization Required  dications and should be
directed to the Pharmacy link option within  1150F Documentation that a  1151F Documentation that a  1152F Documentation of ad  1153F Documentation of ad  1157F Advance care plan o  1158F Advance care planni  1159F Medication list documentation of ad  1157F Inclinal status assumed to the process of the pr	a patient has a substantial risk of death within 1 year (pall cr)  a patient does not have a substantial risk of death within one year (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ir similar legal document present in the medical record (coa)  In g discussion documented in the medical record (coa)  In rcrd  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ivanced disease dia	X X X X X X X X X	- - - - - - - -	X X X X X X X	- - - - - - -	X X X X X X	- - -
1151F Documentation that a 1152F Documentation of ad 1153F Documentation of ad 1157F Advance care plan o 1158F Advance care planni 1159F Medication list documentation of ad 1160F Rvw meds by rx/dr in 1170F Functional status assumption 1180F All specified thrombour 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	a patient does not have a substantial risk of death within one year (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ir similar legal document present in the medical record (coa) In gliscussion documented in the medical record (coa) In rerd Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ir similar legal document present in the medical record (coa) In gliscussion documented in the medical record (coa) In rerd Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) Ivanced disease diagnosis, goals of care do not prioritize co	X X X X X X X X X X X X X X X X X X X	- - - - - - - -	X X X X X X	- - - - -	X X X X X X	
Documentation that a  1152F Documentation of ad  1153F Documentation of ad  1157F Advance care plan o  1158F Advance care planni  1159F Medication list docum  1160F Rvw meds by rx/dr in  1170F Functional status ass  1175F Functional status for  1180F All specified thrombo  1181F Neuropsychiatric syn  1182F Neuropsychiatric syn  1183F Neuropsychiatric syn	Ivanced disease diagnosis, goals of care prioritize comfort (pall cr)  Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  Ir similar legal document present in the medical record (coa)  In g discussion documented in the medical record (coa)  In rerd  In rerd  In reseased (coa) (ra)  Idementia assessed and results reviewed (dem)  In permosassessed and results reviewed (dem)  In proms assessed and results reviewed (dem)  In proms, one or more present (dem)	X X X X X X X	- - - - - -	X X X X X	- - - - -	X X X X X	-
Documentation of ad 1157F Advance care plan o 1158F Advance care planni 1159F Medication list docum 1160F Rvw meds by rx/dr in 1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) r similar legal document present in the medical record (coa) ng discussion documented in the medical record (coa) mented in medical record (coa) n rcrd sessed (coa) (ra) dementia assessed and results reviewed (dem) membolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X X X X	- - - - -	X X X X X	- - - -	X X X X	-
Documentation of ad 1157F Advance care plan o 1158F Advance care planni 1159F Medication list docum 1160F Rvw meds by rx/dr in 1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	Ivanced disease diagnosis, goals of care do not prioritize comfort (pall cr) r similar legal document present in the medical record (coa) ng discussion documented in the medical record (coa) mented in medical record (coa) n rcrd sessed (coa) (ra) dementia assessed and results reviewed (dem) membolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X X X X	- - - -	X X X X	- - - -	X X X	- - - -
1157F Advance care plan o 1158F Advance care planni 1159F Medication list docun 1160F Rvw meds by rx/dr in 1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	r similar legal document present in the medical record (coa) ng discussion documented in the medical record (coa) mented in medical record (coa) n rcrd sessed (coa) (ra) dementia assessed and results reviewed (dem) sembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X X X	- - - -	X X X	- - -	X X X	- - -
1158F Advance care plannii 1159F Medication list docun 1160F Rvw meds by rx/dr in 1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	ng discussion documented in the medical record (coa) mented in medical record (coa) n rcrd sessed (coa) (ra) dementia assessed and results reviewed (dem) sembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X X	- - -	X X X	-	X	- - -
1160F Rvw meds by rx/dr in 1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	n rcrd sessed (coa) (ra) dementia assessed and results reviewed (dem) sembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X X	- - -	X	-	Χ	-
1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	dementia assessed and results reviewed (dem) dembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X	-	Х			
1170F Functional status ass 1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	dementia assessed and results reviewed (dem) dembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X X X	-	Х		· · · ·	
1175F Functional status for 1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	dementia assessed and results reviewed (dem) pembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X	-			X	-
1180F All specified thrombo 1181F Neuropsychiatric syn 1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	nembolic risk factors assessed (afib) nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)	X			-	Х	-
1181F Neuropsychiatric sym 1182F Neuropsychiatric sym 1183F Neuropsychiatric sym	nptoms assessed and results reviewed (dem) nptoms, one or more present (dem)		-	Х	-	Х	-
1182F Neuropsychiatric syn 1183F Neuropsychiatric syn	nptoms, one or more present (dem)		-	Х	-	Х	-
1183F Neuropsychiatric syn		Х	-	Х	-	Х	-
	nptoms, absent (dem)	Х	-	Х	-	Х	-
	current seizure frequency(ies) documented (epi)	Х	-	Х	-	Х	-
	or epilepsy syndrome(s) reviewed and documented (epi)	Х	-	Х	-	Х	-
1220F Patient screened for		Х	-	Х	-	Х	-
1400F Prkns diag rviewed		Х	-	Х	-	Х	-
1450F	or remained consistent with treatment goals since last assessment (hf)	Х	-	Х	-	Х	-
	ated clinically important deterioration since last assessment (hf)	Х	-	Х	-	Х	-
	vent/diagnosis in previous 12 months (cad)	Х	-	Х	-	X	-
	e event/diagnosis in previous 12 months (cad)	Х	-	Х	-	Х	-
1490F Dementia severity cla		X	_	Х	_	X	-
1491F Dementia severity cla		Х	-	Х	-	Х	-
1493F Dementia severity cla	assified, severe (dem)	Х	-	Х	-	Х	-
1494F Cognition assessed	, , ,	Х	-	Х	-	Х	-
1500F Symptom + sign sym		Х	-	Х	-	Х	-
1501F Not initial eval for con		Х	-	Х	-	Х	-
1502F Pt queried pain fxn w		X	-	X	-	X	-
1503F Pt queried symp resp		X	-	Х	-	X	-
1504F Pt has resp insufficie		Х	-	Х	-	X	-
1505F Pt has no resp insuff		Х	-	Х	-	X	<del></del>
2000F Blood pressure measure	·	X	-	X	-	X	-
2001F Weight recorded (page		X	-	X	-	X	-
· · · · · · · · · · · · · · · · · · ·	me overload (excess) assessed (nma - no measure associated)	X	-	Х	-	X	-
2004F Initial examination of		Х	-	Х	-	X	-
	(includes at minimum: temperature, pulse, respiration, and blood	Х	-	Х	-	Х	-
	sed (normal/mildly impaired/severely impaired)(cap)	Х	_	Х	_	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Asthma impairment assessed (asthma)	Х	_	Х	_	Х	_
	Asthma risk assessed (asthma)	X	_	X	-	X	-
	Hydration status assessed (normal/mildly dehydrated/severely dehydrated)	X	_	X	-	X	-
	Dilated macular exam performed, including documentation of the presence or absence of macular						
	thickening or hemmorrhage	Х	-	Х	-	Х	-
2020F	Dilated fundus evaluation performed within six months prior to cataract surgery (ec)	Х	_	Х	-	Х	_
	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	-
2023F	Dilat rta xm w/o rtnopthy	Х	-	Х	-	Х	-
2024F	Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optemetrist	Х		Х		Х	
	documented and review	^	-	^	-	^	-
2025F	F 7 fld rta photo w/o rtnopthy	Х	-	Х	-	Х	-
2026F	Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results	Х		Х		Х	
	documented and reviewed	^	-	^	-	^	-
2027F	Optic nerve head evaluation performed (ec)	Х	-	Х	-	Х	-
2028F	Foot examination performed (includes examination through visual inspection, sensory exam with	V		V		V	
	monofilament, and pulse	Х	-	Х	-	Х	-
2029F	Complete physical skin exam performed (ml)	Х	-	Х	-	Х	-
2030F	Hydration status documented, normally hydrated (pag)	Х	-	Х	-	Х	-
2031F	Hydration status documented, dehydrated (pag)	Х	-	Х	-	Χ	-
	Eye img valid w/o rtnopthy	Х	-	Х	-	Х	-
2035F	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	Х	_	Х	_	Х	_
	specifications (bk						
2044⊦	Documentation of mental health assessment prior to intervention (back surgery or epidural steroid	Х	-	Х	-	Х	-
	injection) or for back						
2050F	Wound characteristics including size and nature of wound base tissue and amount of drainage	Х	_	Х	_	Х	-
	prior to debridement documented (cwc)						
2060F	Patient interviewed directly by evaluating clinician on or before date of diagnosis of major	Х	-	Х	-	Х	-
00005	depressive disorder (mdd ad			.,		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	Chext xray results documented and reviewed (cap)	X	-	X	-	X	-
	Body mass index (bmi), documented (pv)	Х	-	Х	-	Х	-
3011F	Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)	Х	-	Х	-	Х	-
3014F	Screening mammography results documented and reviewed	Х	_	Х	-	Х	_
	Cervical cancer screening results documented and reviewed (pv)	X	_	X		X	_
	Patient screening results documented and reviewed (pv)  Patient screening method (pv)	X	-	X	<u>-</u>	X	<u>-</u>
	Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood						
30171	testing annually, flexible	Х	-	Х	-	Х	-
	the grant production of the second se					1	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	ge Employer	Individ	ual 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	e coding lists de	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
3018F	the Pharmacy link option within the website.	1				1	
	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	Х	-	Х	-	X	-
	and recommendations for follow-up in final colonoscopy report documented (end/polyp)						
	Left ventricular ejection fraction (Ivef) assessment planned post discharge (hf)	Х	-	Х	-	Х	-
3020F		- ,					
	Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography)	Х	-	Х	-	X	-
	documented in the medical record (includes quantitative or qualitative ass						
3021F	Left ventricular ejection fraction (Ivef) <40% or documentation of moderately or severely	Х		Х		Х	
	depressed left ventricular	^	,	^	,	^	-
3022F	Left ventricular ejection fraction (Ivef)>=40% or documentation as normal or mildly depressed left	Х	_	Х	_	Х	_
	ventricular systolic						
	Spirometry results documented and reviewed (copd)	Х	-	X	-	Х	-
3025F	Spirometry test results demonstrate fev1/fvc<70% with copd symptoms (eg, dyspnea,	Х	-	Х	-	l x l	-
00075	cough/sputum, wheezing)						
3027F	Spirometry test results demonstrate fev1/fvc>=70% or patient does not have copd symptoms	Х	-	Х	-	X	-
20205	(copd)  Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry					-	
	or arterial blood gas	Х	-	X	-	X	-
	Oxygen saturation ,=88% or a pao2<=55 hg1 (copd)	Х	_	Х	_	Х	
	Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)	X	-	X	-	X	-
	Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)	X	_	X	_	X	-
	Functional expiratory volume (fev1) <40% of predicted value (copd)	Х	-	X	-	X	-
	Functional expiratory volume (fev1) >=40% of predicted value (copd)	Х	-	Х	-	Х	-
	Most recent hemoglobin a1c level <7.0% (dm)	Χ	-	Х	-	Х	-
	Hemoglobin a1c level > 9.0%	Χ		Χ	-	Х	-
	Most recent Idl-c less than 100 mg/dl (cad) (dm)	Χ	-	Х	-	Х	-
	Most recent Idl-c 100-129 mg/dl (cad) (dm)	Χ	-	Х	-	X	-
	Most recent Idl-c greater than or equal to 130 mg/dl (cad) (dm)	Χ	-	Χ	-	Х	-
	Hg a1c>equal 7.0%<8.0%	X	-	X	-	Х	-
	Hg a1c>equal 8.0%	X	-	X	-	X	-
	Left ventricular ejection fraction (Ivef) less than or equal to 35% (hf)	X	-	X	-	X	-
3056F	Left ventricular ejection fraction (Ivef) greater than 35% or no Ivef result available (hf)	X	-	X	-	X	-
	Positive microalbuminuria test result documneted and reviewed (dm)  Negative microalbuminuria test result documented and reviewed (dm)	X	-	X	-	X	-
	Positive macroalbuminuria test result documented and reviewed (dm)	X	-	X	-	X	<u>-</u>
	Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated		-		-		-
30001	for esrd, crf, arf	Х	-	Х	-	Х	-
3072F	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						
	power calculation documen	Х	-	Х	-	Х	-
3074F	Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)	Х	-	Х	_	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
L	Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)	Х	-	Х	_	Х	-
3077F		Х	_	Х	_	Х	_
	Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)				_		
3078F	Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)	X	-	X	-	X	-
3079F 3080F	Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
	Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)	Х	-	Х	-	Х	-
	Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)	Х	-	Х	-	Х	-
3083F	Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Х	-	Х	-	Χ	-
	Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)	Χ	-	Х	-	X	-
	Suicide risk assessed (mdd)	Х	-	Х	-	Χ	-
	Major depressive disorder, mild (mdd)	X	-	Х	-	Х	-
	Major depressive disorder, moderate (mdd)	X	-	X	-	Х	-
	Major depressive disorder, severe without psychotic features (mdd)	X	-	X	-	X	-
	Major depressive disorder, severe with psychotic features (mdd)  Major depressive disorder, in remission (mdd)	X	-	X	-	X	<u>-</u>
3092F	wajor depressive disorder, in remission (mad)	Λ	-	Λ	-	^	-
	Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)	Х	-	Х	-	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) results documented (op)	Х	-	Х	-	Х	-
	Central dual - energy x-ray absorptionmetry (dxa) ordered (op)	Х	-	Х	-	Х	-
3100F	Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a	Х	-	Х	-	×	-
	Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)	Х	-	Х	-	х	-
	Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac	Х	-	Х	-	Х	-
	Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia	Х	-	Х	-	Х	-
	Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)	Х	-	Х	-	Х	-
	Heart failure disease specific structured assessment tool completed (hf)	Χ	-	Χ	-	Χ	=
	New york heart association (nyha) class documented (hf)	X	-	Х	-	Χ	-
	No evaluation of level of activity or clinical symptoms (hf)	X	-	Х	-	Х	-
	12-lead ecg performed (em)	Х	-	X	-	X	-
	Esoph bx rprt w/dyspl info	X	-	X	-	X	-
	Upper gastrointestinal endoscopy performed (gerd)	X	-	X	-	X	-
	Documentation of referral for upper gastrointestinal endoscopy (gerd)	X	<u>-</u> -	X	-	X	-
3140F 3141F	Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)	۸	-	۸	-	۸	-
	Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)	X	-	X	-	Х	-
	Barium swallow test ordered (gerd)	X	-	X	-	X	-
3150F	Forceps esophageal biopsy performed (gerd)	Х	-	Х	-	Χ	=

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	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 d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	ications and should be
3155F	Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)	Х	-	Х	-	Х	-
3160F	Documentation of iron stores prior to initiating erythropoietin therapy (hem)	Х	-	Х	-	Χ	-
3170F	Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)	Х	-	Х	-	Х	-
	Barium swallow test not ordered (gerd)	Χ	-	Х	-	Х	-
	Group a strep test performed (phar)	Χ	-	Χ	-	Χ	-
	Patient has documented immunity to hepatitis a (hep-c)	Χ	-	Χ	-	Χ	-
	Patient has documented immunity to hepatitis b (hep-c)	Χ	-	Х	-	X	-
3218F	Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep	Х	-	Х	-	Х	-
3220F	Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)	Х	-	Х	-	Х	-
3230F	Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)	Х	-	Х	-	Х	-
	Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)	Х	-	Х	-	Х	-
	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	-
3268F	Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm	Х	-	Х	-	Х	-
3269F	Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1	Х	-	Х	-	Х	-
3270F	Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1	Х	-	Х	-	Х	-
	Low risk of recurrence, prostate cancer (prca)1	Х	-	Х	-	Χ	<u>-</u>
3272F	Intermediate risk of recurrence, prostate cancer (prca)1	Χ	-	Χ	-	Χ	-
	High risk of recurrence, prostate cancer (prca)1	Х	-	Х	-	Χ	-
3274F	Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1	Х	-	Х	-	Х	-
3278F	Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1	Х	-	Х	-	Х	-
3279F	Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1	Х	-	Х	-	Х	-
3280F	Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1	Χ	-	Х	-	Χ	-
3281F	Hemoglobin level less than 11 g/dl (ckd, esrd)1	Χ	-	Χ	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	-
3290F	Patient is d (rh) negative and unsensitized (prenatal)1	Х	-	Х	-	Х	-
3291F	Patient is d (rh) positive or sensitized (prenatal)1	Χ	-	Χ	-	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)	Χ	-	Χ	-	Х	=
	Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)	Х	-	Х	-	Х	-
	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 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	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe	Х	-	Х	-	Х	-
	Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio	Х	-	Х	-	Х	-
3319F	One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca	Х	-	Х	-	Х	-
	None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc	Х	-	Х	-	Х	-
3321F	Ajcc cancer stage 0 or ia melanoma, documented (ml)	Х	-	Х	-	Х	-
3322F	Melanoma greater than ajcc stage 0 or ia (ml)	Х	-	Х	-	Х	-
	Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)	Х	-	Х	-	Х	-
3324F	Mri or ct scan ordered, reviewed or requested (epi)	Х	-	Х	-	Х	-
	Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula	Х	-	Х	-	Х	-
3328F	Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)	Х	-	Х	-	Х	-
3330F	Imaging study ordered (bkp)2	Х	-	Х	-	Х	-
3331F	Imaging study not ordered (bkp)2	Χ	-	Х	-	Χ	-
3340F	Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5	Х	-	Х	-	Х	-
3341F	Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5	Х	-	Х	-	Х	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these the Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
3342F	Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5	Х	-	Х	-	Х	-
3343F	Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5	Х	-	Х	-	Х	-
3344F	Mammogram assessment category of "suspicious," documented (rad)	Х	-	Х	-	Х	-
3345F	Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5	Х	-	Х	-	Х	-
3350F	Mammogram assessment category of "known biopsy proven malignancy", documented (rad)	Х	-	Х	-	Х	-
3351F	Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)	Х	-	Х	-	Х	-
3352F	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	-
3374F	Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)	Х	-	Х	-	X	-
	Ajcc breast cancer stage ii, documented (onc)	Χ	-	Χ	-	X	-
	Ajcc breast cancer stage iii, documented (onc)	X	-	Χ	-	Х	-
	Ajcc breast cancer stage iv, documented (onc)	Х	-	X	-	Χ	-
	Ajcc colon cancer, stage 0, documented (onc)	Х	-	Х	-	Х	-
	Ajcc colon cancer, stage i, documented (onc)	Х	-	Х	-	Χ	•
	Ajcc colon cancer, stage ii, documented (onc)	Х	-	X	-	Х	-
	Ajcc colon cancer, stage iii, documented (onc)	X	-	X	-	Х	-
	Ajcc colon cancer, stage iv, documented (onc)	Х	-	Х	-	Х	-
	Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)	Х	-	Х	-	Х	-
	Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9	Х	-	Х	-	Х	-
	Dyspnea screened, no dyspnea or mild dyspnea (pall cr)	Χ	-	Χ	-	X	-
3451F	Dyspnea screened, moderate or severe dyspnea (pall cr)	X	-	Х	-	X	-
	Dyspnea not screened (pall cr)	Χ	-	Χ	-	X	-
3455F	Tb screening performed and results interpreted within six months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra (ra)	Х	-	Х	-	Х	-
	Rheumatoid arthritis (ra) disease activity, low (ra)	Х	-	Χ	-	Х	-
	Rheumatoid arthritis (ra) disease activity, moderate (ra)	Х	-	Χ	-	Х	-
	Rheumatoid arthritis (ra) disease activity, high (ra)	Х	-	Χ	-	Х	=
	Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)	Х	-	Χ	-	X	-
3476F	Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)	X	-	Χ	-	Χ	=

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

			ge Employer	Individ	ual 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 he Pharmacy link option within the website.	e coding lists de	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
L .	History of aids-defining condition (hiv)	Х	_	Х	_	Х	_
	Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)	X	-	X	<u> </u>	X	<u> </u>
	History of nadir cd4+ cell count <350 cells/mm (hiv)	X	_	X	_	X	-
3493F	Thotoly of Hadii out to out to out thin (inv)						
	No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)	Х	-	Х	-	X	-
	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 rna 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	-
	Chlamydia and gonorrhea screenings documented as performed (hiv)	X	-	X	-	X	-
	Syphilis screening documented as performed (hiv)	X	_	X	_	X	-
	Hepatitis b screening documented as performed (hiv)	X	-	X	-	X	-
	Hepatitis c screening documented as performed (hiv)	X	_	X	_	X	-
3515F	Patient has documented immunity to hepatitis c (hiv)	X	-	X	-	X	-
	Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a						
	first course of anti-tnf (tumor necrosis factor) therapy (ibd)	Х	-	Х	-	Х	-
	Clostridium difficile testing performed (ibd)	Х	-	Х	_	Х	-
	Low risk for thromboembolism (afib)	X	-	X	_	X	-
	Intermediate risk for thromboembolism (afib)	X	-	X	-	X	-
	High risk for thromboembolism (afib)	X	-	X	_	X	-
	Patient had international normalized ratio (inr) measurement performed (afib)	X	-	X	-	X	-
	Final report for bone scintigraphy study includes correlation with existing relevant imaging studies						
1	(eg, x-ray, mri, ct	Х	-	Х	-	Х	-
	Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	-	Χ	-	Х	-
3573F	at not read to be potentially at not to made out a noight boaring one (noo_mos,						
	Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)	Х	-	Х	-	Х	-
	Electroencephalogram (eeg) ordered, reviewed or requested (epi)	Х	-	Х	_	Х	-
	Psych disorders assessed	X	-	X	_	X	-
	Cognit impairment assessed	X	-	X	-	X	-
	Screening for depression performed (dem)	X	_	X	-	X	-
	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	X	-	X	-	X	-
	Pt has symp plus signs neuropathy	X	-	X	-	X	-
	Screening tests dm done	X	_	X	-	X	-
	Cog and behav imprmnt scrng done	X		X			

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these the Pharmacy link option within the website.	coding lists of	lo not reflect information re	garding immu	ınizations, injectable drugs	s, or specialty med	dications and should be
	Pt /w pseudobulbar affect, sialorrhea or als rltd sysmptom	Х	_	Х	<u> </u>	Х	
	Pt /w no pseudobulbar affect, sialorrhea or als ritd sysmptom	X	-	X	-	X	-
	Pt ref pulmon fx test with peak flow	X	<u>-</u>	X	<u> </u>	X	-
	Pt scrn dysphag /wt loss/nutrition	X		X		X	
	Pt w/ dysphag /wt loss/nutr	X	_	X	_	X	<u> </u>
	Pt not exhbt dysphagia, wt loss, or impaired nutrition	X		X	_	X	<u> </u>
	Patient is dysarthric	X		X		X	
	Patient is 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, counseling (copu, cap, cau, astrina)(um)(pv)		_		_		
	Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)	Х	-	Х	-	Х	-
	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)	X	_	X	_	X	_
	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	Χ	-	Χ	-	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	X	-	X	-	X	-
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)	X	-	X	_	X	-
4033F	Pulmonary rehabilitation exercise training recommended (copd)	X	-	X	_	X	_
	Influenza immunization recommended (copd)(ibd)	X	_	X	_	X	-
	Influenza immunization ordered or administered (copd, pv)	X	-	X	-	X	_
	Pneumococcal vaccine administer or previously received (copd) (pv)	X	_	X	_	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

0		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
4041F	Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)	Х	_	Х	_	Х	_
	Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical			.,			
	incision nor given intra	X	-	Х	-	Х	=
4043F	Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of	Х	-	Х	-	Х	-
40445	surgical end time, card						
4044F	Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in	X	-	Х	-	Х	-
4045F	Appropriate empiric antibio0	Χ	-	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 fluoroquinolone or vancom	Х	-	Х	-	Х	-
4048F	Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroguinolon	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	-
4050F	Hypertension plan of care documented as appropriate (nma - no measure associated)	Х	-	Х	-	Х	-
	Referred for an arterio-venous (av) fistula (esrd)	Х	-	Х	-	Х	-
	Hemodialysis via functioning arterio-venous (av) fistula (esrd)	Х	-	Х	-	Х	-
	Hemodialysis via functioning arterio-venous (av) graft (esrd)	Х	-	Х	-	Х	-
	Hemodialysis via catheter (esrd)	Х	-	Х	-	Х	-
4055F	Patient receiving peritoneal dialysis (esrd)	Χ	-	Х	-	Х	-
4056F	Appropriate oral rehydration solution recommended (pag)	Χ	-	Х	-	Х	-
4058F	Pediatric gastroenteritis education provided to caregiver (pag)	Χ	-	Х	-	Х	-
4060F	Psychotherapy services provided (mdd)	Χ	-	Х	-	X	-
	Patient referral for psychotherapy documented (mdd)	Χ	-	Χ	-	Χ	
	Antidepressant pharmacotherapy considered and not prescribed (mdd adol)	Χ	-	Х	-	X	-
	Antidepressant pharmacotherapy prescribed (mdd)	Χ	-	Х	-	X	-
	Antipsychotic pharmacotherapy prescribed (mdd)	Χ	-	Х	-	X	-
	Electroconvulsive therapy (ect) provided (mdd)	Χ	-	Х	-	X	-
	Patient referral for electroconvulsive therapy (ect) documented (mdd)	Χ	-	Χ	-	X	-
	Venous thromboembolism (vte) prophylaxis received (ibd)	Χ	-	Х	-	X	-
	Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)	X	-	Χ	-	X	-
	Oral antiplatelet therapy prescribed at discharge (str)	Χ	-	X	-	X	-
	Anticoagulant therapy prescribed at discharge (str)	Χ	-	X	-	Х	-
4077F	Documentation that tissue plasminogen activator (t-pa) administration was considered (str)	Х	-	Х	-	Х	-
	Documentation that rehabilitation services were considered (str)	Χ	-	Χ	-	X	-
4084F	Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)	Х	-	Х	-	Х	-
4086F	Aspirin or clopidogrel prescribed or currently being taken (cad)	Х	-	Х	-	Χ	-
	Patient receiving erythropoietin therapy (hem)	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	ge Employer	Individ	ual 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, thes he Pharmacy link option within the website.	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Patient not receiving erythropoietin therapy (hem)	Х	-	Х	-	Х	-
	Bisphosphonate therapy, intravenous, ordered or received (hem)	X	=	X	-	X	-
	Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)	Х	-	Х	-	Х	-
4115F	Beta blocker administered within 24 hours prior to surgical incision (cabg)	Х	-	Х	-	Х	-
4120F	Antibiotic prescribed or dispensed (uri, phar)	Х	-	Χ	-	Х	-
4124F	Antibiotic neither prescribed nor dispensed (uri, phar)	Х	-	Χ	-	Х	-
4130F	Topical preparations (including otc) prescribed for acute otitis externa (aoe)	Х	-	Χ	-	Х	-
4131F	Systemic antimicrobial therapy prescribed (aoe)	Х	-	Χ	-	Х	-
4132F	Systemic antimicrobial therapy not prescribed (aoe)	Х	-	Χ	-	Х	-
	Antihistamines or decongestants prescribed or recommended (ome)	Х	-	Χ	-	Х	-
4134F	Antihistamines or decongestants neither prescribed nor recommended (ome)	Х	-	Χ	-	Х	-
	Systemic corticosteroids prescribed (ome)	Х	-	Χ	-	Х	-
4136F	Systemic corticosteroids not prescribed (ome)	Х	-	Χ	-	Х	-
4140F	Inhaled corticosteroids prescribed (asthma)	Х	-	Χ	-	Х	-
4142F	Corticosteroid sparing therapy prescribed (ibd)	Х	-	Χ	-	Х	-
4144F	Alternative long-term control medication prescribed (asthma)	Х	-	Χ	-	Х	-
4145F	Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)	Х	-	Χ	-	Х	-
	Hepatitis a vaccine injection administered or previously received (hep-c)	Х	-	Χ	-	Х	-
4149F	Hepatitis b vaccine injection administered or previously received (hep-c, hiv)	Х	-	Χ	-	Х	-
	Patient receiving antiviral treatment for hepatitis c (hep-c)	Х	-	Χ	-	Х	-
	Patient not receiving antiviral treatment for hepatitis c (hep-c)	Х	-	Χ	-	Х	-
	Combination peginterferon and ribavirin therapy prescribed (hep-c)	Х	-	Χ	-	Х	-
	Hepatitis a vaccine series previously received (hep-c)	Х	-	Χ	-	Х	-
4157F	Hepatitis b vaccine series previously received (hep-c)	Х	-	Χ	-	Х	-
4158F	Patient counseled about risks of alcohol use (hep-c)	Х	-	Χ	-	Х	-
4159F	Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)	Х	-	Χ	-	Х	-
	Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti	Х	-	Х	-	Х	-
	Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona	Х	-	Х	-	Х	-
4165F	Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1	Х	-	Х	-	Х	-
4167F	Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1	Х	-	Χ	-	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	-
4172F	Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1	Х	-	Х	-	Х	-
4174F	Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
4175F	Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger	Х	-	Х	-	Х	-
	Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention	Х	-	Х	-	Х	-
	Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr	Х	-	Х	-	Х	-
	Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1	Χ	-	Χ	-	Х	-
	Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1	Χ	-	Χ	-	X	-
	Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)	Х	-	Х	-	Х	-
	Conformal radiation therapy received (onc)1	Χ	-	Χ	-	Χ	-
	Conformal radiation therapy not received (onc)1	Χ	-	Χ	-	Χ	-
	Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger	Χ	-	Х	-	Х	-
4186F	No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec	Х	-	Х	-	Х	-
4187F	Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2	Χ	-	Χ	-	Х	-
4188F	Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered	Х	-	Х	-	Х	-
4189F	Appropriate digoxin therapeutic monitoring test ordered or performed (am)2	Х	-	Χ	-	Х	-
4190F	Appropriate diuretic therapeutic monitoring test ordered or performed (am)2	Χ	-	Х	-	Х	-
4191F	Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2	Χ	-	Χ	-	Х	-
4192F	Patient not receiving glucocorticoid therapy (ra)	Χ	-	Χ	-	Х	-
4193F	Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra)	Х	-	Х	-	Х	-
4194F	Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)	Х	-	Х	-	Х	-
	Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)	Х	-	Х	-	Х	-
	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 (prca)	Х	-	Х	-	Х	-
4201F	External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient	Х	-	Х	-	Х	-
	Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
4220F	Digoxin medication therapy for 6 months or more (mm)2	Х	-	Х	-	Х	-
4221F	Diuretic medication therapy for 6 months or more (mm)2	Х	-	Χ	-	Х	-
	Anticonvulsant medication therapy for 6 months or more (mm)2	Χ	-	Χ	-	Х	-
	Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las	Х	-	Х	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
4242F	Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks	Х	-	Х	-	Х	-
4245F	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 days or longer (bkp)2	Х	-	Х	-	Х	-
4250F	Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal	Х	-	Х	-	Х	-
	Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)	Х	-	Х	-	Х	-
4256F	Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)	Х	-	Х	-	х	-
4260E	Wound surface culture technique used (cwc)	Х	_	Х	_	Х	_
	Tech other than surfc cultr	X	-	X	-	X	
	Use of wet to dry dressings prescribed or recommended (cwc)	X		X	_	X	<u>-</u>
	Use of wet to dry dressings prescribed or recommended (cwc)	X	-	X	-	X	<del>-</del>
	Compression therapy prescribed (cwc)	X	_	X	_	X	-
4268F	Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc)	X	-	X	-	X	-
	Appropriate method of offloading (pressure relief) prescribed (cwc)	Х	-	Х	-	Х	_
	Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)	X	-	X	-	X	
	Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h	X	-	X	-	X	-
4274E	Influenza immunization administered or previously received (hiv)	Х	_	Х	_	Х	
	Potent antiretroviral therapy prescribed (hiv)	X	<u>-</u>	X	-	X	-
	Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)	X		X		X	
4280F	Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)	X	-	X	-	X	-
	Patient screened for injection drug use (hiv)	Х	_	Х	-	Х	_
	Patient screened for high-risk sexual behavior (hiv)	X		X		X	
	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	<u> </u>
4305F	Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)	X	-	X	-	X	-
4306F	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	Х	-	Х	-	Х	-
	Pt asked re symp auto dysfxn	X	-	X	-	X	-
	Pt asked re sleep disturb	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)	Х	_	Х	_	Х	_
	Counseling for women of childbearing potential with epilepsy (epi)	Х	-	Х	-	Х	-
4350F	Counseling provided on symptom management, end of life decisions, and palliation (dem)	Χ	-	Χ	-	Х	-
	Rehab thxpy options w/pt	Χ	-	Χ	-	X	-
	Self-care education provided to patient (hf)	Χ	-	Х	-	X	-
	Implantable cardioverter-defibrillator (icd) counseling provided (hf)	Χ	-	Χ	-	X	-
	Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)	Х	-	Х	-	Х	-
	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)	Χ	-	Χ	-	Χ	-
	Previous cardiac rehabilitation for qualifying cardiac event completed (cad)	Χ	-	Х	-	X	-
	Neuropsychiatric intervention ordered (dem)	Х	-	Х	-	X	-
	Neuropsychiatric intervention received (dem)	X	-	X	-	Х	-
	Disease modified pharmacothxpy	Х	-	Х	-	Х	-
	Pt offered tx for pseudobulb	X	-	X	-	Х	-
	Noninvas resp support talk	X	-	X	-	Х	-
	Nutritional support offered	X	-	X	-	X	-
	Pt ref for speech lang path	X	-	X	-	X	-
	Pt asst re end life issues Pt recvd inhal anesthetic	X	-	X	-	X	-
	Pt recvd no inhal anesthic	X	-	X	-	X	-
		X	-	X	-	X	-
	Ptw/3+ post-op nausea and vommiting Pt w/o 3+ pot-op nausea and vommiting	X	-	X	-	X	
	Pt recvd 2 rx anti-emetagnts	X		X		X	<u>-</u>
	1 bodytemp >=35.5 cw/in 30 mins	X	<u> </u>	X	_	X	<u> </u>
	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	X	-	Х	-	X	-
	Pt recvd aspirin w/in 24 hours	Х	-	Х	-	Х	-
	Patient counseled on self - examination for new or changing moles (ml)	X	-	X	-	X	-
5010F	Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)	Х	-	Х	-	Х	-
5015F	Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste	Х	-	Х	-	Х	-
5020F	Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co	Х	-	Х	-	Х	-
5050F	Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5	Х	-	Х	-	Х	-
	Findings from diagnostic mammogram communicated to practice managing patient; s on-going care within 3 business days of e	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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 the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
5062F	Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag	Х	-	Х	-	Х	-
5100F	Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med)	Х	-	Х	-	Х	-
	Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy	Х	-	Х	-	Х	-
	Asthma discharge plan present (asthma)	Х	-	Х	-	Х	-
6005F	Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.	Х	-	Х	-	Х	-
6010F	Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)	Х	-	Х	-	Х	-
6015F	Patient receiving or eligible to receive foods, fluids or medication by mouth (str)	Χ	-	Х	-	X	-
	Npo (nothing by mouth) ordered (str)	Χ	-	Χ	-	Х	-
6030F	All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a	Х	-	Х	-	Х	-
6040F	Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen	Х	-	Х	-	Х	-
6045F	Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5	Х	-	Х	-	Х	-
6070F	Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)	Χ	-	Х	-	Х	=
	Pt/caregiver queried falls	Х	-	Х	-	Х	-
6090F	Pt/caregiver counsel safety	Х	-	Х	-	Х	-
6100F	Timeout to verify correct patient, correct site, and correct procedure, documented (path)9	Χ	-	Χ	-	Х	-
6101F	Safety counsel dementia prov	Χ	-	Χ	-	Х	-
6102F	Safety counsel dementia ord	Χ	-	Χ	-	Х	-
	Counsel risks driving and alternatives	Χ	-	Х	-	Х	-
6150F	Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)	Χ	-	Χ	-	X	-
7010F	Patient information entered into a recall system that includes: target date for the next exam specified and a process to	Х	-	Х	-	Х	-
7020F	Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a	Х	-	Х	-	Х	-
7025F	Patient information entered into a reminder system with a target due date for the next mammogram (rad)5	Х	-	Х	-	Х	-
9001F	Immunohisto antibod add slid	Х	-	Х	-	Х	-
9002F	Aortic aneurysm 5-5.4cm diam	Х	-	Х	-	Х	-
9003F	Aortic anrysm5.5-5.9cm diam	Х	-	Х	-	Х	-
9004F	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	-
	Noninterest escort in non er	X	-	X	-	X	-
	Interest escort in non er	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		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, these	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	he Pharmacy link option within the website.	V		V	<u> </u>	V	
	Nonemergency transport taxi Nonemergency transport bus	X	-	X	-	X	-
	Noner transport mini-bus	X	-	X	-	X	-
	Noner transport rame-bus  Noner transport case worker	X	-	X		X	-
	Noner transport case worker  Noner transport parking fees	X	-	X		X	-
	Noner transport lodgng recip	X		X	_	X	
	Noner transport neals recip	X	<u> </u>	X		X	
	Noner transport fledigng escrt	X		X	_	X	
	Noner transport neals escort	X	-	X	_	X	_
	Ambulance waiting 1/2 hr	X	-	X	_	X	-
	Extra ambulance attendant	X	-	X	_	X	-
	Pi volunteer ambulance co	X	-	X	_	X	-
	Noncovered ambulance mileage	X	-	X	_	X	_
	Mirragen adv wnd mat per sq	X	-	X	-	X	_
	Bio-connekt wound matrix	Χ	-	Х	-	Х	-
A2004	Xcellistem, 1 mg	Х	-	Х	-	Х	-
	Microlyte matrix, per sq cm	Х	-	Х	-	Х	-
A2006	Novosorb synpath per sq cm	Χ	-	Х	-	X	-
A2008	Theragenesis, per sq cm	Χ	-	Х	-	X	-
A2009	Symphony, per sq cm	Χ	=	Х	-	Х	-
A2010	Apis, per square centimeter	Χ	-	Х	-	Х	-
	Supra sdrm, per square cm	Χ	-	Χ	-	Χ	-
A2012	Suprathel, per sq cm	Χ	-	Х	-	Х	-
	Omeza collagen matrix, per 100 mg	Χ	-	Х	-	X	
	Phoenix wound matrix, per square centimeter	Χ	=	Χ	-	X	-
A2016	Permeaderm b, per square centimeter	Χ	-	Χ	-	X	•
A2017	Permeaderm glove, each	Χ	-	Χ	-	X	-
	Permeaderm c, per square centimeter	Χ	-	Х	-	X	-
	Kerecis marigen shld sq cm	Χ	-	Χ	-	X	-
	Ac5 wound system	Χ	-	Х	-	X	-
	Neomatrix per sq cm	Χ	-	X	-	Χ	-
	Innovaburn or innovamatrix xl, per square centimeter	X	-	X	-	Х	-
	Innovamatrix pd, 1 mg	X	-	X	-	Х	-
	Resolve matrix, per square centimeter	X	-	X	-	X	-
	Miro3d, per cubic centimeter	X	-	X	-	Х	-
	Skin sub fda clrd as dev nos	X	-	Х	-	X	-
	Supplies for maintenance of insulin infusion pump	Х	-	Х	-	Χ	-
	Replacement battery, alkaline (other than j cell), for use with medically necessary home blood glucose monitor owned by	-		Х	-	-	-
	Replacement battery, alkaline, j cell, for use with medically necessary home blood glucose monitor owned by patient, eac	-	-	Х	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

Ü		Lar	rge Employer	Individ	ual 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.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Replacement battery, lithium, for use with medically necessary home blood glucose monitor owned						
	by patient, each	-	-	Х	-	-	-
	Replacement battery, silver oxide, for use with medically necessary home blood glucose monitor	_	_	X	-	_	-
	owned by patient, each		V		V		V
	Adju cgm supply allowance Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all	-	Х	-	X	-	X
	supplies and accessories, 1 month supply = 1 unit of service	-	Х	-	X	-	X
	Blood glucose/reagent strips	-	_	Х	-	-	_
	Replacement lens shield cartridge for use with laser skin piercing device, each	Х	-	X	-	Х	-
	Temporary tear duct plug	Χ	-	Х	-	Х	-
	Permanent tear duct plug	Χ	-	X	-	Х	-
	Paraffin	Χ	-	Х	-	Х	-
	Contraceptive supply, condom, male, each	X	-	X	-	Χ	-
	Contraceptive supply, condom, female, each	X	-	X	-	Х	-
	Contraceptive supply, spermicide (e.g., foam, gel), each	X	-	X	-	X	-
A4270 A4271	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	Χ	-	Χ	-	Х	=
	Cap for breast pump bottle, replacement	Χ	-	X	-	X	-
	Breast shield and splash protector for use with breast pump, replacement	Χ	-	Х	-	Х	-
	Polycarbonate bottle for use with breast pump, replacement	X	-	X	-	Х	-
	Locking ring for breast pump, replacement	X	-	X	-	X	-
	Disposable collection and storage bag for breast milk, any size, any type, each	X	-	X	-	X	-
	Cath impl vasc access portal Incontinence supply	X	-	X	-	X	<u>-</u>
	Rec cath man pump enema repl	X	-	X	-	X	<u> </u>
	Enema tube, with or without adapter, any type, replacement only, each	X	_	X	<u> </u>	X	
	Enema bag with tubing, reusable	X	_	X	_	X	-
	Manual pump enema, reusable	X	-	X	-	X	-
	Non-elastic extremity binder	Х	-	Х	-	Х	-
	Exsufflation belt, includes all supplies and accessories	Χ	-	Х	-	Х	-
	Above knee surgical stocking	-	-	X	-	-	-
	Thigh length surg stocking	-	-	Х	-	-	-
	Below knee surgical stocking	-	-	X	-	-	-
	Full length surg stocking	-	-	X	-	-	-
	Incontinence garment anytype	Χ	-	Х	-	Х	-
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	-	-	Х	-	-	-
	Monthly supplies for use of device coded at E0733	-	-	Х	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Х	-	Х	-	Х	-
A4550	Surgical trays	Х	-	Х	-	Х	-
A4553	Nondisp underpads, all sizes	Х	-	Х	-	Х	-
	Disposable underpads	Х	=	Х	-	Х	-
A4558	Conductive paste or gel	Х	-	Х	-	Х	-
A4560	Nmes disposable	Х	-	Х	-	Х	-
A4575	Hyperbaric o2 chamber disps	Х	-	Х	-	X	-
A4580	Cast supplies (plaster)	Х	-	Х	-	X	-
A4590	Special casting material	Х	-	Х	-	Х	-
	Tens suppl 2 lead per month	-	-	Х	-	Х	-
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	Х	-	Х	-	Х	-
A4601	Lithium ion battery for non-prosthetic use, replacement	Х	-	Х	-	X	-
A4604	Tubing with integrated heating element for use with positive airway pressure device	-	-	Х	-	-	-
A4611	Heavy duty battery	Х	-	Х	-	Х	-
A4612	Battery cables	Х	-	Х	-	Х	-
A4613	Battery charger	Х	-	Х	-	Х	-
A4630	Repl bat t.e.n.s. own by pt	Х	-	Х	-	X	-
A4634	Replacement bulb for therapeutic light box, tabletop model	Х	-	Х	-	Х	-
A4638	Replacement battery for patient-owned ear pulse generator, each	Х	-	Х	-	Х	-
A4639	Replacement pad for infrared heating pad system, each	Х	-	Х	-	Х	-
A4642	Satumomab pendetide per dose	Х	-	Х	-	X	-
A4660	Esrd blood pressure device	Х	-	Х	-	X	-
A4663	Esrd blood pressure cuff	Х	-	Х	-	Х	-
A4670	Auto blood pressure monitor	Х	-	-	X	-	Χ
A4680	Activated carbon filters	Х	-	Х	-	Х	-
A4690	Dialyzers	Х	-	Х	-	X	-
A4931	Oral thermometer, reusable, any type, each	Х	-	Х	-	X	-
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	-
A5505	Diab shoe w/metatarsal bar	Х	-	Х	-	Х	-
A5506	Diabetic shoe w/off set heel	Х	-	Х	-	Х	-
A5507	Modification diabetic shoe	Х	-	Х	-	Х	-
	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	-
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card	Х	-	Х	-	Х	-
A6413	Adhesive bandage, first-aid type, any size, each	Х	-	Х	-	Х	-
	Gradient compression garment, glove, padded, for nighttime use, each	-	-	X	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		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, thes he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	inizations, injectable drug	s, or specialty med	lications and should be
A6521	Gradient compression garment, glove, padded, for nighttime use, custom, each	-	-	Χ	-	-	-
A6522	Gradient compression garment, arm, padded, for nighttime use, each	-	-	Χ	-	-	-
A6523	Gradient compression garment, arm, padded, for nighttime use, custom, each	-	-	Χ	-	-	-
A6524	Gradient compression garment, lower leg and foot, padded, for nighttime use, each	-	-	Χ	-	-	-
A6525	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	_	_	
	Gradient compression garment, full leg and foot, padded, for nighttime use, custom, each	_	_	X	_	_	
	Gradient compression garment, bra, for nighttime use, each	_	-	X	_	_	-
	Gradient compression garment, bra, for nighttime use, custom, each		_	X	_	_	
	Gradient compression stocking, below knee, 18-30 mmhg, each	_	-	X	_	_	
	Gradient compression stocking, below knee, 30-40 mmhg, each	_	_	X	_	_	
	Gradient compression stocking, below knee, 40-50 mmhg, each	_	_	X	-	_	
	Gradient compression stocking, thigh length, 18-30 mmhg, each	_	-	X	-	_	-
	Gradient compression stocking, thigh length, 30-40 mmhg, each	_	-	X	-	_	-
	Gradient compression stocking, thigh length, 40-50 mmhg, each	_	_	X	_	_	
	Gradient compression stocking, full length/chap style, 18-30 mmhg, each	_	_	X	_	_	
	Gradient compression stocking, full length/chap style, 30-40 mmhg, each	_	_	X	_	_	
	Gradient compression stocking, full length/chap style, 40-50 mmhg, each		_	X	-	_	-
	Gradient compression stocking, waist length, 18-30 mmhg, each	_	-	X	-	_	-
	Gradient compression stocking, waist length, 30-40 mmhg, each		_	X	_	_	
Δ6541	Gradient compression stocking, waist length, 40-50 mmhg, each		-	X	_	_	-
	Gradient compression stocking, garter belt	_	_	X	_	_	
	Gradient compression wrap, non-elastic, below knee, 30-50 mm hg, each		-	X	-	_	-
	Gradient compression stocking/sleeve, not otherwise specified	_	_	X	_	_	
A6550	Gradient compression according alcove, not cancilwide appearate						
	Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each	-	Х	-	Х	-	Х
	Gradient compression stocking, below knee, 30-40 mm Hg, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, below knee, 40 mm Hg or greater, each	-	-	Χ	-	-	=
	Gradient compression stocking, below knee, 40 mm Hg or greater, custom, each	-	-	Х	-	-	=
	Gradient compression stocking, thigh length, 18-30 mm Hg, custom, each	-	-	Χ	-	-	-
	Gradient compression stocking, thigh length, 30-40 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, thigh length, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, full length/chap style, 18-30 mm Hg, custom, each	-	-	Χ	-	-	=
	Gradient compression stocking, full length/chap style, 30-40 mm Hg, custom, each	-	-	Х	-	-	=
A6561	Gradient compression stocking, full length/chap style, 40 mm Hg or greater, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 18-30 mm Hg, custom, each	-	-	Х	-	-	-
	Gradient compression stocking, waist length, 30-40 mm Hg, custom, each	-	-	X	-	-	-
	Gradient compression stocking, waist length, 40 mm Hg or greater, custom, each	-	-	X	-	-	-
-	Gradient compression gauntlet, custom, each	-	-	X	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: (	03/	22/	24
----------	-----	-----	----

		Laı	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, these he Pharmacy link option within the website.	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	Gradient compression garment, neck/head, each	_	_	Х	_	_	-
	Gradient compression garment, neck/head, custom, each	_	-	X	-	_	-
	Gradient compression garment, torso and shoulder, each	-	-	X	-	-	-
	Gradient compression garment, torso/shoulder, custom, each	-	-	Х	-	-	-
	Gradient compression garment, genital region, each	-	-	Х	-	-	-
	Gradient compression garment, genital region, custom, each	-	-	Х	-	-	-
	Gradient compression garment, toe caps, each	-	-	Χ	-	-	-
A6573	Gradient compression garment, toe caps, custom, each	-	-	Χ	-	-	-
A6574	Gradient compression arm sleeve and glove combination, custom, each	-	-	Χ	-	-	-
A6575	Gradient compression arm sleeve and glove combination, each	-	-	Χ	-	-	-
A6576	Gradient compression arm sleeve, custom, medium weight, each	-	-	Χ	-	-	-
A6577	Gradient compression arm sleeve, custom, heavy weight, each	-	=	Χ	-	-	-
A6578	Gradient compression arm sleeve, each	-	-	Χ	-	-	-
A6579	Gradient compression glove, custom, medium weight, each	-	-	Χ	-	-	-
A6580	Gradient compression glove, custom, heavy weight, each	-	-	Χ	-	-	-
	Gradient compression glove, each	-	-	Χ	-	-	-
A6582	Gradient compression gauntlet, each	-	-	Χ	-	-	-
A6583	Gradient compression wrap with adjustable straps, below knee, 30-50 mm Hg, each	-	-	Χ	-	-	-
A6584	Gradient compression wrap with adjustable straps, not otherwise specified	-	-	Χ	-	-	-
A6585	Gradient pressure wrap with adjustable straps, above knee, each	-	-	Χ	-	-	-
A6586	Gradient pressure wrap with adjustable straps, full leg, each	-	-	Х	-	-	-
A6587	Gradient pressure wrap with adjustable straps, foot, each	-	-	Χ	-	-	-
A6588	Gradient pressure wrap with adjustable straps, arm, each	-	-	Χ	-	-	-
A6589	Gradient pressure wrap with adjustable straps, bra, each	-	-	Χ	-	-	-
A6593	Accessory for gradient compression garment or wrap with adjustable straps, not otherwise			V			
	specified	-	-	Х	-	-	-
A6594	Gradient compression bandaging supply, bandage liner, lower extremity, any size or length, each	-	-	Х	-	-	-
A6595	Station Comprosion bandaging supply, bandage inter, lower extremity, any size of length, each						
	Gradient compression bandaging supply, bandage liner, upper extremity, any size or length, each	-		Х	-		<u>-</u>
A6596		_	_	Х	_	_	
	Gradient compression bandaging supply, conforming gauze, per linear yd, any width, each						
	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	-	-	Х	-	-	-
	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	-	-	Х	-	-	-
	Gradient compression bandaging supply, high density foam roll for bandage, per linear yd, any	_	_	Х	_	_	-
	width, each			,`			
A6603	Gradient compression bandaging supply, low density channel foam sheet, per 250 sq cm, each	-	-	Χ	-	-	-
	oradient compression bandaging supply, low density channel loam sneet, per 250 sq cm, each						

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
A6604				V			
	Gradient compression bandaging supply, low density flat foam sheet, per 250 sq cm, each	-	-	Х	-	-	-
A6605	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	-	-	-
A6607	Gradient compression bandaging supply, tubular protective absorption layer, per linear yd, any width, each	-	-	Х	-	-	-
A6608	Gradient compression bandaging supply, tubular protective absorption padded layer, per linear yd, any width, each	-	-	Х	-	-	-
A6609	Gradient compression bandaging supply, not otherwise specified	_	_	Х	_	_	_
	Gradient compression stocking, below knee, 18-30 mm Hg, custom, each	_	_	X	_	_	-
	Disposable canister for pump	_	_	-	Х	_	_
	Interface, cough stim device	_	Х	_	X	_	X
	Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical	Х	-	Х	-	Х	-
	High frequency chest wall oscillation system vest, replacement for use withpatient owned	-	-	X	-	-	-
A7026	equipment, each High frequency chest wall oscillation system hose, replacement for use withpatient owned equipment, each	-	-	Х	-	-	-
Λ <b>7</b> 027	Combination oral/nasal mask, used with continuous positive airway pressure device, each		_	Х	_		_
	Oral cushion for combination oral/nasal mask, replacement only, each	_		X	_	<del></del>	
	Nasal pillows for combination oral/nasal mask, replacement only, pair		<u>-</u>	X	_	<del></del>	
	Full face mask used with positive airway pressure device, each	_	_	X	_	_	
	Face mask interface, replacement for full face mask, each		_	X	_	_	
	Replacement cushion for nasal application device, each	_	_	X	_	_	-
	Replacement pillows for nasal application device, pair	_	_	X	_	_	-
	Nasal interface (mask or cannula type) used with positive airway pressuredevice, with or without head strap	-	-	Х	-	-	-
Δ7035	Headgear used with positive airway pressure device	_	_	Х	_	_	_
	Chinstrap used with positive airway pressure device		<u>-</u>	X	-	<del></del>	
	Tubing used with positive airway pressure device			X		<u> </u>	
	Filter, disposable, used with positive airway pressure device	_		X	_	<u> </u>	
	Filter, non disposable, used with positive airway pressure device			X	_	<u> </u>	
	Oral interface used with positive airway pressure device, each			X		<u> </u>	
	Repl exhalation port for pap		_	X	_	_	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	-	-	X	-	-	-
Δ7040	Epap nasal valve	Х		Х	_	Х	
	Misc/exper non-prescript dru	X	-	X		X	-
	Single vitamin nos	X		X	-	X	-
	Multi-vitamin nos	X	-	X	-	X	-
	Artificial saliva, 30 ml	X		X		X	
	Naturopaths	X		X		X	-
	Programmer for transient, orally ingested capsule	X		X	_	X	_
A3200	r regrammer for transfert, orany ingested capsule	^				Λ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
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	-
A9272	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	-	Х	-	Х	-	X
	Receiver (monitor); external, for use with interstitial continuous glucose monitoring system	-	Х	-	Х	-	Χ
	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	-
A9282	Wig, any type, each	Х	-	Х	-	Х	-
	Foot pressure off loading/supportive device, any type, each	Х	-	Х	-	Х	-
	Inversion eversion cor devic	Х	-	Х	-	Х	=
A9286	Any hygienic item, device	Х	-	Х	-	Х	=
	Pres digital behav thera fda	Х	-	Х	-	Х	-
A9292	Prescription digital visual therapy, software-only, fda cleared, per course of treatment	Х	-	Х	-	X	-
	Fertility cycle (contraception & conception) tracking software application, fda cleared, per month, includes accessories (e.g., thermometer)	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	-
A9508	lobenguane sulfate i-131	Х	-	Х	-	Х	-
A9532	Supply of radiopharmaceutical therapeutic agent, iodinated i-125, serumm albumin, 5 microcuries	Х	-	Х	-	Х	-
	Technetium tc-99m depreotide, diagnostic, per study dose, up to 35 millicuries	Х	-	Х	-	X	-
	Cobalt co-57/58, cyanocobalamin, diagnostic, per study dose, up to 1 microcurie	Х	-	Χ	-	Х	-
	Technetium tc-99m sodium gluceptate, diagnostic, per study dose, up to 25 millicuries	Х	-	Х	-	Х	-
A9559	Cobalt co-57 cyanocobalamin, oral, diagnostic, per study dose, up to 1 microcurie	Х	-	Х	-	X	-
	Technetium tc-99m fanolesomab, diagnostic, per study dose, up to 25 millicuries	Χ	-	Χ	-	Х	1
	Technetium tc-99m arcitumomab, diagnostic, per study dose, up to 45 millicuries	Х	-	Χ	-	Х	-
	Air poly intrauterine foam	Х	-	Χ	-	Х	-
A9586	Florbetapir f18, diagnostic, per study dose, up to 10 millicuries	Х	-	Χ	-	Х	-
	Strontium-89 chloride	Χ	-	Χ	-	Х	-
	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	-	Х	-	Х	-	Χ
	Injection, carboxydextran-coated superparamagnetic iron oxide, per study dose	Χ	-	Χ	-	Х	=
A9901	Delivery/set up/dispensing	Χ	-	X	-	X	-
B4100	Food thickener, administered orally, per ounce	Χ	-	Х	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Lar	ge Employer	Individ	ual 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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
B4105	In-line cartridge containing digestive enzyme(s) for enteral feeding, each	Χ	-	Х	-	Х	-
C1734	Orth/devic/drug bn/bn,tis/bn	Χ	-	Х	-	X	-
C1747	Endoscope, single-use (i.e. disposable), urinary tract, imaging/illumination device (insertable)	Х	-	Х	-	Х	-
C1748	Endoscope, single, ugi	Χ	-	Χ	-	X	-
C1749	Endoscope, retrograde imaging/illumination colonoscope device implantable)	Χ	-	Х	-	X	-
	Catheter, intradiscal	Χ	-	Χ	-	X	-
	Catheter, intracardiac echocardiography	Χ	-	Х	-	X	-
	Imaging coil, magnetic resonance (insertable)	Χ	-	Х	-	X	-
	Retrieval device, insertable (used to retrieve fractured medical devices)	Χ	=	Х	-	X	=
	Prothesis, penile, inflatable	-	=	Χ	-	-	=
	Prothesis, urinary sphincter (implantable)	-	X	X	-	-	X
	Tissue localization excision	Х	-	X	-	Х	-
	Interspinous process distraction device (implantable) x-stop	X	-	X	-	Х	-
	Generator, ccm, implant	Χ	-	Х	-	Χ	-
	Gen, neuro, carot sinus baro	-	Х	-	Х	-	X
	Personalized interbody cage	X	-	X	-	X	-
	Auto cell process sys	Χ	-	Х	-	Х	-
C1834	Pressure sensor system, includes all components (e.g., introducer, sensor), intramuscular (implantable), excludes mobile (wireless) software application	-	Х	-	Х	-	X
	Lens, intraocular (telescopic)	Χ	-	Х	-	X	-
	Retinal prosthesis, includes all internal and external components; add-on	Χ	-	Χ	-	X	-
	Retinal prosthesis	Χ	-	Х	-	X	-
	Skin substitute, synthetic	Χ	-	Х	-	X	-
	Dialysis access system (implantable)	Χ	-	Χ	-	X	-
	No implantable/insertable device used with device-intensive procedures	Χ	-	Χ	-	X	-
	Infusion pump, non-programmable, permanent (implantable)	-	X	-	X	-	X
	Lung bx plug w/deliv sys	Χ	-	Χ	-	X	-
	Probe, percutaneous lumbar discectomy	Χ	=	X	-	X	=
	Prothesis, penile, non-inflatable	-	-	Х	-	-	-
	Wireless pressure sensor	-	X		X	-	X
	Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х	-	Х	-	X
C7505	Percutaneous vertebroplasties (bone biopsies included when performed), first lumbosacral and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance	-	Х		Х	-	X
	Percutaneous vertebral augmentations, first thoracic and any additional thoracic or lumbar vertebral bodies, including cavity creations (fracture reductions and bone biopsies included when performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations, inclusive of all imaging guidance	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
· .	Percutaneous vertebral augmentations, first lumbar and any additional thoracic or lumbar vertebral						
	bodies, including cavity creations (fracture reductions and bone biopsies included when		.,				
	performed) using mechanical device (eg, kyphoplasty), unilateral or bilateral cannulations,	-	X	-	Х	-	X
	inclusive of all imaging guidance						
	Injection, glucarpidase, 10 units	Х	-	Х	-	Х	-
	Skin substitute, integra meshed bilayer wound matrix, per square centimeter	-	-	Х	-	-	-
C9725	Placement of endorectal intracavitary applicator for high intensity brachytherapy	Χ	-	Х	-	Х	-
	Placement and removal (if performed) of applicator into therapy	Χ	-	Х	-	Х	-
	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with or	V		. V		V	
	without magnetic resonance (mr) guidance	Х	-	Х	-	Х	-
	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	Χ	-	Х	-	Х	-
	primary procedure)						
C9757	Spine/lumbar disk surgery	Χ	-	Х	-	Х	-
C9758	Interatrial shunt ide	-	X	-	X	-	Х
C9760	Non-blind interatrial shunt	-	Χ	-	Х	-	Χ
C9776	Intraoperative near-infrared fluorescence imaging of major extra-hepatic bile duct(s) (e.g., cystic						
	duct, common bile duct and common hepatic duct) with intravenous administration of indocyanine	Χ	-	Х	-	Х	-
	green (icg) (list separately in addition to code for primary procedure)						
C9781	Arthro/shoul surg; w/spacer	-	Х	-	Х	-	Х
C9782	Blind myocar trpl bon marrow	Χ	-	Х	-	Х	-
C9783	Blind cor sinus reducer impl	Χ	-	Х	-	Х	-
C9784	•						
	Gastric restrictive procedure, endoscopic sleeve gastroplasty, with esophagogastroduodenoscopy and intraluminal tube insertion, if performed, including all system and tissue anchoring components	Х	-	Х	-	Х	-
C9785	Endoscopic outlet reduction, gastric pouch application, with endoscopy and intraluminal tube		.,				
	insertion, if performed, including all system and tissue anchoring components	-	X	-	X	-	X
	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue,			.,			
	including image guidance	X	-	Х	-	Х	-
	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	V		. v		V	
	access, including all imaging necessary to intra procedurally map the coronary sinus for optimal	X	-	Х	-	Х	-
	shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in						
	an approved investigational device exemption (ide) study)						
	3D predictive model generation for preplanning of a cardiac procedure, using data from cardiac			.,			
	computed tomographic angiography with report	Х	-	Х	-	Х	-
	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including						
	image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions,	-	X	Х	-	-	Χ
	entire course not to exceed 5 fractions						

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
C9899	Implanted prosthetic device, payable only for inpatients who do not have inpatient coverage	Х	-	Х	-	Х	-
	Periodic oral examination	Х	_	_	_	_	
	Limited oral evaluation - problem-focused	X	-	_	_	_	-
D0145		Х	-	-	-	-	-
	Oral evaluation for a patient under three years of age and counseling with primary caregiver Comprehensive oral evaluation	Х		_			
	Detailed and extensive oral evaluation - problem-focused, by report	X	-	-	-	-	-
	Re-evaluation - limited problem focused (established patient; not post-operative visit)	X	-	X	-	X	-
	Re-evaluation - inflied problem focused (established patient, not post-operative visit)  Re-evaluation- post operative office visit	X	-	X	-	X	-
	Comprehensive periodontal evaluation - new or established patient	X	-	X	-	X	-
	A screening, including state or federally mandated screening, to determine an individual's need to	Λ	-	Λ	-		-
	be seen by a dentist	Х	-	Х	-	Х	-
	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	-
	Intraoral- complete series of radiographic images	Х	-	-	-	-	-
	Intraoral- periapical first radiographic image	Х	-	Х	-	Х	-
D0230	Intraoral- periapical each additional radiographic image	Х	-	Х	-	Х	-
D0240	Intraoral- occlusal radiographic image	Х	-	Х	-	Х	-
	Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector	Х	-	Х	-	Х	-
	Extra-oral posterior dental radiographic image	Х	_	Х	_	Х	-
	Bitewing- single radiographic image	X	_	-	_	-	-
	Bitewings- two radiographic images	X	-	_	-	_	_
	Bitewings- three radiographic images	X	_	_	_	_	-
	Bitewings- four radiographic images	X	_	_	_	_	-
	Vertical bitewings- 7 to 8 radiographic images	X	-	-	_	-	-
	Sialography	X	-	Х	_	Х	-
	Tomographic survey	X	-	X	-	X	-
	Panoramic radiographic image	X	-	-	-	-	-
	2d cephalometric radiographic image-acquisition, measurement and analysis	Х	-	Х	-	Х	-
	2d oral/facial photographic image obtained intra-orally or extra-orally	X	-	X	-	X	-
	3d photographic image	X	-	X	-	X	-
	Cone beam ct capture and interpretation with limited field of view-less than one whole jaw	X	-	X	-	X	-
	Cone beam ct capture and interpretation with field of view of one dental arch-mandible	Х	-	X	-	Х	-
D0366	Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium	Х	-	Х	-	X	-
D0367	Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium	Х	-	Х	-	Х	-
	Cone beam ct capture and interpretation for tmj series including two or more exposures	Х	-	Х	-	Х	-
	Maxillofacial mri capture and interpretation	X	-	X	-	X	-
	Maxillofacial ultrasound capture and interpretation	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual Benchmark**	Small Em	ployer and Individual
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: F	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
D0371	Sialoendoscopy capture and interpretation	Χ	-	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	-
	Cone beam ct image capture with limited field of view- less than one whole jaw	Χ	-	Х	-	Х	-
D0381	Cone beam ct image capture with field of view of one full dental arch-mandilbe	Χ	-	Х	-	X	-
	Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium	Х	-	Х	-	Х	-
D0383	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	Χ	-	Х	-	Х	-
D0385	Maxillofacial mri image capture	Χ	-	Х	-	X	-
	Maxillofacial ultrasound image capture	Χ	-	Х	-	X	-
D0387	Intraoral tomosynthesis - comprehensive seris of rediographic images - image capture only	Х	-	Х	-	Х	-
	Intraoral tomosynthesis - bitewing radiographic image - image capture only	Х	-	Х	-	Х	-
	Intraoral tomosynthesis - periapical radiographic image- image capture only	Х	-	Х	-	Х	-
D0391	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	Χ	-	Х	-	Х	-
	Fusion of two or more 3d image volumes of one or more modalities	Х	-	Х	-	Х	-
	3D printing of a 3D dental surface scan	Х	-	Х	-	Х	-
D0411	Hba1c in-office point of service testing	Х	-	Х	-	Х	-
	Blood glucose level test-in-office using a glucose meter	Χ	-	Х	-	Х	-
D0414	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	Х	-	Х	-	Х	-
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	Χ	-	Х	-	Х	-
	Analysis of saliva sample	Х	-	Х	-	Х	-
D0419	Assessment of salivary flow by measurement	Х	-	Х	-	X	-
	Collection and preparation of genetic sample material for laboratory analysis and report	Х	-	Х	-	X	-
	Genetic test for susceptibility to diseases- specimen analysis	Х	-	Х	-	X	-
D0425	Caries susceptibility tests	Χ	-	Х	-	X	-
D0431	Diag tst detect mucos abnorm	Х	-	Х	-	Х	-
D0460	Pulp vitality tests	Х	-	Х	-	Х	-
	Diagnostic casts	Х	-	Х	-	Х	-
D0472	Accession of tissue gross examination prep/transmission of written report	Χ	-	Х	-	Χ	-
	Accession of tissue gross and microscopic examination prep/trans of report	Χ	-	Χ	-	Χ	-
	Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report	Х	-	Х	-	Х	-
	Decalcification procedure	Х	-	Х	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Lar	rge Employer	Individ	ual 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.	coding lists d	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
	Spec stains for microorganis	Х	_	Х	_	Х	
	Spec stains not for microorg	X	-	X	_	X	-
	Immunohistochemical stains	X	-	X	-	X	-
D0479	Tissue in-situ hybridization	Х	-	Х	-	Х	-
	Processing and interpretation of cytologic smears incl the prep/trans of written report	Χ	-	Х	-	Х	-
	Electron microscopy	Χ	-	Х	-	Х	-
	Direct immunofluorescence	Χ	-	Χ	-	Х	-
	Indirect immunofluorescence	Χ	-	X	-	X	-
	Consult slides prep elsewher	Χ	-	Х	-	X	-
	Consult inc prep of slides	Χ	-	Χ	-	X	-
	Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report	Х	-	Х	-	Х	-
D0502	Other oral pathology procedures, by report	Χ	-	Х	-	Х	-
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in 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	-
D0636	Cone beam - three-dimensional image reconstruction using existing data, includes multiple images	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	Χ	-	Х	-	Х	-
	3-d photographic image – image capture only	Χ	-	Х	-	Х	-
D0705	Extra-oral posterior dental radiographic image – image capture only	Χ	-	Х	-	Х	-
	Intraoral – occlusal radiographic image – image capture only	Χ	-	Χ	-	Х	-
	Intraoral – periapical radiographic image – image capture only	Χ	-	Χ	-	X	-
	Intraoral – bitewing radiographic image – image capture only	Χ	-	Х	-	X	-
	Intraoral – complete series of radiographic images – image capture only	Χ	-	X	-	X	-
	3d dental scan direct	Χ	-	Х	-	Χ	-
	3d dental scan indirect	Χ	-	X	-	Х	-
	3d facial scan direct	Χ	-	Х	-	Х	-
	3d facial scan indirect	Х	-	X	-	Х	-
	Unspecified diagnostic procedure, by report	X	-	X	-	Х	-
	Prophylaxis-adult	X	-	X	-	X	-
	Prophylaxis-child	X	-	X	-	X	-
	Topical application of fluoride varnish	X	-	X	-	X	-
	Topical application of fluoride- excluding varnish	X	-	X	-	X	-
	Immunization counseling	X	-	X	-	X	-
	Nutritional counseling for the control of dental disease  Tobacco counseling for the control and prevention of oral disease	X	-	X	-	X	-
D1320	robacco counseling for the control and prevention of oral disease	Λ	-	Λ	-	Λ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		La	rge Employer	Individ	ual Benchmark**	Small Employer and Individual					
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required				
	lisclaimer: 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 irected to the Pharmacy link option within the website.										
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	Х	-	Х	-	Х	-				
	Interim caries arresting medicament application-per tooth	Х	-	X	-	X	-				
D1355	Caries preventive medicament application – per tooth	Х	-	Х	-	Х	-				
	Space maintainer-fixed unilateral	Х	-	Х	-	Х	-				
D1516	Space maintainer-fixed-bilateral, maxillary	Х	-	Х	-	Х	-				
	Space maintainer-fixed-bilateral, mandibular	Х	-	Х	-	Х	-				
	Space maintainer-removable unilateral	Х	-	Х	-	X	-				
	Space maintainer -removable-bilateral, maxillary	Х	-	Х	-	Х	-				
	Space maintainer -removable-bilateral, mandibular	Х	-	Х	-	Х	-				
	Re-cement or re-bond bilateral space maintainer-maxillary	Х	-	Х	-	Х	-				
	Re-cement or re-bond bilateral space maintainer-mandibular	Х	-	Х	-	Х	-				
	Re-cement or re-bond unilateral space maintainer-per quadrant	Х	-	Х	-	Х	-				
	Removal of fixed unilateral space maintainer- per quadrant	Х	-	Х	-	Х	-				
	Removal of fixed bilateral space maintainer- maxillary	Х	-	Х	-	Х	-				
	Removal of fixed bilateral space maintainer- mandibular	Х	-	Х	-	Х	-				
	Distal shoe space maintainer-fixed-unilateral	Х	-	Х	-	Х	-				
	Vaccine administration - human papillomavisrus - dose 1	Х	-	Х	-	Х	-				
	Vaccine administration - human papillomavisrus - dose 2	Х	-	Х	-	Х	-				
	Vaccine administration - human papillomavisrus - dose 3	Х	-	Х	-	Х	-				
	Unspecified preventive procedure, by report	Х	-	Х	-	Х	-				
	Amalgam-one surface, permanent	Х	-	X	-	Х	-				
	Amalgam-two surfaces, permanent	Х	-	Х	-	Х	-				
	Amalgam-three surfaces, permanent	Х	-	Х	-	Х	-				
	Amalgam-fouror more surfaces, permanent	Х	-	Х	-	Х	-				
	Resin-one surface, anterior	Х	-	Х	-	Х	-				
	Resin-two surfaces, anterior	X	-	Х	-	X	-				
	Resin-three surfaces, anterior	Х	-	Х	-	Х	-				
	Resin-fouror more surfacesor involving incisal angle (anterior)	X	-	X	-	X	-				
	Resin-based composite crown, anterior	Х	-	X	-	X	-				
	Resin-based composite - one surface, posterior	Х	-	Х	-	X	-				
	Resin-based composite - two surfaces, posterior	X	-	X	-	X	-				
	Resin-based composite - three surfaces, posterior	X	-	X	-	X	-				
	Resin-based composite - four or more surfaces, posterior	Х	-	X	-	Х	-				
	Gold foil-one surface	Х	-	X	-	X	-				
	Gold foil-two surfaces	Х	-	Х	-	X	-				
	Gold foil-three surfaces	X	-	X	-	X	-				
	Inlay-metallic-one surface	X	-	Х	-	X	-				

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9		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, these the Pharmacy link option within the website.	coding lists of	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Inlay-metallic-two surfaces	Х	_	Х	_	Х	_
	Inlay-metallic-two surfaces	X	<u>-</u>	X	<u> </u>	X	-
	Onlay - metallic - two surfaces	X		X	_	X	
	Onlay - metallic - three surfaces	X		X		X	_
	Onlay - metallic - four or more surfaces	X	_	X	_	X	_
	Inlay-porcelain/ceramic-one surface	X	_	X	_	X	_
	Inlay-porcelain/ceramic-two surfaces	X		X		X	
	Inlay-porcelain/ceramic-three surfaces	X	_	X	_	X	
	Onlay - porcelain/ceramic - two surfaces	X	_	X	_	X	
	Onlay - porcelain/ceramic - three surfaces	X	_	X	_	X	_
	Onlay - porcelain/ceramic - four or more surfaces	X	_	X	_	X	_
	Inlay-composite/resin-one surface (laboratory processed)	X	_	X		X	
	Inlay-composite/resin-two surfaces (laboratory processed)	X	_	X	-	X	_
	Inlay-composite/resin-three surfaces (laboratory processed)	X	_	X	_	X	_
	Onlay - composite/resin - two surfaces (laboratory processed)	X	-	X	-	X	-
	Onlay - composite/resin - three surfaces (laboratory processed)	X	_	X	_	X	_
	Onlay - composite/resin - four or more surfaces (laboratory processed)	X		X		X	
	Crown resin (laboratory)	X	_	X	_	X	
	Crown 3/4 resin-based compos	X	-	X	_	X	_
	Crown-resin with high noble metal	X	_	X	_	X	_
	Crown-resin with predominantly base metal	X	_	X	_	X	
	Crown-resin with noble metal	X	_	X	_	X	
	Crown-porcelain/ceramic	X	_	X	_	X	_
	Crown-porcelain fused to high noble metal	X	_	X	_	X	-
	Crown-procelain fused to predominantly base metal	X	_	X	_	X	
	Crown-porcelain fused to noble metal	X	_	X	_	X	_
	Crown-porcelain fused to titanium and titanium alloys	X	_	X	_	X	_
	Crown - 3/4 cast high noble metal	X	-	X	_	X	_
	Crown - 3/4 cast predominately base metal	X	_	X	_	X	<u>-</u>
	Crown - 3/4 cast noble metal	X	_	X	_	X	
	Crown - 3/4 porcelain/ceramic	X	_	X	_	X	_
	Crown-full cast high noble metal	X	_	X	_	X	_
	Crown-full cast predominantly base metal	X	_	X	_	X	_
	Crown-full cast noble metal	X	_	X	_	X	-
	Crown-titanium	X	_	X	_	X	-
D2799	Orown didnight						
	Provisional crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-	Х	-	Х	-
	Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration	Х	-	Х	-	Χ	-
	Re-cement or re-bond indirectly fabricated or prefabricated post and core	X	-	X	-	X	-
	Re-cement or re-bond crown	X	-	X	-	X	-
	Reattachment of tooth fragment, incisal edge or cusp	X	-	X	-	Χ	-
D2928	Prefabricated porcelain/ceramic crown – permanent tooth	X	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	, or specialty med	dications and should be
	Prefabricated porcelain/ceramic crown- primary tooth	Х	_	Х	_	Х	_
	Prefabricated stainless steel crown-primary tooth	Х	-	X	-	X	-
	Prefabricated stainless steel crown-permanent tooth	Х	-	Х	-	Х	-
	Prefabricated resin crown	Х	-	Х	-	Х	-
	Prefabricated stainless steel crown with resin window	Х	-	Χ	-	Х	-
D2934	Prefab steel crown primary	Х	-	Х	-	X	-
D2940	Protective restoration	Х	-	Х	-	X	-
D2941	Interim therapeutic restoration- primary dentition	Х	-	Χ	-	Х	-
D2949	Restorative foundation for an indirect restoration	Х	-	Χ	-	Х	-
D2950	Core buildup, including any pins when required	Х	-	Χ	-	Х	-
	Pin retention-per tooth, in addition to restoration	Х	-	Χ	-	Х	-
D2952	Cast post and core in addition to crown	Х	-	Χ	-	X	-
D2953	Each additional cast post - same tooth	Х	-	Χ	-	X	-
D2954	Prefabricated post and core in addition to crown	Х	-	Χ	-	Х	-
D2955	Post removal	Х	-	Χ	-	Х	-
D2957	Each additional prefabricated post - same tooth	Х	-	Χ	-	Х	-
D2960	Labial veneer (laminate)-chairside	Х	-	Χ	-	X	-
D2961	Labial veneer (resin laminate)-laboratory	Х	-	Χ	-	X	-
D2962	Labial veneer (porcelain laminate)-laboratory	Х	-	Χ	-	Х	-
D2971	Add proc construct new crown	Х	-	Χ	-	Х	-
D2975	Coping	Х	-	Χ	-	X	-
D2976	Band stabilization – per tooth	Χ	-	Χ	-	X	-
D2980	Crown repair necessitated by restorative material failure	Х	-	Х	-	X	-
	Inlay repair necessitated by restorative material failure	Х	-	Χ	-	X	•
	Onlay repair necessitated by restorative material failure	Χ	-	Χ	-	X	-
	Veneer repair necessitated by restorative material failure	Х	-	Χ	-	X	-
	Excavation of a tooth resulting in the determination of non-restorability	Х	-	Χ	-	X	-
D2990	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	-	Χ	-	X	-
	Unspecified restorative procedure, by report	Χ	-	Χ	-	X	-
D3110	Pulp cap-direct (excluding final restoration)	Χ	-	Χ	-	X	-
D3120	Pulp cap-indirect (excluding final restoration)	Х	-	Χ	-	Х	-
D3220	Therapeutic pulpotomy (excluding final restoration)	Χ	-	Χ	-	X	•
D3221	Gross pulpal debridement primary and permanent teeth	Χ	-	Χ	-	X	-
	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	Χ	-	Χ	-	X	-
	Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud	X	-	Χ	-	Χ	-
	Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu	X	-	Χ	-	Χ	-
	Anterior (excluding final restoration)	Χ	-	Χ	-	X	=
	Endodontic therapy, premolar tooth (excluding final restoration)	Χ	-	Χ	-	Χ	-
D3330	Endodontic therapy, molar tooth (excluding final restoration)	X	-	Χ	-	Χ	-
D3331	Treatment of root canal obstruction; non-surgical access	Χ	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

			ge 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 he Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Incomplete endodontic therapy; inoperable or fractured tooth	Х	_	Х	_	Х	
	Internal root repair of perforation defects	X	<u>-</u>	X	-	X	<u> </u>
	Retreatment-anterior, by report	X		X	-	X	<u>-</u>
	Retreatment of previous root canal therapy-premolar	X	<u> </u>	X	-	X	<u> </u>
	Retreatment-molar, by report	X	-	X		X	<u> </u>
	Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root	^	-		-	^	<u> </u>
DSSST	resorption, etc.)	Х	-	Х	-	Х	-
	Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	Х	-	Х	-	Х	-
	Apexification/recalcification-final visit (includes completed root can	Х	-	Χ	-	Х	-
	Pulpal regeneration- initial visit	X	-	Х	-	X	-
	Pulpal regeneration- interim medication replacement	Х	-	Х	-	Х	=
	Pulpal regeneration- completion of treatment	Х	-	Х	-	Х	=
	Apicoectomy-anterior	Х	-	Х	-	Х	-
	Apicoectomy-premolar (first root)	Х	-	Х	-	Х	=
	Apicoectomy - molar (first root)	Х	-	Χ	-	Х	-
	Apicoectomy - (each additional root)	Х	-	Х	-	Х	=
	Bone graft in conjunction with periradicular surgery- per tooth, single site	Х	-	Х	-	Х	=
D3429	Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site	Х	-	Х	-	Х	-
	Retrograde filling-per root	Х	_	Х	_	Х	-
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	Х	-	Х	-	X	-
D3432	Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery	Х	-	Х	-	Х	-
D3450	Root amputation-per root	Χ	-	Χ	-	Х	-
D3460	Endodontic endosseous implant	Χ	-	Χ	-	Х	-
D3470	Intentional replantation (including necessary splinting)	Χ	-	Χ	-	Х	-
	Surgical repair of root resorption - anterior	Χ	-	Χ	-	Х	-
D3472	Surgical repair of root resorption – premolar	Х	-	Х	-	Х	-
D3473	Surgical repair of root resorption – molar	Χ	-	Χ	-	Х	-
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	-
D3910	Surgical procedure for isolation of tooth with rubber dam	Х	-	Х	-	Х	-
	Intraorifice barrier	Х	-	Χ	-	Х	-
D3920	Hemisection (including any root removal), not including root canal the	Х	-	Х	-	Х	-
	Decoronation or submergence of an erupted tooth	Х	-	Х	-	Х	-
	Canal preparation and fitting of preformed dowelor post	Х	-	Х	-	Х	-
	Unspecified endodontic procedure, by report	Χ	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	garding immu	inizations, injectable drug	s, or specialty med	dications and should be	
	Gingivectomyor gingivoplasty-per quadrant	Х	_	Х	<u> </u>	Х	_	
	Gingivectomyor gingivoplasty-per quadrant Gingivectomyor gingivoplasty-per tooth	X	-	X	-	X	-	
	Gingivectorryor gingivoplasty-per tourn  Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth	X	-	X		X	-	
D4212	Gingivectority of gingivoplasty to allow access for restorative procedure, per tootif	^	-	^	-	^	-	
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	Χ	-	Х	-	X	-	
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	X	_	X	_	X		
	Gingival flap procedure, including root planing - one to three teeth, perquadrant	X	_	X	_	X	_	
	Apically positioned flap	X	_	X	_	X	_	
	Crown lengthening-hard and soft tissue, by report	X	_	X	_	X		
	Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous							
D4200	teeth or tooth bounded spaces per quadrant	X	-	X	-	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	-	
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	Х	_	Х	_	Х	_	
	Bone replacement graft - retained natural tooth - each additional site in quadrant	X	_	Х	-	X	_	
	Biologic materials to aid in soft and osseous tissue regeneration	X	_	X	_	X	-	
	Guided tissue regeneration - resorbable barrier, per site, per tooth	X	_	Х	_	X	-	
	Guided tissue regeneration - non-resorbable barrier, per site, per too	X	_	Х	_	X	_	
	Surgical revision procedure per tooth	X	_	X	_	X	_	
	Pedicle soft tissue graft procedure	X	_	Х	_	X	_	
	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first							
	tooth, implant, or edentulous tooth position in graft	X	-	Х	-	Х	=	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical				.,		.,	
	procedures in the same anatomical area)	X	-	Х	-	Х	=	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth,	V						
	implant, or edentulous tooth position in graft	X	-	Х	-	Х	-	
D4276	Combined connective tissue and double pedicle graft	Х	-	Х	-	Х	-	
	Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or	V		V		V		
	edentulous tooth position in graft	X	-	Х	-	X	-	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites), each additional	V		V	_	V		
	contiguous tooth, implant or edentulous tooth position in same graft site	Х	-	Х	-	X	-	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each	V		. V		V		
	additional contiguous tooth, implant or edentulous tooth position in same gra	Х	-	Х	-	Х	-	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor	V				V		
	material)- each additional contiguous tooth, implant or edentulous tooth position	Х	-	Х	-	Х	-	
D4286	Removal of non-resorbable barrier	Х	-	Х	-	Х	-	
D4320	Provisional splinting-intracoronal	Х	-	Х	-	Х	-	
	Provisional splinting-extracoronal	Χ	-	Х	-	Х	-	
	Splint - intra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	Х	-	
	Splint - extra-coronal; natural teeth or prosthetic crowns	Х	-	Х	-	Х	-	
D4341	Periodontal scaling and root planing-per quadrant	Х	-	Х	-	Х	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
D4342	Periodontal scaling and root planing - one to three teeth, per quadrant	Χ	-	Х	-	Х	-
	Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation	Х	-	Х	-	Х	-
	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit	Х	-	Х	-	Х	-
	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth	Х	-	Х	-	Х	-
D4910	Periodontal maintenance procedures (following active therapy)	Х	-	Х	-	X	-
	Unscheduled dressing change (by someone other than treating dentist)	Х	-	Х	-	X	-
	Gingival irrigation- per quadrant	Χ	-	Х	-	X	-
D4999	Unspecified periodontal procedure, by report	Х	-	Х	-	X	-
	Complete upper	Х	-	Х	-	X	-
	Complete lower	Х	-	Х	-	X	-
D5130	Immediate upper	Χ	-	Х	-	Х	-
	Immediate lower	Χ	-	Х	-	X	-
D5211	Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)	Х	-	Х	-	Х	-
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)	Х	-	Х	-	Х	-
	Upper partial-cast metal base with resin saddles (including any conven	Χ	-	Х	-	Х	-
	Lower partial-cast metal base with resin saddles (including any conven	Х	-	Х	-	Х	-
D5221	Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-	Х	-	Х	-
D5222	Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)	Х	-	Х	-	Х	-
D5223	Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	Х	-	Х	-	Х	-
	Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth	Х	-	Х	-	Х	-
	Maxillary part denture flex	Х	-	Х	-	Х	-
D5226	Mandibular part denture flex	Х	-	Х	-	X	-
	Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)	Х	-	Х	-	X	-
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)	Х	-	Х	-	Х	-
D5282	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), mandibular	Х	-	Х	-	Х	-
D5284	Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant	Х	-	Х	-	Х	-
D5286	Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
73	UI.	UJ		<b>4</b>

0		Lar	rge Employer	Individ	ual 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 coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be								
	the Pharmacy link option within the website.		T		T			
	Adjust complete denture-upper	X	-	X	-	X	-	
	Adjust complete denture-lower	X	-	X	-	Х	-	
	Adjust partial denture-upper	X	-	X	-	X	-	
	Adjust partial denture-lower	X	-	X	-	Х	-	
	Repair broken complete denture base, mandibular	X	-	X	-	X	-	
	Repair broken complete denture base, maxillary	X	-	X	-	Х	-	
	Replace missingor broken teeth-complete denture (each tooth)	X	-	X	-	X	-	
	Repair resin partial denture base, mandibular	X	-	X	-	X	-	
	Repair resin partial denture base, maxillary	X	-	X	-	Х	-	
	Repair cast partial framework, mandibular	X	-	Х	-	Х	-	
	Repair cast partial framework, maxillary	X	-	Х	-	Х	-	
	Repair or replace broken retentive/clasping materials per tooth	X	-	X	-	Х	-	
	Replace broken teeth-per tooth	X	-	X	-	X	-	
	Add tooth to existing partial denture	X	-	X	-	Х	-	
	Add clasp to existing partial denture- per tooth	Х	-	Х	-	Х	-	
	Replace all teeth and acrylic on cast metal framework (maxillary)	X	-	X	-	Х	-	
	Replace all teeth and acrylic on cast metal framework (mandibular)	X	-	X	-	Х	-	
	Rebase complete upper denture	X	-	X	-	Х	-	
	Rebase complete lower denture	X	-	X	-	X	-	
	Rebase upper partial denture	X	-	X	-	X	-	
	Rebase lower partial denture	X	-	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)	X	-	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	-	
	Interim partial denture (lower)	X	-	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	-	X	-	
	Overdenture- complete maxillary	X	-	X	-	X	-	
	Overdenture- partial maxillary	X	-	X	-	X	-	
	Overdenture- complete mandibular	X	-	X	-	X	-	
שמפכע	Overdenture- partial mandibular	Х	-	Χ	-	Χ	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03/22/24	
$\boldsymbol{\neg}$	vı.	UJILLILT	

	Large Employ		e Employer Individual Benchmark**		ual 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 de	o not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	ications and should be
D5867	Replacement of replaceable part of semi-precision/attachment (m/f component)	Х	-	Χ	-	Х	-
	Modification of removable prosthesis following implant surgery	Х	-	Х	-	Х	-
D5876	Add metal substructure to acrylic full denture (per arch)	Χ	-	Χ	-	Х	-
D5899	Unspecified removable prosthodontic procedure, by report	Χ	-	Χ	-	Х	-
	Facial moulage (sectional)	Χ	-	Χ	-	Х	-
D5912	Facial moulage (complete)	Χ	-	Χ	-	Х	-
D5913	Nasal prosthesis	Χ	-	Χ	-	Х	=
D5914	Auricular prosthesis	Χ	-	Χ	-	Х	=
D5915	Orbital prosthesis	Χ	-	Χ	-	Х	-
D5916	Ocular prosthesis	Χ	-	Χ	-	Х	-
D5919	Facial prosthesis	Χ	-	Χ	-	Х	-
D5922	Nasal septal prosthesis	Χ	-	Χ	-	Х	-
D5923	Ocular prosthesis, interim	Χ	-	Χ	-	Х	-
	Cranial prosthesis	Χ	-	Χ	-	Х	-
D5925	Facial augmentation implant prosthesis	Χ	-	Χ	-	Х	-
D5926	Nasal prosthesis, replacement	Χ	-	Χ	-	Х	-
D5927	Auricular prosthesis, replacement	Χ	-	Χ	-	Х	-
D5928	Orbital prosthesis, replacement	Χ	-	Χ	-	Х	-
D5929	Facial prosthesis, replacement	Χ	-	Χ	-	Х	-
D5931	Obturator prosthesis, surgical	Χ	-	Χ	-	Х	-
D5932	Obturator prosthesis, definitive	Χ	-	Χ	-	Х	-
	Obturator prosthesis, modification	Χ	-	Χ	-	Х	-
D5934	Mandibular resection prosthesis with guide flange	Χ	-	Χ	-	Х	-
D5935	Mandibular resection prosthesis without guide flange	Χ	-	Χ	-	Х	-
D5936	Obturator/prosthesis, interim	Χ	-	Χ	-	Х	-
D5937	Trismus appliance (not for tm treatment)	Χ	-	Χ	-	Х	-
D5951	Feeding aid	Χ	-	Χ	-	Х	-
D5952	Speech aid prosthesis, pediatric	Χ	-	Χ	-	Х	-
D5953	Speech aid prosthesis, adult	Χ	-	Χ	-	Х	-
	Palatal augmentation prosthesis	Χ	-	Χ	-	Х	-
D5955	Palatal lift prosthesis, definitive	Χ	-	Χ	-	Х	-
D5958	Palatal lift prosthesis, interim	Χ	-	Χ	-	Х	-
D5959	Palatal lift prosthesis, modification	Χ	-	Χ	-	Х	-
	Speech aid prosthesis, modification	Χ	-	Χ	-	Х	=
D5982	Surgical stent	Χ	-	Χ	-	Х	-
D5983	Radiation carrier	Χ	-	Χ	-	Х	-
D5984	Radiation shield	Χ	-	Χ	-	Х	=
D5985	Radiation cone locator	Χ	-	Χ	-	Х	-
D5986	Fluoride gel carrier	Χ	-	Χ	-	Х	-
D5987	Commissure splint	Χ	-	Χ	-	Х	-
	Surgical splint	Χ	-	Χ	-	Х	=
D5991	Vesiculobullous disease medicament carrier	Χ	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

G	Treatur : 5 :	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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be	
	Adjust max prost appliance	Х	_	Х	_	Х		
	Main/clean max prosthesis	X	<u>-</u>	X		X	<u> </u>	
	Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary	X		X		X		
	Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular	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	-	
	Includes placement and removal. a healing cap is not an interim abutment	X	_	X	_	X	_	
	Implant 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	Х	-	Х	_	Х	-	
	Abutment supported porcelain fused to metal crown (high noble metal)	X	-	X	-	X	-	
	Abutment supported porcelain fused to metal crown (predominantly base metal)	Х	-	Х	-	Х	=	
	Abutment supported porcelain fused to metal crown (noble metal)	Χ	-	Χ	-	Х	-	
	Abutment supported cast metal crown (high noble metal)	Χ	=	Χ	-	Х	=	
D6063	Abutment supported cast metal crown (predominantly base metal)	Х	-	Χ	-	Х	=	
	Abutment supported cast metal crown (noble metal)	Х	-	Х	-	Х	=	
	Implant supported porcelain/ceramic crown	Х	=	Х	-	Х	-	
	Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)	Χ	-	Χ	-	Х	-	
	Implant supported metal crown (titanium/alloy high noble metal)	Х	-	Х	-	Х	=	
	Abutment supported retainer for porcelain/ceramic fpd	Х	=	Х	-	Х	-	
	Abutment supported retainer for porcelain fused to metal fpd (high noble metal)	Χ	-	Χ	-	Х	-	
	Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)	Χ	-	Χ	-	Х	-	
	Abutment supported retainer for porcelain fused to metal fpd (noble metal)	Χ	-	Χ	-	Х	-	
D6072	Abutment supported retainer for cast metal fpd (high noble metal)	Χ	-	Χ	-	Х	-	
	Abutment supported retainer for cast metal fpd (predominately base metal)	Χ	-	Χ	-	Х	-	
	Abutment supported retainer for cast metal fpd (noble metal)	Х	-	Х	-	Х	-	
	Implant supported retainer for ceramic fpd	Х	-	Х	-	Х	-	
D6076		Х	-	Х	-	Х	-	
D6077	Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)	Х	=	Χ	-	Х	=	
	Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments	Х	-	Х	-	X	-	
D6081	Scaling and debridement in the presence of inflammation of mucositis of a single implant, including cleaning of the implant surfaces, without flap entry and closure	Х	-	Х	-	Х	-	
D6082	Implant supported crown-porcelain fused to predominantly base alloys	Х	-	Х	-	Х		
	Implant supported crown-porcelain fused to predominantly base alloys	X		X		X	<u> </u>	
50003	implant supported crown percelain rused to mobile alleys	^		^			-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Large Employer Indiv		Individ	ual Benchmark**	Small Em	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.	e coding lists of	do not reflect information re	egarding immu	inizations, injectable drug	s, or specialty med	dications and should be	
	Implant supported crown-porcelain fused to titanium and titanium alloys	Х	I <u>-</u>	Х	<u> </u>	Х	_	
	Provisional implant crown	X	_	X	-	X	<u> </u>	
	Implant supported crown-predominantly base alloys	X	_	X	_	X		
	Implant supported crown-noble alloys	X	_	X	_	X		
	Implant 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	-	
	Replacement of semi-precision or precision attachment (male or female component) of							
20001	implant/abutment supported prosthesi	Х	-	Х	-	Х	-	
D6092	Re-cement or re-bond implant/abutment supported crown	Х	_	Х	-	Х	-	
	Re-cement or re-bond implant/abutment supported fixed partial denture	X	_	Х	-	X	-	
	Abut support crown titanium	X	_	X	-	X	-	
	Repair implant abutment, by report. see also code 21299	X	-	X	-	X	-	
	Remove broken implant retaining screw	Х	-	Х	-	Х	-	
	Abutment supported crown-porcelain fused to titanium and titanium alloys	Х	-	Х	-	Х	-	
	Implant supported retainer-porcelain fused to predominantly base alloys	Х	-	Х	-	Х	-	
	Implant supported retainer for fpd-porcelain fused to noble alloys	Х	-	Х	-	Х	-	
	Implant removal, by report	Х	-	Х	-	Х	-	
D6101	Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning	Х	_	Х	_	Х	-	
	of the exposed implant surfaces, including flap entry and closure					,		
D6102	Debridement and osseous contouring of a peri-implant defect- or defects surrounding a single implant and includes surface cleaning of the exposed implant surfaces	Х	-	Х	-	Х	-	
D6103	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		-		-		-	
D0104	reported separately	Х	-	Х	-	X	-	
D6105	Removal of implant body not requiring bone removal nor flap elevation	Х	-	Х	-	Х	-	
D6106	Guided tissue regeneration - resorbable barrier, per implant	Х	-	Х	-	Х	-	
D6107	Guided tissue regeneration - non-resorbable barrier, per implant	Х	-	Х	-	X	-	
	Implant/abutment supported removable denture for edentulous arch-maxillary	Χ	-	Χ	-	X	-	
D6111	Implant/ abutment supported removable denture for edentulous arch- mandibular	Χ	-	Χ	-	X	-	
	Implant/ abutment supported removable denture for partially edentulous arch- maxillary	Χ	-	Χ	-	X	-	
	Implant/ abutment supported removable denture for partially edentulous arch- mandibular	Χ	-	Χ	-	X	-	
D6114	Implant/ abutment supported fixed denture for edentulous arch- maxillary	Χ	-	Χ	-	X	•	
	Implant/ abutment supported fixed denture for edentulous arch- mandibular	Χ	-	Χ	-	X	•	
	Implant/ abutment supported fixed denture for partially edentulous arch- maxillary	Χ	-	Χ	-	X	•	
	Implant/ abutment supported fixed denture for partially edentulous arch- mandibular	Χ	-	Χ	-	X	-	
	Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular	Χ	-	Χ	-	X	-	
	Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary	Χ	-	Χ	-	X	-	
	Implant supported retainer -porcelain fused to titanium and titanium alloys	Χ	-	Χ	-	Х	-	
	Implant supported retainer for metal fpd -predominantly base alloys	Χ	-	Χ	-	X	-	
	Implant supported retainer for metal fpd -noble alloys	Х	-	Х	-	Χ	-	
D6123	Implant supported retainer for metal fpd -titanium and titanium alloys	Χ	-	Χ	-	X	•	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

Description   Not Covered   Peasurbrization   Required   Require	ialty medications and should be
Definition   Def	\(\begin{array}{cccccccccccccccccccccccccccccccccccc
De190	- ( - ( -
D6191   Semi-precision abutment - placement	- ( - ( -
De192   Semi-precision attachment — placement	
Definity   Definity	-
D6195   Abutment supported retainer-porcelain fused to titanium and titanium alloys   X	
Definition   Def	
supported prosthesis, per implant  D6198 Remove interim implant component  X - X - X - X  D6199 Unspecified implant procedure, by report  X - X - X - X  D6205 Pontic-indirect resin based  X - X - X - X  D6210 Pontic-cast high noble metal  X - X - X - X  D6211 Pontic-cast predominantly base metal  D6212 Pontic-cast problemetal  X - X - X - X  D6214 Pontic-cast problemetal  X - X - X - X  D6214 Pontic-cast noble metal  X - X - X - X  D6214 Pontic-titanium  X - X - X - X  D6214 Pontic-porcelain fused to high noble metal  X - X - X - X  D6240 Pontic-porcelain fused to high noble metal  X - X - X - X  D6241 Pontic-porcelain fused to high noble metal  X - X - X - X  D6242 Pontic-porcelain fused to high noble metal  X - X - X - X  D6243 Pontic-porcelain fused to titanium and titanium alloys  X - X - X - X  D6245 Pontic-porcelain fused to titanium and titanium alloys  X - X - X - X  D6250 Pontic-resin with high noble metal  X - X - X - X  D6251 Pontic-resin with predominantly base metal  X - X - X - X  D6252 Pontic-resin with predominantly base metal  X - X - X - X  D6253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression  D6548 Retainer-cast metal for acid etched fixed prosthesis  X - X - X - X  D6560 Retainer inlay-porcelain/ceramic for resin bonded fixed prosthesis  X - X - X - X  D66600 Retainer inlay-porcelain/ceramic, two surfaces	<u> </u>
De199   Unspecified implant procedure, by report	-
D6205         Pontic-indirect resin based         X         -         X         -         X           D6210         Pontic-cast high noble metal         X         -         X         -         X           D6211         Pontic-cast proble metal         X         -         X         -         X           D6212         Pontic-cast noble metal         X         -         X         -         X           D6214         Pontic itianium         X         -         X         -         X           D6240         Pontic-porcelain fused to high noble metal         X         -         X         -         X           D6241         Pontic-porcelain fused to predominantly base metal         X         -         X         -         X           D6242         Pontic-porcelain fused to noble metal         X         -         X         -         X           D6243         Pontic-resin fused to itianium and titanium alloys         X         -         X         -         X           D6243         Pontic-resin with noble metal         X         -         X         -         X           D6254         Pontic-resin with predominantly base metal         X         -         X         -	-
D6210         Pontic-cast high noble metal         X         -         X         -         X           D6211         Pontic-cast predominantly base metal         X         -         X         -         X         -         X           D6212         Pontic creat noble metal         X         -         X         -         X         -         X           D6240         Pontic-porcelain fused to high noble metal         X         -         X         -         X         -         X           D6241         Pontic-porcelain fused to predominantly base metal         X         -         X         -         X         -         X           D6242         Pontic-porcelain fused to noble metal         X         -         X<	-
De211   Pontic-cast predominantly base metal   X	-
D6212   Pontic-cast noble metal	-
D6214 Pontic titanium  X - X - X  D6240 Pontic-porcelain fused to high noble metal  X - X - X  D6241 Pontic-porcelain fused to predominantly base metal  X - X - X  D6242 Pontic-porcelain fused to noble metal  X - X - X  D6243 Pontic-porcelain fused to noble metal  X - X - X  D6244 Pontic-porcelain fused to titanium and titanium alloys  X - X - X  D6245 Pontic-porcelain/ceramic  D6245 Pontic-porcelain/ceramic  X - X - X  D6250 Pontic-resin with high noble metal  X - X - X  D6251 Pontic-resin with predominantly base metal  X - X - X  D6252 Pontic-resin with noble metal  X - X - X  D6253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression  D6356 Retainer-cast metal for acid etched fixed prosthesis  X - X - X  D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis  X - X - X  D6500 Retainer inlay-porcelain/ceramic, two surfaces	-
D6240   Pontic-porcelain fused to high noble metal   X	-
D6241   Pontic-porcelain fused to predominantly base metal   X	-
D6242   Pontic-porcelain fused to noble metal   X	-
D6243   Pontic-porcelain fused to titanium and titanium alloys	-
D6245   Pontic - porcelain/ceramic	-
D6250   Pontic-resin with high noble metal   X	-
D6251   Pontic-resin with predominantly base metal   X	-
D6252   Pontic-resin with noble metal   X	-
D6253 Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression  D6545 Retainer-cast metal for acid etched fixed prosthesis  X - X - X  D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis  X - X - X  D6549 Resin retainer- for resin bonded fixed prosthesis  X - X - X  D6540 Retainer inlay-porcelain/ceramic, two surfaces  X - X - X  X - X  X - X  X - X  X - X  X - X  X - X  D6500 Retainer inlay-porcelain/ceramic, two surfaces	-
Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression  D6545 Retainer-cast metal for acid etched fixed prosthesis  X - X  D6548 Retainer - porcelain/ceramic for resin bonded fixed prosthesis  X - X  D6549 Resin retainer- for resin bonded fixed prosthesis  X - X  D6600 Retainer inlay-porcelain/ceramic, two surfaces  X - X  X - X  X - X  X - X  X - X  X - X  D6600 Retainer inlay-porcelain/ceramic, two surfaces	-
D6548Retainer - porcelain/ceramic for resin bonded fixed prosthesisX-X-XD6549Resin retainer - for resin bonded fixed prosthesisX-X-XD6600Retainer inlay-porcelain/ceramic, two surfacesX-X-X	-
D6549Resin retainer- for resin bonded fixed prosthesisX-X-XD6600Retainer inlay-porcelain/ceramic, two surfacesX-X-X	-
D6600 Retainer inlay-porcelain/ceramic, two surfaces X - X - X	-
	-
	-
D6601 Retainer inlay - porcelain/ceramic, three or more surfaces X - X - X	-
D6602 Retainer inlay - cast high noble metal, two surfaces X - X - X	-
D6603 Retainer inlay - cast high noble metal, three or more surfaces X - X - X	
D6604 Retainer inlay - cast predominantly base metal, two surfaces X - X - X	-
D6605 Retainer inlay - cast predominantly base metal, three or more surfaces X - X - X	-
D6606 Retainer inlay - cast noble metal, two surfaces X - X - X	-
D6607 Retainer inlay - cast noble metal, three or more surfaces X - X - X	-
D6608 Retainer onlay - porcelain/ceramic, two surfaces X - X - X	
D6609 Retainer onlay - porcelain/ceramic, three or more surfaces X - X - X	-
D6610 Retainer onlay - cast high noble metal, two surfaces X - X - X	-
D6611 Retainer onlay - cast high noble metal, three or more surfaces X - X - X	-
D6612 Retainer onlay - cast predominantly base metal, two surfaces X - X - X	-
D6613 Retainer onlay - cast predominantly base metal, three or more surfaces X - X - X	-
D6614 Retainer onlay - cast noble metal, two surfaces X - X - X	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

9	Treature 1 3 .	Laı	rge Employer	Individ	ual Benchmark**	Small Em	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 d	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	ications and should be		
	Retainer onlay - cast noble metal, three or more surfaces	Х	_	Х		Х	_		
	Retainer inlay titanium	X	-	X	_	X	<u> </u>		
	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	Х	_	X	_	X	-		
	Retainer crown - 3/4 porcelain/ceramic	Х	_	X	_	X	_		
	Retainer crown 3/4-titanium and titanium alloys	X	_	X	_	X	_		
	Retainer crown-full cast high noble metal	X	_	X	-	X	-		
	Retainer crown-full cast predominantly base metal	Х	_	X	_	X	-		
	Retainer crown-full cast noble metal	Х	-	Х	-	Х	-		
D6793	Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression	Х	-	Х	-	Х	-		
D6704	Retainer crown titanium	X	_	Х	_	Х			
	Connector bar	X		X	-	X	-		
	Re-cement or re-bond fixed partial denture	X		X		X	<u> </u>		
	Stress breaker	X		X		X	<u> </u>		
	Precision attachment	X		X	_	X	<u> </u>		
	Fixed partial denture repair, necessitated by restorative material failure	X	<u> </u>	X	_	X	<u> </u>		
	Pediatric partial denture, fixed	X		X		X			
	Unspecified fixed prosthodontic procedure, by report	X	<u> </u>	X	-	X			
	Extraction, coronal remnants - primary tooth	X	-	X	-	X	<u> </u>		
	Extraction, erupted tooth or exposed root (elevation and/or forceps removal)	X	-	X	_	X	<u> </u>		
	Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including		-		-	^	-		
	elevation of mucoperiopsteal flap if indicated.	Х	-	Х	-	Х	-		
	Removal of impacted tooth-soft tissue	X	-	Χ	-	Х	-		
	Removal of impacted tooth-partially bony	Χ	-	Χ	-	X	-		
	Removal of impacted tooth-completely bony	X	-	Χ	-	Х	-		
	Removal of impacted tooth-completely bony, with unusual surgical compl	X	-	Χ	-	X	-		
	Removal of residual tooth roots (cutting procedure)	X	-	Χ	-	X	-		
	Coronectomy	Χ	-	Χ	-	X	-		
	Oral antral fistula closure	Χ	-	Χ	-	X	-		
D7261	Primary closure of a sinus perforation	Χ	-	Χ	-	X	-		

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9		Large Employer		Individual Benchmark**		Small Employer and Individual		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer:	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.							
-	Tooth re-implantation and/or stabilization of accidentally evulsedor d	Х	_	Х	_	Х	-	
	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	Х	-	X	-	X	=	
	Excisional biopsy of minor salivary glands	Х	_	Х	_	Х	-	
	Incisional biopsy of oral tissue-hard (bone, tooth)	Х	-	X	-	X	-	
	Incisional biopsy of oral tissue-soft	Х	-	Х	-	Х	-	
	Cytology sample collection	Х	-	Х	-	Х	=	
	Brush biopsy	Х	-	Х	-	Х	=	
	Surgical repositioning of teeth	Х	-	Х	-	Х	-	
	Transseptal fiberotomy	Х	-	Х	-	Х	-	
	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	Х	-	Х	-	Х	-	
D7295	Bone harvest,auto graft proc	Х	-	Х	-	Х	-	
D7296	Corticotomy ¿ one to three teeth or tooth spaces, per quadrant	Х	-	Х	-	Х	-	
D7297	Corticotomy ¿ four or more teeth or tooth spaces, per quadrant	Х	-	Х	-	Х	-	
D7298	Removal of temporary anchorage device (screw retained plate), requiring flap	Х	-	Х	-	Х	=	
D7299	Removal of temporary anchorage device, requiring flap	Χ	-	Χ	-	X	=	
D7300	Removal of temporary anchorage device without flap	Χ	-	Χ	-	X	=	
	Alveoloplasty in conjunction with extractions - per quadrant	Χ	-	Χ	-	X	•	
	Alveoloplasty w/extract 1-3	Х	-	Χ	-	X	•	
	Alveoloplasty not in conjunction with extractions - per quadrant	Χ	-	Х	-	X	-	
	Alveoloplasty not w/extracts	Χ	-	Χ	-	X	-	
	Vestibuloplasty-ridge extension (second epithelialization)	Χ	-	X	-	X	-	
	Vestibuloplasty-ridge extension (including soft tissue grafts, muscle	X	-	Х	-	X	-	
	Radical excision-lesion diameter up to 1.25 cm	X	-	Х	-	X	-	
	Excision of benign lesion greater than 1.25 cm	Χ	-	X	-	X	-	
	Excision of benign lesion, complicated	X	-	Х	-	X	-	
	Excision of malignant lesion up to 1.25 cm	Х	-	X	-	X	-	
D7414	Excision of malignant lesion greater than 1.25 cm	Χ	-	Х	-	X	-	
	Excision of malignant lesion, complicated	Χ	-	X	-	Χ	-	
	Excision of malignant tumor-lesion diameter up to 1.25 cm	Х	-	Х	-	Χ	-	
	Excision of malignant tumor-lesion diameter greater than 1.25 cm	Х	-	Х	-	Χ	-	
	Removal of odontogenic cystor tumor-lesion diameter up t0 1.25 cm	Х	-	Х	-	Χ	-	
	Removal of odontogenic cystor tumor-lesion diameter greater than 1.25	Х	-	Х	-	X	-	
	Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm	Х	-	Х	-	Χ	-	
	Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.	Х	-	Х	-	Χ	-	
D7465	Destruction of lesion(s) by physicalor chemical methods, by report	Х	-	Х	-	Χ	-	
D7471	Removal of exostosis - per site	Χ	-	X	-	Χ	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Large Employer		Individual Benchmark**		Small Employer and Individual		
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	
Disclaimer:	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.							
	Removal of torus palatinus	Х	_	Х	_	Х	-	
	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	Х	-	X	-	X	-	
	Incision and drainage of abscess-intraoral soft tissue	Х	-	Х	-	Х	-	
	Incision/drain abscess intra	Х	-	Х	-	Х	=	
D7520	Incision and drainage of abscess-extraoral soft tissue	Х	-	Х	-	Х	=	
	Incision/drain abscess extra	Х	-	Х	-	Х	-	
D7530	Removal of foreign body, skin,or subcutaneous areolar tissue	Х	-	Х	-	Х	-	
D7540	Removal of reaction-producing foreign bodies-musculoskeletal system	Х	-	Х	-	Х	-	
	Sequestrectomy for osteomyelitis	Х	-	Х	-	Х	-	
D7560	Maxillary sinusotomy for removal of tooth fragmentor foreign body	Х	-	Х	-	Х	-	
D7610	Maxilla-open reduction (teeth immobilized if present)	Х	-	Х	-	Х	-	
D7620	Maxilla-closed reduction (teeth immobilized if present)	Х	-	Х	-	X	-	
D7630	Mandible-open reduction (teeth immobilized if present)	Х	-	Х	-	Х	-	
D7640	Mandible-closed reduction (teeth immobilized if present)	Х	-	Х	-	Х	-	
D7650	Malar and/or zygomatic arch-open reduction	Х	-	Х	-	Х	-	
D7660	Malar and/or zygomatic arch-closed reduction	Х	-	Х	-	Х	=	
D7670	Alveolus-stabilization of teeth, open reduction splinting	Х	-	Х	-	X	=	
D7671	Alveolus - open reduction, may include stabilization of teeth	Χ	-	Χ	-	Х	-	
	Facial bones-complicated reduction with fixation and mul- tiple surgic	Х	-	Х	-	X	-	
	Maxilla-open reduction	Χ	-	Χ	-	X	-	
	Mandible-open reduction	Х	-	Χ	-	X	-	
	Malar and/or zygomatic arch-open reduction	Х	-	Χ	-	X	•	
	Malar and/or zygomatic arch-closed reduction	Χ	-	Χ	-	X	•	
D7770	Alveolus-stabilization of teeth, open reduction splinting	Χ	-	Χ	-	X	-	
	Alveolus, closed reduction stabilization of teeth	Х	-	Х	-	X	-	
	Facial bones - complicated reduction with fixation and multiple approaches	Х	-	Χ	-	X	-	
	Open reduction of dislocation	Χ	-	Х	-	X	-	
	Oclussal orthotic device adjustment	Χ	-	Х	-	X	-	
	Suture of recent small wounds up to 5 cm	Х	-	Χ	-	X	-	
	Complicated suture-up to 5 cm	Х	-	Х	-	X	-	
	Complicated suture-greater than 5 cm	Χ	-	X	-	Χ	-	
	Skin grafts (identify defect covered, location, and type of graft)	Χ	-	Χ	-	X	-	
	Collection and application of autologous blood concentrate product	Х	-	Χ	-	Χ	-	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	Х	-	Х	-	Х	-	
D7939	A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.	Х	-	Х	-	Х	-	
	Osteoplasty-for orthognathic deformities	Х	-	Χ	-	Χ	-	
D7946	Lefort i (maxilla-total)	Х	-	Χ	-	X	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Lar	ge Employer	Individual 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.	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be	
	Lefort i (maxilla-segmented)	Х		Х	_	Х	
	Lefort iior lefort iii (osteoplasty of facial bones for midface hypopl	X	<u>-</u>	X	-	X	<u> </u>
	Lefort iior lefort iii (osteoprasty of factal bories for midrace hypoprasty Lefort iior lefort iii-with bone graft	X		X	-	X	<u>-</u>
	Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandibl	X	<u>-</u>	X	<u>-</u>	X	<u> </u>
	Sinus augmentation with bone or bone substitutes via a lateral open approach	X		X		X	
	The augmentation of the sinus to increase alveolar height by vertical access through the ridge		-	^	-	^	-
	crest by raising the floor of the sinus and grafting as necessary. this include	Х	-	Х	-	Х	-
	Bone replacement graft	X	-	X	-	X	-
	Repair of maxillofacial soft and hard tissue defects	X	-	Х	-	Х	=
	Guided tissue regeneration, edentulous area - resorbable barrier, per site	Χ	-	X	-	Х	=
	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	Χ	-	Х	-	X	-
	Buccal / labial frenectomy (frenulectomy)	Χ	-	Х	-	X	-
	Lingual frenectomy (frenulectomy)	X	-	Χ	-	X	-
	Frenuloplasty	Χ	-	X	-	Х	=
	Excision of hyperplastic tissue-per arch	Х	-	X	-	X	=
	Excision of pericoronal gingiva	Х	-	Х	-	X	-
	Surgical reduction of fibrous tuberosity	Х	-	Х	-	X	-
	Non ¿ surgical sialolithotomy	X	-	Х	-	X	-
	Surgical sialolithotomy	Х	-	X	-	X	=
	Excision of salivary gland	Х	-	X	-	X	=
	Sialodochoplasty	Х	-	Х	-	X	-
	Closure of salivary fistula	Х	-	Х	-	X	-
	Emergency tracheotomy	X	-	Х	-	Х	=
	Coronoidectomy	Х	-	X	-	X	=
	Surgical placement of craniofacial implant – extra oral	Χ	-	Х	-	X	-
	Surgical placement: zygomatic implant	Х	-	Х	-	X	-
	Synthetic graft - mandible or facial bones, by report. see also 21299	Χ	-	Х	-	X	-
	Implant - mandible for augmentation purposes see also code 21299	X	-	X	-	X	=
	Appliance removal (not by dentist who placed appliance) incl removal of archbar	Χ	-	X	-	Х	=
	Intraoral placement of a fixation device not in conjunction with a fracture	Х	-	Х	-	X	-
	Unspecified oral surgery procedure, by report	Χ	-	Х	-	X	-
	Limited orthodontic treatment of the primary dentition	Χ	-	Х	-	X	-
	Limited orthodontic treatment of the transitional dentition	X	-	Χ	-	X	-
	Limited orthodontic treatment of the adolescent dentition	Χ	-	Χ	-	X	-
	Limited orthodontic treatment of the adult dentition	Χ	-	Х	-	X	-
	Interceptive orthodontic treatment of the primary dentition	Х	-	Х	-	Х	=
	Interceptive orthodontic treatment of the transitional dentition	Χ	-	Χ	-	Х	-
	Comprehensive orthodontic treatment of the transitional dentition	Χ	-	Х	-	Х	-
	Comprehensive orthodontic treatment of the adolescent dentition	X	-	X	-	Х	-
	Comprehensive orthodontic treatment of the adult dentition	Χ	-	Х	-	Х	-
	Removable appliance therapy	Х	-	X	-	Х	=
D8220	Fixed appliance therapy	X	-	X	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24	
----------	---------	--

D8660 Pre- D8670 Peri		Not Covered	Preauthorization Required	Not	Preauthorization		Preauthorization			
D8660 Pre- D8670 Peri	Pharmacy link option within the website.	and Francisco	•	Covered	Required	Not Covered	Required			
D8660 Pre-		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.								
D8670 Peri		Х	-	Х	_	Х	_			
	riodic orthodontic treatment visit (as part of contract)	X	-	X	_	X	_			
D8680 Orth	thodontic retention (removal of appliances, construction and placem	X	_	X	-	X	_			
	emovable orthodontic retainer adjustment	X	-	X	_	X	_			
	thodontic treatment (alternative billing to a contract fee)	X	_	X	-	X	-			
	emoval of fixed orthodontic appliances for reasons other than completion of treatment	Х	-	Х	_	Х	_			
	pair of orthodontic appliance-maxillary	X	-	X	-	X	_			
	pair of orthodontic appliance-mandibular	Х	-	Х	-	Х	-			
	e-cement or re-bond fixed retainer-maxillary	Χ	-	Χ	-	Х	-			
D8699 Re-	e-cement or re-bond fixed retainer-mandibular	Χ	-	Х	-	Х	-			
D8701 Rer	pair of fixed retainer, includes reattachment-maxillary	Χ	-	Χ	-	Х	-			
D8702 Rer	pair of fixed retainer, includes reattachment-mandibular	Χ	-	Х	-	Х	-			
D8703 Rer	placement of lost or broken retainer-maxillary	Χ	-	Χ	-	Х	-			
D8704 Rer	placement of lost or broken retainer-mandibular	Χ	-	Х	-	Х	-			
	specified orthodontic procedure, by report	Χ	-	Х	-	Х	-			
	Iliative (emergency) treatment of dental pain-minor procedures	Χ	-	Χ	-	Х	-			
	red partial denture sectioning	Χ	-	Χ	-	Х	-			
	mporomandibular joint dysfunction-non-invasive physical therapies	Χ	-	Χ	-	Х	-			
	cal anesthesia n0t in conjunction with operativeor surgical procedu	Χ	-	Χ	-	Х	-			
	gional block anesthesia	Χ	-	Χ	-	Х	-			
D9212 Trig	geminal division block anesthesia	Χ	-	Χ	-	Х	-			
D9215 Lcl	l ansthsa w oprtv or srgcl prcdrs	Χ	-	Χ	-	Х	-			
D9219 Eva	aluation for moderate sedation, deep sedation or general anesthesia	Χ	-	Χ	-	Х	-			
D9222 Deε	ep sedation/general anesthesia ¿ first 15 minutes	Χ	-	Χ	-	Х	-			
D9223 De€	ep sedation/general anesthesia-each subsequent 15 minute increment	Χ	-	Χ	-	X	-			
D9230 Inhl	nltn ntrs oxd/anlgsa, anxlyss	Χ	-	Χ	-	X	-			
D9239 Intra	ravenous moderate (conscious) sedation/analgesia ¿ first 15 minutes	Χ	-	Χ	-	X	-			
D9243 Intra	ravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment	Х	-	Х	-	Х	-			
D9248 Nor	on-intravenous conscious sedation	Χ	-	Χ	-	X	-			
D9310 Cor	nsultation (diagnostic service provided by dentistor physician other	Χ	-	Χ	-	Х	-			
D9311 Cor	onsultation with a medical health care professional	Χ	-	Χ	-	X	-			
D9410 Hou	ouse call	Χ	-	Χ	-	X	-			
D9420 Hsp	ptl or asc call	Χ	=	Χ	-	Х	-			
	fice visit for observation (during regularly scheduled hours) no oth	Χ	=	Χ	-	Х	-			
D9440 Offi	fice visit-after regularly scheduled hours	Χ	=	Χ	-	X	-			
	se presentation, detailed and extensive treatment planning	Χ	-	Χ	-	Χ	-			
	erapeutic drug injection, by report	Χ	-	Χ	-	Χ	-			
	erapeutic parenteral drugs, two or more administrations, different medications	Χ	-	Χ	-	Χ	-			
	iltration of sustained release therapeutic drug-single or multiple sites	Χ	-	Χ	-	Χ	-			
D9630 Dru	ugs or medicaments dispensed in the office for home use	Χ	-	Χ	-	Χ	-			
D9910 App	plication of desensitizing medicaments	Χ	-	Χ	-	Χ	-			

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	rge Employer	Individ	ual 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 coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medicatio directed to the Pharmacy link option within the website.								
	Application of desensitizing resin for cervical and/or root surface per tooth	Х	-	Х	_	Х	-		
	Pre-visit patient screening	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	Х	_	X	_	X	_		
	Cleaning and inspection of removable complete denture, mandibular	Х	-	X	_	X	_		
	Cleaning and inspection of removable partial denture, maxillary	Х	-	X	-	X	-		
	Cleaning and inspection of removable partial denture, mandibular	Х	-	X	-	X	-		
	Fabrication of a custom removable clear plastic temporary aesthetic appliance	Х	-	Х	-	Х	-		
	Placement of a custom removable clear plastic temporary aesthetic appliance	Х	-	Х	-	Х	-		
	Fabrication of athletic mouthguards	Х	-	Х	-	Х	-		
	Repair/reline occlusal guard	Х	-	X	-	X	-		
	Occlusal guard adjustment	Х	-	X	-	X	-		
	Occlusal guard-hard appliance, full arch	Х	-	Х	-	Х	-		
	Occlusal guard-soft appliance, full arch	Х	-	Х	-	Х	-		
	Occlusal guard-hard appliance, partial arch	Х	-	Х	-	Х	-		
	Custom sleep apnea appliance fabrication and placement	Х	-	Х	-	Х	-		
	Adjustment of custom sleep apnea appliance	X	-	X	-	X	-		
	Repair of custom sleep applea appliance	Х	-	Х	-	Х	-		
	Occlusion analysis-mounted case	Х	-	Х	-	Х	-		
	Reline custom sleep apnea appliance (indirect)	Х	-	Х	-	Х	-		
	administration of home sleep apnea test	Х	-	Х	-	Х	-		
D9957	screening for sleep related breathing disorders	Х	-	Х	-	Х	-		
	Duplicate/copy patient's records	Х	-	Х	-	Х	-		
	Enamel microabrasion	Х	-	Х	-	Х	-		
	Odontoplasty 1-2 teeth; includes removal of enamel projections	Х	-	X	-	X	-		
	External bleaching- per arch- perfmored in offic	Х	-	Х	-	Х	-		
	External bleaching - per tooth	Х	-	Х	-	Х	-		
	Internal bleaching - per tooth	Х	-	Х	-	Х	-		
	External bleaching for home application, per arch; includes materials and fabrication of custom trays	Х	-	Х	-	Х	-		
D9985	Sales tax	Х	-	Х	-	Χ	-		
	Missed appointment	X	-	X	-	X	-		
	Cancelled appointment	X	-	X	-	X	-		
	Certified translation or sign-certified translation or sign-language services per visit	Х	-	X	-	X	-		
	Dental case management- addressing appointment compliance barriers	X	-	X	-	X	-		
	Dental case management- care coordination	X	=	X	-	X	-		
	Dental case management- motivational interviewing	Х	-	X	-	X	-		
	Dental case management- patient education to improve oral health literacy	X	-	X	-	X	-		
	Teledentistry ¿ synchronous; real-time encounter	Х	-	X	-	X	-		
D9996	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	Х	-	X	-	Х	-		

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

111 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24
----------	---------

		Lar	ge 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 lirected to the Pharmacy link option within the website.									
D9997	Dental case management-patients with special health care needs	Χ	-	Χ	-	Х	-			
	Unspecified adjunctive procedure, by report	X	-	X	-	X	-			
	Cane adjust/fixed with tip	-	-	X	-	-	-			
	Cane adjust/fixed quad/3 pro	-	-	Х	-	-	-			
	Crutch forearm pair	-	-	Х	-	-	-			
E0111	Crutch forearm each	-	-	Х	-	-	-			
E0112	Crutch underarm pair wood	-	-	Х	-	-	-			
E0113	Crutch underarm each wood	-	-	Х	-	-	-			
E0114	Crutch underarm pair no wood	-	-	Х	-	-	-			
E0116	Crutch underarm each no wood	-	-	Χ	-	-	-			
E0117	Crutch, underarm, articulating, spring assisted, each	Χ	-	Х	-	Х	-			
	Crutch substitute, lower leg platform, with or without wheels, each	-	-	Х	-	-	-			
	Walker rigid adjust/fixed ht	-	-	Х	-	-	-			
E0135	Walker folding adjust/fixed	-	-	Х	-	-	-			
E0140	Walker, with trunk support, adjustable or fixed height, any type	-	-	Χ	-	-	-			
	Rigid walker wheeled wo seat	-	-	Х	-	-	-			
E0143	Walker folding wheeled w/o s	-	-	Х	-	-	-			
E0144	Enclosed walker w rear seat	-	-	Х	-	-	-			
E0147	Walker variable wheel resist	-	-	Χ	-	-	-			
E0148	Heavyduty walker no wheels	-	-	Χ	-	-	-			
	Heavy duty wheeled walker	-	-	Х	-	-	-			
E0152	Walker, battery powered, wheeled, folding, adjustable or fixed height	Χ	-	Х	-	Х	-			
E0153	Forearm crutch platform atta	-	-	Χ	-	-	-			
E0154	Walker platform attachment	-	-	Χ	-	-	-			
E0155	Walker wheel attachment,pair	-	-	Х	-	-	-			
E0156	Walker seat attachment	-	-	Х	-	-	-			
E0157	Walker crutch attachment	-	-	Х	-	-	-			
E0158	Walker leg extenders set of4	-	-	Χ	-	-	-			
E0159	Brake for wheeled walker	-	-	Χ	-	-	-			
E0160	Sitz type bath or equipment	Χ	-	Х	-	Х	-			
E0161	Sitz bath/equipment w/faucet	Χ	-	Х	-	Х	-			
E0162	Sitz bath chair	Х	-	Χ	-	Х	-			
E0163	Commode chair stationry fxd	Х	-	Χ	-	Х	-			
E0165	Commode chair stationry det	Χ	-	Χ	-	X	-			
	Commode chair pail or pan	Х	-	Х	-	Х	-			
	Heavyduty/wide commode chair	Х	-	Х	-	Х	-			
E0170	Commode chair with integrated seat lift mechanism, electric, any type	Х	-	Х	-	Х	-			
	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	Х	-	Х	-	Х	-			
	Commode chair foot rest	Х	-	Х	-	Х	-			
E0181	Press pad alternating w/ pum	-	-	Х	-	-	-			
	Pressure pad alternating pum	-	-	Х	-	-	-			
					ī					

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

	La	rge 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, the directed to the Pharmacy link option within the website.	ese coding lists of	do not reflect information re	egarding immu	ınizations, injectable drug	s, or specialty med	dications and should be
E0183 Powered pressure reducing underlay/pad, alternating, with pump, includes heavy duty	1 -	Ι .	Х	l -	1 -	_
E0184 Dry pressure mattress	-	_	X	_	-	-
E0185 Gel pressure mattress pad	-	-	X	_	_	_
E0186 Air pressure mattress	_	_	X	_	_	-
E0187 Water pressure mattress	-	-	Х	-	-	-
E0188 Synthetic sheepskin pad	-	-	Х	-	-	-
E0189 Lambswool sheepskin pad	-	-	Х	-	-	-
E0190 Positioning cushion/pillow/wedge, any shape or size	Х	-	Х	-	Х	-
E0191 Protector heel or elbow	-	-	Х	-	-	-
E0193 Powered air flotation bed	-	-	Х	-	-	-
E0194 Air fluidized bed	_	X	Х	-	-	Χ
E0196 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	-
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	-
E0215 Electric heat pad moist	Х	-	Х	-	Х	-
E0217 Water circ heat pad w pump	X	-	Χ	-	Х	-
E0218 Water circ cold pad w pump	Х	-	Χ	-	X	-
E0221 Infrared heating pad system	X	-	Χ	-	X	-
E0225 Hydrocollator unit	X	-	Х	-	X	-
E0231 Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou	, X	-	Х	-	Х	-
E0232 Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover	Х	-	Х	-	Х	-
E0235 Paraffin bath unit portable	Х	-	Х	-	Х	-
E0236 Pump for water circulating p	Х	-	Χ	-	Χ	-
E0239 Hydrocollator unit portable	X	-	Χ	-	Х	-
E0241 Bath tub wall rail	Х	-	Χ	-	Х	-
E0242 Bath tub rail floor	Х	-	Χ	-	Х	-
E0243   Toilet rail	X	-	Χ	-	Х	-
E0244 Toilet seat raised	Х	-	Χ	-	Χ	-
E0245 Tub stool or bench	Х	-	Χ	-	Χ	-
E0246 Transfer tub rail attachment	X	-	Χ	-	X	-
E0247 Transfer bench for tub or toilet with or without commode opening	Х	-	Χ	-	Χ	-
E0248 Transfer bench, heavy duty, for tub or toilet with or without commode opening	X	-	Χ	-	X	-
E0249 Pad for water circulating heat unit, for replacement only	Х	-	Χ	-	Χ	-
E0250 Hosp bed fixed ht w/ mattres	-	-	Χ	-	-	-
E0251 Hosp bed fixd ht w/o mattres	_	-	Х	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Cociente Place role that coverage may very fair type and may not follow the listed services. These codes are updated quarterly. Additionably, these centrely site dis not retirest information in paymony in control with matter.			Lar	ge Employer	Individ	ual Benchmark**	Small Em	oloyer and Individual				
	Codes	Description					Not Covered	Preauthorization Required				
E0256   Hospital bed var ht w matt												
E0256   Haspital bed var ht w/o matt		·	1									
E0250   Hosp bed semi-electr w/matt		<u> </u>	-	-			-	-				
E0261   Hosp bed semi-electr w/o mat				-			-	-				
E0256   Hosp bed total electr w/ mat				-			-	-				
E0266   Hosp bed total elec w/o matt		'										
E0270   Inceptial bed institutional t												
E0271   Mattress inensripring												
E0272   Mattress foam rubber												
E0273   Bed board							Х					
E0274   Over-bed table							-					
E0275   Bed pan standard												
E0276   Bed pan fracture												
E0277   Powered pres-redu air mattrs												
E0280   Bed cradle			Χ			-	Х	-				
E0290   Hosp bed fx ht w/o rails w/m			- V			-	-	-				
E0291   Hosp bed xn ht w/o rail w/o   -												
E0292   Hosp bed var ht w/o rail w/o												
E0293   Hosp bed var ht w/o rail w/												
E0294   Hosp bed semi-elect w/ mattr												
E0295   Hosp bed semi-elect w/o matt												
E0296 Hosp bed total elect w/n matt  E0297 Hosp bed total elect w/o mat  E0300 Pediatric crib, hospital grade, fully enclosed  E0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress  E0302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0303 Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0304 Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0305 Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0306 Roils bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails  w/mattress  E0307 Rails bed side half length  E0308 Rails bed side full length  E0309 Varial male jug-type  X - X - X - X - C - C - C - C - C - C -							-	-				
E0297   Hosp bed total elect w/o mat   E0300   Pediatric crib, hospital grade, fully enclosed   -   -   X   -   -   -   E0300		<u> </u>					-	-				
E0300 Pediatric crib, hospital grade, fully enclosed  X							-					
E0301 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress  E0302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0303 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress  E0304 Hospital bed, heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress  E0305 Rails bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress  E0306 Rails bed side half length  E0307 Rails bed side half length  E0308 Bed accessory brd/tbl/supprt  E0309 Urinal male jug-type  X - X							-					
Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress  E0302 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress  E0303 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress  E0304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress  E0305 Rails bed side half length  E0310 Rails bed side half length  E0310 Rails bed side full length  E0315 Bed accessory brd/tbl/supprt  E0316 Safety enclosure frame/canopy for use with hospital bed, any type  X - X - X - X - X - X - E0325 Urinal male jug-type  X - X - X - X - X - X - E0326 Urinal female jug-type  E0328 Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rai		Pediatric crib, hospital grade, fully enclosed	-	-	Х	-	-	-				
mattress  E0303 Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/mattress  Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails  w/mattress  To X To		Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress	-	-	Х	-	-	-				
E0304 Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails  w/mattress  E0305 Rails bed side half length  E0310 Rails bed side full length  E0315 Bed accessory brd/tbl/supprt  E0316 Safety enclosure frame/canopy for use with hospital bed, any type  X  E0316 Safety enclosure frame/canopy for use with hospital bed, any type  X  E0325 Urinal male jug-type  X  E0326 Urinal female jug-type  X  E0328 Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side  rails up to 24 inches  E0329 Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai		mattress	-	Х		-	-	X				
w/mattress  E0305 Rails bed side half length  X			-	-	Χ	-	-	-				
E0310 Rails bed side full length X		w/mattress	-	-	Х	-	-	-				
E0315 Bed accessory brd/tbl/supprt  E0316 Safety enclosure frame/canopy for use with hospital bed, any type  X - X - X - X - E0325 Urinal male jug-type  E0326 Urinal female jug-type  X - X - X - X - X - E0326 Urinal female jug-type  E0328 Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rai  E0329 Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai  E0329 Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai	E0305	Rails bed side half length	-	=	X	=	-	-				
E0316 Safety enclosure frame/canopy for use with hospital bed, any type			-	=	X	=	-	=				
E0325 Urinal male jug-type			X	-	X	-	X	<u>-</u>				
E0325 Urinal male jug-type			Χ	-		-		-				
E0328 Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches  E0329 Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai			Χ	-	X	-	X	-				
rails up to 24 inches  E0329 Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai			X	=	X	=	X	-				
footboard and side rai	E0328		-	-	Х	-	-	-				
	E0329	· · · · · · · · · · · · · · · · · · ·	-	-	Х	-	-	-				
E0350   Control unit bowel system   X   -   X   -   X   -	E0350	Control unit bowel system	Χ	-	Χ	-	Х	-				

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

			ge Employer	Individ	ual 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	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	the Pharmacy link option within the website.			. V			
	Disposable pack w/bowel syst	X	=	X	-	X	=
	Air elevator for heel	Х	-	X	-	Х	=
	Nonpower mattress overlay  Powered air mattress overlay	-	-	X	-	-	<u>-</u>
	Nonpowered pressure mattress	-	-	X	-	-	<u>-</u>
	Gas system stationary compre			X			
	Oxygen system liquid portabl	X	-	X		X	-
	Oxygen system liquid station	X	-	X	-	X	<u> </u>
	Topical ox deliver sys, nos	X	-	X		X	<u> </u>
	Rocking bed w/ or w/o side r	-	X	X		-	X
	Respiratory assist device, bi-level pressure capability, without backup rate	-	-	X	-	<del>-</del>	^
	Respiratory assist device, bi-level pressure capability, with back-up rate	-		X	-	-	<u> </u>
	Respiratory assist device, bi-level pressure capability, with backup rate	_	<u>-</u>	X	-	<del>-</del>	<u> </u>
	Percussor elect/pneum home m	_	<u>-</u>	X	_	_	
	Intrapulmonary percussive ventilation system and related accessories	X	<u>-</u>	X		X	
E0483	Thirdpullifordary percussive vertiliation system and related accessories						
20403	High frequency chest wall oscillation air-pulse generator system, (includeshoses and vest), each	-	-	Х	-	-	=
F0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical						
20.00	stimulation of the tongue muscle, controlled by hardware remote	Х	-	Х	-	Х	-
E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in						
	conjunction with the power source and control electronics unit, controlled by hardware remote, 90-	Х	_	Х	_	X	_
	day supply						
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	=
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in						
	conjunction with the power source and control electronics unit, controlled by phone application, 90-	Χ	-	Χ	-	X	-
	day supply						
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and	Х		Х		Х	
	accessories, any type	^	ı	^	-	^	=
E0500	Ippb all types	-	-	Χ	-	-	-
E0550	Humidif extens supple w ippb	-	-	Χ		-	-
	Humidifier for use w/ regula	-	-	Χ	-	-	-
	Humidifier supplemental w/ i	-	-	Χ	-	-	-
	Humidifier, non-heated, used with positive airway pressure device	-	-	Χ	-	-	-
	Humidifier, heated, used with positive airway pressure device	-	-	Χ	-	-	-
	Ultrasonic generator w svneb	Χ	-	Х	-	Х	-
	Cont airway pressure device	-	-	Χ	-	-	-
	Breast pump	Χ	-	Χ	-	Х	-
E0604	Breast pump, heavy duty, hospital grade, piston operated, pulsatile vacuum suction/release cycles,	_	Х	_	Х	_	X
	vacuum regulator, sup						
	Vaporizer room type	Х	-	X	-	Х	-
E0606	Drainage board postural	-	-	Χ	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

			Large Employer		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	coding lists of	lo not reflect information re	egarding immu	inizations, injectable drug	s, or specialty med	lications and should be
	the Pharmacy link option within the website.		I	V	ı	1	
	Blood glucose monitor home	-	-	X	-	- V	=
	Patient lift sling or seat	X	-	X	-	X	-
	Patient lift bathroom or toi	X	-	X	-	X	-
	Seat lift incorp lift-chair	X	-	X	-	X	-
	Seat lift for pt furn-non-el	X	-	X	-	X	=
	Patient lift hydraulic	X	-	X	-	Х	-
	Patient lift electric	X	-	X	-	Х	-
	Multipositional patient support system, with integrated lift, patientaccessible controls	Χ	-	Х	-	Χ	-
	Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Х	-	Х	-	Х	-
E0638	Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels	Х	-	Х	-	Х	-
E0639	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	-	-	-
F0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	_	_	Х	-	_	-
	Pneuma compresor non-segment	_	_	X	_	_	-
	Pneum compressor segmental	_	_	X	-	_	-
	Pneum compres w/cal pressure	_	_	X	-	_	-
	Pneumatic appliance half arm	_	_	X	_	_	_
	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Х	_	X	_	Х	
	Segmental pneumatic appliance for use with pneumatic compressor, chest	X	_	X	_	X	
	Pneumatic appliance full leg	-	Х	X	_	-	Х
	Pneumatic appliance full arm	_	-	X	_	_	-
	Pneumatic appliance half leg			X		_	<u> </u>
	Seg pneumatic appl full leg		_	X	_	_	
	Seg pneumatic appl full arm		_	X	<u>-</u>	_	<u> </u>
	Seg pneumatic appli half leg		_	X	_	_	
	Segmental pneumatic appli names Segmental pneumatic appliance for use with pneumatic compressor, half			X	<u>-</u>	_	<u> </u>
	Pressure pneum appl full leg		<u>-</u>	X		_	<u> </u>
	Pressure pneum appl full arm	-		X		_	<u> </u>
	Pressure pneum appl half leg			X			
		-	-		-	-	-
	Pneumatic compression device, high pressure, rapid inflation/deflation cycle	-		Х	-	-	- V
	Non pneum seq comp trunk	- V	X	- V	Х	- V	X
	Nonpneumatic sequential compression garment, full leg	X	-	X	-	X	-
	Nonpneumatic sequential compression garment, half leg	X	-	X	-	X	=
	Nonpneumatic compression controller without calibrated gradient pressure	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	-
E0711	Ue enclosure restr rom	X	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

		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, these he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	Inizations, injectable drugs	s, or specialty med	lications and should be
	Tens two lead		_	Х	_		
	Tens four lead	-	-	X	-	_	<u> </u>
	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	Х	_	X	_	Х	
	Noninvasive vagus nerve stimulator	X	_	X	_	X	
	Transcutaneous tibial nerve stimulator			X	_		
	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education,		_		_	_	<del>-</del>
	include microprocessor, all components and accessories	Х	-	Х	-	Х	<del>-</del>
E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors	Х	-	Х	-	Х	-
F0740	Incontinence treatment systm	Х	_	Х	_	Х	_
	Neuromuscular stim for scoli	X	_	X	_	X	_
	Neuromuscular stim for shock	X	_	X	_	X	_
	Electromyograph biofeedback	X	_	X	_	X	_
	Elec osteogen stim not spine	-	Х	-	Х	-	Х
	Elec osteogen stim spinal	-	X	-	X	_	X
	Elec osteogen stim implanted	_	X	_	X	_	X
	Osteogen ultrasound stimltor	_	X	_	X	_	X
	Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device	Х	-	Х	-	Х	-
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Х	_	Х	_	Х	
	Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with	^	-	^	-	^	-
E0764		Х	-	Х	-	X	=
FOZGE	computer control, used for  Nerve stimulator for tx n&v	Х	_	Х	_	Х	_
	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any	^	-	^	-	^	-
	type, complete system, n	Х	-	Х	-	Х	-
	Programmable infusion pump	-	Χ	=	X	-	Χ
	Ext amb infusn pump insulin	-	Χ	-	X	-	Χ
	Implantable pump replacement	-	Χ	-	X	-	Χ
	Cgs dose adj insulin inf pmp	Χ	-	Χ	-	X	-
E0791	Parenteral infusion pump sta	-	Χ	-	X	-	Χ
	Cervical pneum trac equip	Χ	-	Χ	-	X	-
	Traction stand free standing	X	-	X	-	X	-
	Cervical traction equipment	Χ	-	Χ	-	Х	=
	Cervical traction device, cervical collar with inflatable air bladder	Χ	-	Χ	-	Х	=
	Tract equip cervical tract	Χ	-	Χ	-	Х	-
E0880	Trac stand free stand extrem	Χ	-	Χ	-	X	=
E0900	Trac stand free stand pelvic	Χ	-	Χ	-	Х	=
E0910	Trapeze bar attached to bed	-	-	Х	-	-	-
	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, attached to bed, with grab bar	-	-	Х	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	ge Employer	Individ	ual 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 Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Trapeze bar, heavy duty, for patient weight capacity greater than 250 pounds, free stadning, complete with grab bar	-	-	Х	-	-	-
	Fracture frame attached to b	-	-	Х	-	- 1	-
E0930	Fracture frame free standing	-	-	Х	-	-	-
	Trapeze bar free standing	-		Χ		-	=
	Gravity assisted traction de	Χ	-	Χ	-	Х	-
	Fracture frame dual w cross	-	-	Χ	-	-	-
E0947	Fracture frame attachmnts pe	-	-	Χ	-	-	=
E0948	Fracture frame attachmnts ce	-	-	Х	-	-	-
E0951	Loop heel	-	-	Х	-	-	=
E0952	Loop tie	-	-	Х	-	-	-
E0968	Wheelchair commode seat	Χ	-	Х	-	Х	-
E0986	Manual wheelchair accessory, push-rim activated power assist, each	-	X	-	X	-	Х
E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair	-	X	-	X	-	Х
E1002	Wheelchair accessory, power seating system, tilt only	-	X	-	X	-	Χ
E1003	Wheelchair accessory, power seating system, recline only, without shear	-	X	-	X	-	Х
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	-	X	-	X	-	Х
E1005	Wheelchair accessory, power seating system, recline only, with power shear	-	X	-	X	-	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
	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	-	Х	-	Х	-	Х
	Wheelchair accessory, ventilator tray, fixed	_	Х	_	Х	- 1	Х
F1030	Wheelchair accessory, ventilator tray, gimbaled	_	X	_	X	<del>                                     </del>	X
	Rollabout chair with casters	Х	-	Х	-	X	-
E1035	Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an	Х	-	Х	-	X	-
E1036	Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci	Х	-	Х	-	Х	-
	Transport chair pt wt>300lb	Χ	-	Х	-	Х	-
	Whelchr fxd full length arms	-	Х	-	Х	- 1	Х
	Wheelchair detachable arms	-	X	-	X	-	X
	Wheelchair detachable foot r	-	X	-	X	- 1	X
	Hemi-wheelchair fixed arms	-	X	-	X	-	X
	Hemi-wheelchair detachable a	-	X	-	X	-	X
	Hemi-wheelchair fixed arms	-	X	-	X	- 1	X
	Hemi-wheelchair detachable a	-	X	-	X	- 1	X
	Wheelchair lightwt fixed arm	-	X	-	X	<del>                                     </del>	X
	Wheelchair lightweight det a	-	X	-	X	-	X
	Wheelchair lightwt fixed arm	_	X	t	X	<del>                                     </del>	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

9		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, these	e coding lists of	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.		1	ī	•		
	Wheelchair lightweight det a	-	Х	-	Х	-	X
	Wheelchair wide w/ leg rests	-	X	-	Х	-	X
	Wheelchair wide w/ foot rest	-	X	-	X	-	X
	Whchr s-recl fxd arm leg res	-	X	-	X	-	X
	Wheelchair semi-recl detach	-	X		X	-	X
	Whichr stand fxd arm ft rest	-	X	-	Х	-	Х
	Wheelchair standard detach a	-	X	-	X	-	X
	Wheelchair standard w/ leg r	-	X	-	X	-	X
	Wheelchair fixed arms	-	X	-	X	-	X
	Manual adult size wheelchair, includes tilt in space	-	X	-	X	-	X
	Whichr ampu fxd arm leg rest	-	X	-	X	-	X
	Wheelchair amputee w/o leg r	-	X	-	X	-	X
	Wheelchair amputee detach ar	-	X	-	X	-	X
	Wheelchair amputee w/ foot r	-	X		X	-	X
	Wheelchair amputee w/ leg re	-	X		X	-	X
	Wheelchair amputee heavy dut	-	X	-	X	-	X
	Wheelchair amputee fixed arm	-	X	-	X	-	X
	Whichr special size/constrc	-	X	-	X	-	X
	Wheelchair spec size w foot	-	X	-	X	-	X
	Wheelchair spec size w/ leg	-	X	-	X	-	X
	Wheelchair spec size w foot	-	X	-	X	-	X
	Wheelchair spec size w/ leg	-	X	-	X	-	X
	Wheelchair spec sz semi-recl	-	X		X	-	X
	Wheelchair spec sz full-recl	-	X	-	X	-	X
	Wheelchair spec sz spec ht a	-	X	-	X	-	X
	Wheelchair spec sz spec ht b	-	X	-	X	-	X
	Pediatric wheelchair nos	-	Х	-	Х	-	X
	Power operated vehicle	Х	-	Х	-	Χ	-
	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, with seatingsystem	-	X	-	X	-	X
	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, with seatingsystem	-	X	-	X	-	X
	Wheelchair, pediatric size, tilt-in-space, rigid, adjustable, without seatingsystem	-	X	-	X	-	X
	Wheelchair, pediatric size, tilt-in-space, folding, adjustable, without seatingsystem	-	X	-	X	-	X
	Wheelchair, pediatric size, rigid, adjustable, with seating system	-	X	-	X	-	X
	Wheelchair, pediatric size, folding, adjustable, with seating system	-	X	-	X	-	X
	Wheelchair, pediatric size, rigid, adjustable, without seating system	-	X	-	X	-	X
	Wheelchair, pediatric size, folding, adjustable, without seating system	-	X	-	X	-	X
	Ped power wheelchair nos	-	X	-	X	-	X
	Whohr litwt det arm leg rest	-	X	-	X	-	X
	Wheelchair lightwt fixed arm	-	X	-	X	-	X
	Wheelchair lightwt foot rest	-	X	-	X	-	X
	Wheelchair lightweight leg r	-	X	-	X	-	X
E1280	Whchr h-duty det arm leg res	_	Х	-	Х	-	X

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

119 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

E1285 Wh E1290 Wh E1295 Wh E1296 Wh E1297 Wh	Description  Is a note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, the code codes are updated quarterly.	Not Covered e coding lists de	Preauthorization Required o not reflect information re	Not Covered garding immu	Preauthorization Required nizations, injectable drugs	Not Covered	Preauthorization Required
E1285 Wh E1290 Wh E1295 Wh E1296 Wh E1297 Wh	Pharmacy link option within the website.  neelchair heavy duty fixed  neelchair hvy duty detach a  neelchair heavy duty fixed  neelchair special seat heig	-		garding immu	nizations, injectable drugs		
E1285 Wh E1290 Wh E1295 Wh E1296 Wh E1297 Wh	neelchair heavy duty fixed neelchair hvy duty detach a neelchair heavy duty fixed neelchair special seat heig	-	X			, or specialty medi	cations and should be
E1290 Wh E1295 Wh E1296 Wh E1297 Wh	neelchair hvy duty detach a neelchair heavy duty fixed neelchair special seat heig	-			Х	I I	
E1295 Wh E1296 Wh E1297 Wh	neelchair heavy duty fixed neelchair special seat heig	-	X	-	X	-	X
E1296 Wh E1297 Wh	neelchair special seat heig		X	-	X	-	X
E1297 Wh		-	X	-	X	-	X
	acalabair anacial coat dont	-	X	-	X	_	X
	neelchair special seat depth/w	-	X	-	X	_	X
	nielocifali spec seat depti i w	X	-	X	-	X	^
	nirlpool portable	X	-		-	X	
	rygen accessory, battery pack/cartridge for portable concentrator, any type, replacement only,	^	-	Х	-	^	<del>-</del>
eac	ch	Х	-	Х	-	Х	-
	rtable oxygen concentrator, rental	-	X	-	X	-	X
	parin infusion pump for di	-	X	-	X	-	X
	bubble detector for dial	-	X	-	X	-	X
	essure alarm for dialysis	-	X	-	X	-	X
	th conductivity meter	-	X	-	X	-	X
	justable chair for esrd pt	Χ	-	Χ	-	Χ	-
	to interm peritoneal dialy	-	X	-	X	-	X
	cler dialysis machine	-	X	-	X	-	X
	ood pump for dialysis	-	X	-	X	-	X
	ater softening system	Χ	-	Χ	-	Χ	-
	ciprocating peritoneal dia	-	X	-	X	-	X
	ale, for dialysis, each	Х	-	Х	-	Х	-
	w motion rehab system	Х	-	Х	-	Х	-
	pl cushions for jaw motion	Х	•	Х	•	Х	-
	pl measr scales jaw motion	Х	-	Х	-	Х	-
	just elbow ext/flex device	-	-	Х	-	-	-
E1801 Bi-c	directional static progressive stretch elbow device with range of motion adjustment, includes	-	-	Х	-	-	-
E1802 Dyr	namic adjustable forearm pronation/supination device, includes soft interfacematerial	-		Χ	•	-	-
	just wrist ext/flex device	-	-	Χ	-	-	-
E1806 Bi-c	directional static progressive stretch wrist device with range of motion adjustment, includes	-	-	Х	-	-	-
E1810 Adi	just knee ext/flex device	-	-	Х	-	-	-
E1811	p						
Bi-c	directional progressive stretch knee device with range of motion adjustment, includes cuffs	-	-	X	-	-	<u>-</u>
	namic knee, extension/flexion device with active resistance control	-	-	X	-	-	-
	just ankle ext/flex device	-	-	Х	-	-	-
cuff		-	-	Х	-	-	-
	directional static progressive stretch forearm pronation/supination device with range of motion justment, includes	-	-	Х	-	- T	-
E1820 Sof	ft interface material	-	-	Х	-	- 1	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: (	03/	22/	24
----------	-----	-----	----

		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
	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 d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	-	-	Χ	-	-	-
E1825	Sadjust finger ext/flex devc	-	-	Χ	-	-	-
	Adjust toe ext/flex device	-	-	Χ	-	-	-
	Static str toe dev ext/flex	-	-	Χ	-	-	-
E1840	Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material	-	-	Х	-	-	-
F1841	Static str shidr dev rom adj	_	-	Х	-	_	-
	Vr cbt therapy	Х	-	X	-	Х	-
	Blood glucose monitor with integrated voice synthesizer	X	-	X	-	X	-
	Blood glucose monitor with integrated lancing/blood sample	-		X	-	-	-
	Adjunctive continuous glucose monitor or receiver	-	Х	-	Х	-	Х
E2103	Non-adjunctive, non-implanted continuous glucose monitor or receiver	-	Х	-	Х	-	Χ
	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	-	Χ
E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	-	Χ
	Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.	-	Х	-	Х	-	Х
	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches	-	Х	-	Х	-	Х
E2205	Manual wc accessory, handrim	-	Χ	-	Χ	-	Χ
E2206	Complete wheel lock assembly	-	Х	-	Х	-	Χ
E2207	Wheelchair accessory, crutch and cane holder, each	-	X	-	X	-	Χ
E2208	Wheelchair accessory, cylinder tank carrier, each	-	Χ	-	Χ	-	Χ
E2209	Wheelchair accessory, arm trough, each	-	Χ	-	Χ	-	Χ
E2210	Wheelchair accessory, bearings, any type, replacement only, each	-	Х	-	X	-	Χ
E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each	-	Х	-	X	-	Χ
E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each	-	Х	-	X	-	Χ
E2213	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	-	X	-	X	- 1	X
	Manual wheelchair accessory, foam filled propulsion tire, any size, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, foam filled caster tire, any size, each	-	Х	-	Х	-	Х
E2218	Manual wheelchair accessory, foam propulsion tire, any size, each	-	Х	-	Х	-	Х
E2219	Manual wheelchair accessory, foam caster tire, any size, each	-	Χ	-	Χ	-	Χ
E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, each	-	X	-	X	-	Χ
E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, each	-	Х	-	Х	-	Х
E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, each	-	Х	-	Х	-	Х
F2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, each	<b>-</b>	X	_	X	- 1	X
E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each	-	X	-	X	-	X
F2226	Manual wheelchair accessory, caster wheel excludes the, any size, replacement only, each		X		X	<del>                                     </del>	X
LZZZ0	imanda whodonan accessory, caster rork, any size, replacement only, each		^	-	^		^

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
E2227	Manual wheelchair accessory, gear reduction drive wheel, each	-	Х	-	Х	-	Х
	Manual wheelchair accessory, wheel braking system and lock, complete, each	-	X	-	X	-	X
	Manual wheelchair accessory, manual standing system	-	Х	-	Х	-	Х
E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), 'includes any type mounting hardware	-	Х	-	Х	-	Х
	Planar back for ped size wc	_	Х	_	Х	_	Х
	Planar seat for ped size wc	_	X	_	X	_	X
	Contour back for ped size wc	_	X	_	X	_	X
	Contour seat for ped size wc	_	X	_	X	_	X
	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating 'frame, allows coordinated movement of multi	-	X	_	X	-	X
F2300	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	X	_	X	_	X	
	Power wheelchair accessory, hand or chin control interface, mini-proportional remote joystick, proportional, including f	-	-	-	Х	-	-
E2313	Power wheelchair accessory, harness for upgrade to expandable controller, including all fasteners, connectors and mounti	-	Х	_	Х	-	Х
F2321	Power wheelchair accessory, hand control interface, remote joystick,	-	Х	_	Х	_	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
	Power wheelchair accessory, chin cup for chin control interface	_	X	_	X	_	X
	Power wheelchair accessory, sip and puff interface, nonproportional	_	X	_	X	_	X
	Power wheelchair accessory, breath tube kit for sip and puff interface	_	X	_	X	_	X
	Power wheelchair accessory, head control interface, mechanical, proportional	_	X	_	X	_	X
E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional	-	X	-	X	-	X
E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional	-	Х	-	Х	-	Х
E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional	-	X	-	Х	-	X
	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware	-	Х	-	Х	-	Х
	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches	-	Х	-	Х	-	Χ
E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches	-	Х	-	Х	-	Χ
E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches	-	Х	-	Х	-	Χ
	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches	-	Х	-	Х	-	Χ
	Power wheelchair accessory, electronic interface to operate speech generating device	Х	-	Х	-	Х	-
	Power wheelchair accessory, group 34 non-sealed lead acid battery, each	-	Х	Х	-	-	Χ
	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

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	ge Employer	Individ	ual 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, these the Pharmacy link option within the website.	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	cations and should be
	Power wheelchair accessory, 22nf sealed lead acid battery, each		Х	Х	_		X
	Power wheelchair accessory, group 24 non-sealed lead acid battery, each	-	X	X	-	-	X
	Power wheelchair accessory, group 24 sealed lead acid battery, each	_	X	X	_	_	X
	Power wheelchair accessory, u-1 non-sealed lead acid battery, each	-	X	X	_	-	X
	Power wheelchair accessory, u-1 sealed lead acid battery, each	-	X	X	-	-	X
E2366		_	Х	Х	-	_	Х
	Power wheelchair accessory, battery charger, single mode, for use with only one battery type	_				_	
	Power wheelchair accessory, battery charger, dual mode, for use with either battery type	-	X	Χ	-	-	X
	Power wc motor replacement	-	X	-	X	-	X
	Pwr wc gear box replacement	-	X	-	X	-	X
	Pwr wc motor/gear box combo	-	Х	-	X	-	X
	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each	-	Х	Х	-	-	X
	Power wheelchair accessory, group 27 non-sealed lead acid battery, each	-	X	Χ	-	-	Χ
E2373	Power wheelchair accessory, hand or chin control interface, mini-proportional, compact, or short throw remote joystick o	-	Х	-	Х	-	X
E2374	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 mounting hardware, replacem	-	Х	-	Х	-	Х
E2376	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, replacement	-	Х	-	Х	-	Х
E2377	Power wheelchair accessory, expandable controller, including all related electronics and mounting hardware, upgrade prov	-	Х	-	Х	-	Х
E2381	Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2382	Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2383	Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac	-	Х	-	Х	-	Х
E2384	Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each	-	Х	-	X	-	Χ
E2385	Power wheelchair accessory, tube for pneumatic caster tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2386	Power wheelchair accessory, foam filled drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
E2387	Power wheelchair accessory, foam filled caster tire, any size, replacement only, each	-	Х	-	Х	-	Х
	Power wheelchair accessory, foam drive wheel tire, any size, replacement only, each	-	Х	-	Х	- 1	Х
E2389	Power wheelchair accessory, foam caster tire, any size, replacement only, each	-	X	-	X	-	Χ
E2390	Power wheelchair accessory, solid (rubber/plastic) drive wheel tire, any size, replacement only, each	-	Х	-	Х	-	Х
	Power wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	se coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	Power wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size,		Х		Х		V
	replacement only, each	-	Λ	-	^	-	X
	Power wheelchair accessory, drive wheel excludes tire, any size, replacement only, each	-	X	-	X	-	Χ
E2395		_	Х	_	Х	_	Х
	Power wheelchair accessory, caster wheel excludes tire, any size, replacement only, each						
	Power wheelchair accessory, caster fork, any size, replacement only, each	-	X	-	X	-	X
	Power wheelchair accessory, lithium-based battery, each	-	-	Х	-	-	-
	Negative pressure wound therapy electrical pump, stationary or portable	<u> </u>	X	-	X	-	X
	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	X	-	X	-	Х	-
	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Х	-	Х	-	Х	-
	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	X	-	X	-	Х	-
	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	X	-	Х	-	Х	-
	Speech generating device, synthesized speech, requiring message formulation by spelling	Х	-	Х	-	Χ	-
	Speech generating device, synthesized speech, permitting multiple methods	-	-	X	-	-	-
	Speech generating software program, for personal computer or personal digital assistant	Х	-	Х	-	Х	-
	Accessory for speech generating device, mounting system	X	-	Х	-	Х	-
	Accessory for speech generating device, not otherwise classified	-	-	Х	-	-	-
	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	-	Χ
	Skin protect wc cus wd>=22in	-	X	-	X	-	X
	Position wc cush wdth <22 in	-	X	-	Х	-	X
	Position wc cush wdth>=22 in	-	X	-	X	-	Х
	Skin pro/pos wc cus wd <22in	-	X	-	X	-	X
	Skin pro/pos wc cus wd>=22in	-	X	-	X	-	X
	Custom fabricate w/c cushion	-	X	-	Х	-	X
	Powered w/c cushion	-	X	-	X	-	X
	Gen use back cush wdth <22in	-	X	-	X	-	X
	Gen use back cush wdth>=22in	-	X	-	X	-	Χ
	Position back cush wd <22in	-	X	-	X	-	X
	Position back cush wd>=22in	-	X	-	X	-	Χ
	Pos back post/lat wdth <22in	-	X	-	X	-	X
	Pos back post/lat wdth>=22in	<u> </u>	X	-	X	-	X
	Custom fab w/c back cushion	-	X	-	X	-	Χ
	Replace cover w/c seat cush	-	X	-	X	- 1	Χ
	Wc planar back cush wd <22in	-	X	-	X	-	X
	Wc planar back cush wd>=22in	<u> </u>	X	-	X	- 1	Χ
	Adj skin pro w/c cus wd<22in	-	X		X	-	Χ
	Adj skin pro wc cus wd>=22in	-	X	-	X	-	Χ
	Adj skin pro/pos cus<22in	-	X	-	X	-	Χ
E2625	Adj skin pro/pos wc cus>=22	-	Χ	-	Χ	-	Χ

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

124 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Large Employer		Individ	ual 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 he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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
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
	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
E2633	Wheelchair accessory, addition to mobile arm support, supinator	-	Х	-	Х	-	Χ
	Speech volume modulation system, any type, including all components and accessories	Χ	-	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	-
	Semen analysis	Χ	-	Х	-	X	-
	Doc med rsn no scr tob	X	-	X	-	Х	-
	No tob scr/cess int	Х	-	X	-	Х	-
	Pt scr tob & cess int	X	-	X	-	X	-
	Pall serv during meas	X	-	X	-	X	-
	2+ antipsy schiz 2+ benzo seiz	X	-	X	-	X	-
	Pall serv during meas	X	-	X	-	X	<u>-</u>
	Pt ed pos 23	X	<u>-</u>	X		X	
	Pt/ptn decln assess	X		X		X	
	Pt not able to participate	X	-	X	-	X	-
	Clin pt no ref	X	_	X	_	X	-
	Pt no ref, rn spec	X	-	Х	-	X	=
	Pt phys/occ therapy	Х	-	Х	-	Х	-
	Pt/ptn decln referral	Х	-	Х	-	Х	-
G0042	Ref to therapy	Χ	-	Х	-	X	-
G0043	Pt mech pros ht valv	Χ	-	X	-	Χ	=
G0044	Pt mitral stenosis	Χ	-	Χ	-	Χ	=
G0045	Mrs 90 days post stk	Χ	-	Х	-	Χ	-
	No mrs 90 days post stk	Χ	-	Х	-	Χ	-
	Ped blunt hd traum	X	-	X	-	Х	-
G0048	Pall serv during meas	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		rge Employer	Individ	ual 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	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
directed to the Pharmacy link option within the website.	V	I	l v	I		
G0049 Main hemo in-cntr G0050 Pt w/ Imted life expec	X	-	X	<u>-</u> -	X	-
G0050 Pt w inited life expect	X	-	X	-	X	-
G0051 Pt peri dialysis dur mo	X	-	X	-	X	
G0053 Adv rheum pt care mvp	X		X	-	X	
G0055 FACE THE IT PECALE THE PECA	X		X		X	
G0054 Strk of previous dutche myp  G0055 Adv care heart dx mvp	X		X		X	<del></del>
G0055 Provided received myp  G0057 Best pct pt safety em myp	X		X	_	X	<u> </u>
G0058 Imprv care le jnt repr mvp	X		X	_	X	<u> </u>
G0059 Pt sfty pos exp w aneth mvp	X	_	X	_	X	-
G0060 Allergy/immunology ss	X	_	X	_	X	
G0061 Anesthesiology ss	X	_	X	_	X	-
G0062 Audiology ss	X	_	X	_	X	-
G0063 Cardiology ss	X	_	X	_	X	_
G0064 Cert nurse midwife ss	Х	-	Х	-	X	-
G0065 Chiropractic ss	Х	-	Х	-	Х	-
G0066 Clinical social work ss	Х	-	Х	-	Х	-
G0067 Dentistry ss	Х	-	Х	-	Х	-
G0068 Adm of infusion drug in home	-	Х	-	Х	-	Х
G0069 Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes	-	Х	-	Х	-	Х
Professional services for the administration of chemotherapy for each infusion drug administration	-	Х	_	Х	-	X
calendar day in the individual's home, each 15 minutes			.,,			
G0071 Comm svcs by rhc/fqhc 5 min	X	-	X	-	X	-
G0076 Care manag h vst new pt 20 m	X	-	X	-	Х	-
G0077 Care manag h vst new pt 30 m	X	-	X	-	Х	-
G0078 Care manag h vst new pt 45 m	X	-	X	-	X	-
G0079 Care manag h vst new pt 60 m	X	-	X	-	X	-
G0080 Care manag h vst new pt 75 m	X	-	X	-	X	-
G0081 Care man h v ext pt 20 mi	X	-	X	-	X	-
G0082 Care man h v ext pt 30 m	X	-	X	-	X	-
G0083 Care man h v ext pt 45 m	X	-	X	-	X	-
G0084 Care man h v ext pt 60 m	X	-	X	-	Х	-
G0085 Care man h v ext pt 75 m	X	-	X	-	Х	=
G0086 Care man home care plan 30 m	X	-	X	-	X	-
G0087 Care man home care plan 60 m	Х	-	Х	-	Х	-
G0088 Adm iv drug 1st home visit	-	X	-	X	-	X
G0089 Adm subq drug 1st home visit	-	Х	-	Х	-	X
G0128 Corf skilled nursing service	Х	-	Х	-	Х	-
G0129 Partial hosp prog service	-	Х*	-	Х*	<u> </u>	Х*
G0130 Single energy x-ray study	Χ	-	Χ	-	X	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



			Large Employer		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
G0136	Administration of a standardized, evidence-based social determinants of health risk assessment tool, 5 to 15 minutes	Х	-	Х	-	Х	-
G0137	Intensive outpatient services, weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include:	-	Х	-	Х	-	Х
	Principal illness navigation-peer support by certified or trained auxiliary personnel under the direction of a physician or other practitioner, including a certified peer specialist, 60 minutes per calendar month, in the following activities:	Х	-	Х	-	Х	-
	Principal illness navigation-peer support, additional 30 minutes per calendar month (list separately in addition to G0140)	Х	-	Х	-	Х	-
	Hhcp-serv of pt,ea 15 min	-	Χ*	-	Χ*	-	Χ*
	Hhcp-serv of ot,ea 15 min	-	X*	-	X*	-	Χ*
	Hhcp-svs of s/l path,ea 15mn	-	X*	-	X*	-	Χ*
	Services of clinical social worker in home health or hospice settings, each 15 minutes	-	X*	-	X*	-	Χ*
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	-	Χ*	-	X*	-	X*
G0160	Hhc occup therapy ea 15	-	Χ*	-	X*	-	X*
	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology m	-	X*	-	X*	-	X*
	Hhc rn e&m plan svs, 15 min	-	Χ*	-	Χ*	-	Χ*
	Opps service,sched team conf	Χ	-	Х	-	X	-
G0176	Opps/php;activity therapy	Χ	-	X	-	X	-
	Opps/php; train & educ serv	Χ	-	Х	-	X	-
	Md recertification hha patient	Χ	-	Х	-	X	-
	Md certification hha patient	Χ	-	Х	-	X	-
	Pet img wholebody melanoma nonco	Χ	-	Х	-	X	-
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	-	-	-
G0255	Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve	Х	-	Х	-	Х	-
G0269	Placement of occlusive device into either a venous or arterial access site,post surgical or interventional procedure (e.	Х	-	Х	-	X	-
	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		X*	-	X*	-	X*

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	Electrical stimulation, (unattended), to one or more areas, for wound careother than described in a0281	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	-	X*	-	X*	-	X*
	Noncovered surgical procedure(s) using conscious sedation, regional, general orspinal anesthesia in a medicare qualifyin	Х	-	Х	-	Х	-
	Noncovered procedure(s) using either no anesthesia or local anesthesia only, ina medicare qualifying clinical trial, per	Х	-	Х	-	Х	-
	Electromagnetic stimulation, to one or more areas	X	-	Х	-	Х	-
	Direct skilled nursing services of a registered nurse (rn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х	-	Х
	Direct skilled nursing services of a license practical nurse (lpn) in the home health or hospice setting, each 15 minutes	-	Х	-	Х	-	Χ
	Pre-operative pulmonary surgery services for preparation for lvrs, complete	X	-	Χ	-	Х	-
	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	X	-	X	-	Х	-
	Post-discharge pulmonary surgery services after lvrs, minimum of 6 days	X	-	X	-	Х	-
	180 d implant glucose sensor	X	-	X	-	Х	-
	Rem/inser glu sensor dif sit	Х	-	Х	-	Х	-
	Immunization counseling by a physician or other qualified health care professional when the vaccine(s) is not administered on the same date of service, 5 to 15 mins time (this code is used for medicaid billing purposes)	Х	-	Х	-	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	-
	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	-
	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	-
	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	-
G0315	Immunization counseling by a physician or other qualified health care professional for covid-19, ages under 21, 5-15 mins time (this code is used for the medicaid early and periodic screening, diagnostic, and treatment benefit (epsdt)	Х	-	Х	-	х	-
	Home health services furnished using synchronous telemedicine rendered via telephone or other real-time interactive audio-only telecommunications system	Х	-	Х	-	Х	-
	Colon ca scrn;bld-bsd biomrk	Χ	-	Х	-	Χ	=
G0329	Therapy plan of care	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Large Emplo		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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room	-	х	-	Х	-	Х
	Hospice evaluation and counseling services, pre-election	-	Х	-	Х	_	Х
G0339	Image guided robotic linear accelerator base sterotactic radiosurgery, complete course therapy in one session, or first	-	X	Х	-	-	X
	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	-
G0342	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	-
	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	-	-	-
	Home sleep test (hst) with type iv portable monitor, unattended; minimum of 3 channels	-	_	Х	_	_	_
G0402	Initial preventive physical examination; face-to-face visit, services limited to new beneficiary during the first 12 mon	Х	-	Х	-	Х	-
G0409	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	-
G0411	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	-
G0439	Ppps, subseq visit	Χ	-	Χ		X	
	Development testing, with interpretation and report, per standardized instrument form	X	-	X	-	Χ	-
	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	-
	Autolog prp not diab ulcer	Х	-	Х	-	Х	-
	Autolog prp diab wound ulcer	Х	-	Х	-	Х	-
	Fqhc visit, ippe or awv	Х	-	Х	-	Х	-
	Home visit rn, lpn by rhc/fq	Х	-	Х	-	Х	-
G0493	Rn care ea 15 min hh/hospice	-	Х	-	Х	-	X
G0494	Lpn care ea 15min hh/hospice	-	Х	-	X	-	X
G0495	Rn care train/edu in hh	-	Х	-	X	-	Χ
	Lpn care train/edu in hh	-	Х	-	Χ	-	Χ
G0513	Prolong prev svcs, first 30m	Χ	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124	
$\boldsymbol{\neg}$	vı.	UU		<i>-</i>	

		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
	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 d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Prolong prev svcs, addl 30m	Х	_	Х	_	Х	_
	Insert drug del implant, >4	X	-	X	<u>-</u>	X	<u> </u>
	Remove drug implant	X	-	X		X	<u> </u>
	Remove winsert drug implant	X	<u> </u>	X	<u> </u>	X	<u> </u>
	Improvement in visual function achieved within 90 days following cataract surgery	X		X		X	
	patient care survey was not completed by patient	X	-	X	<u>-</u>	X	<u>-</u>
	Improvement in visual function not achieved within 90 days following cataract surgery	X		X	-	X	<u> </u>
	Satisfaction with care achieved within 90 days following cataract surgery	X	<u>-</u>	X		X	<u> </u>
	Patient satisfaction survey was not completed by patient	X	-	X		X	<u> </u>
	Satisfaction with care not achieved within 90 days following cataract surgery	X	-	X		X	-
	Cdsm evicore	X	-	X		X	
	Cdsm evicore Cdsm medcurrent	X	<u>-</u>	X	-	X	<u>-</u>
	Cdsm medicalis					X	
	Cdsm medicalis Cdsm ndsc	X	-	X	-	X	-
	Cdsm nim	X	-		-	X	
	Cdsm aim Cdsm cranberry pk	X	-	X		X	
	Cdsm cranberry pk Cdsm stanson	X		X	-	X	-
	Cdsm stanson Cdsm qualified nos		-		-		<u>-</u>
	Cdsm agilemd	X		X		X	
		X	-	X	-	X	<u>-</u>
	Cdsm evidencecare	X		X			
	Cdsm inveniga	X	-	X	-	X	-
	Cdsm reliant	X	-	X	-	X	<del>-</del>
	Cdsm speed of care Cdsm healthhelp	X		X		X	
			-		-	X	-
	Cdsm infinx	X	-	X	-	X	-
	Cdsm logicnets	X	-	X	-	X	-
	Cdsm curbside	X	-	X	-	X	-
	Cdsm ehealthline	X	-	X	-	X	-
	Cdsm intermountain	X	-	X	-	X	-
	Cdsm persivia Cdsm radrite	X	-	X	-	X	-
		X	-	X	-	X	-
	Pt mnth 1 mcp prov	X	-	X	-	X	-
	Pt hemo > 3mo	X	-	X	-	X	-
	Pt hemo < 3mo	X	-	X	-	X	-
	Take home supply 8mg per 0.1	X	-	X	-	X	-
	Post d/c h vst new pt 20 m	X	-	X	-	X	-
	Post-d/c h vst new pt 30 m	X	-	X	-	X	-
	Post-d/c h vst new pt 45 m	X	-	X	-	X	-
	Post-d/c h vst new pt 60 m	X	-	X	-	X	-
	Post-d/c h vst new pt 75 m	X	-	X	-	X	-
	Post-d/c h vst ext pt 20 m	X	-	X	-	X	-
G2007	Post-d/c h vst ext pt 30 m	Χ	-	X	-	Х	-

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

130 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

G2001 He G2022 Be G2005 Po G2011 Po G2015 Po G2010 Po G2015 Po G2020 Se be ma	Description  ase note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these pharmacy link option within the website.  bost-d/c h vst ext pt 45 m  bost-d/c h vst ext pt 60 m  bost-d/c h vst ext pt 75 m  bost-d/c care plan overs 30m  bost-d/c care plan overs 60m  ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes)  ea care pract tx in place enef refuses service, mod  is site tele svcs rhc/fghc	Not Covered  a coding lists of X  X  X  X  X  X  X	Preauthorization Required o not reflect information re	Not Covered garding immu  X  X  X  X  X	Preauthorization Required  nizations, injectable drugs	Not Covered s, or specialty med X X X X X	Preauthorization Required  iications and should be
G2001 He G2022 Be G2005 Po G2011 Po G2015 Po G2010 Po G2015 Po G2020 Se be ma	Pharmacy link option within the website.  post-d/c h vst ext pt 45 m  post-d/c h vst ext pt 60 m  post-d/c h vst ext pt 75 m  post-d/c care plan overs 30m  post-d/c care plan overs 60m  pervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes)  pea care pract tx in place  penef refuses service, mod	X X X X	- - -	X X X X	- - -	X X X	- - -
G2008 Po G2009 Po G2013 Po G2014 Po G2015 Po G2020 Se be ma G2021 He G2022 Be G2025 Dis	ost-d/c h vst ext pt 45 m ost-d/c h vst ext pt 60 m ost-d/c h vst ext pt 75 m ost-d/c care plan overs 30m ost-d/c care plan overs 60m ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod	X X X X	-	X X X	-	X X X	-
G2009 Po G2013 Po G2014 Po G2015 Po G2020 Se be ma G2021 He G2022 Be G2025 Dis	ost-d/c h vst ext pt 60 m ost-d/c h vst ext pt 75 m ost-d/c care plan overs 30m ost-d/c care plan overs 60m ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod	X X X X	-	X X X	-	X X X	-
G2013 Po G2014 Po G2015 Po G2020 Se be ma G2021 He G2022 Be G2025 Dis	ost-d/c h vst ext pt 75 m ost-d/c care plan overs 30m ost-d/c care plan overs 60m ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod	X X X	-	X X X	-	X	-
G2014 Po G2015 Po G2020 Se be ma G2021 He G2022 Be G2025 Dis	ost-d/c care plan overs 30m ost-d/c care plan overs 60m ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod	X X		X		Χ	
G2015 Po G2020 Se be ma G2021 He G2022 Be G2025 Dis	ost-d/c care plan overs 60m ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod	X	-	Х	-		<u> </u>
G2020 Se be ma G2021 He G2022 Be G2025 Dis	ervices for high intensity clinical services associated with the initial engagement and outreach of eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes)  ea care pract tx in place enef refuses service, mod	х	-		<u>-</u>	Χ	
G2021 He G2022 Be G2025 Dis	eneficiaries assigned to the sip component of the pcf model (do not bill with chronic care anagement codes) ea care pract tx in place enef refuses service, mod		-	Х	_		
G2022 Be G2025 Dis	enef refuses service, mod	Χ			_	Х	-
G2025 Dis			-	Х	-	Х	-
	s site tele svcs rhc/fahc	Χ	-	Χ	-	Х	-
00001		Χ	-	Χ	-	Χ	-
G2081 Pt	66+ snp or ltc pos > 90d	Х	-	Х	-	Х	-
G2082 Vis	sit esketamine 56m or less	Х	-	Х	-	Х	-
G2083 Vis	sit esketamine, > 56m	Х	-	Х	-	Х	-
	66+ frailty and med dem	Χ	-	Χ	-	Х	-
	66+ frailty and adv ill	Χ	-	Χ	-	Х	-
G2092 Ac	ce arb arni	Х	-	Х	-	Х	-
G2093 Me	ed doc rsn no ace arn arni	Х	-	Х	-	Х	-
G2094 Pt	rsn no ace arn arni	Х	-	Х	-	Х	-
G2095 Sy	ys rsn no ace arn arni	Х	-	Х	-	X	-
G2096 No	o rsn ace arb arni	Х	-	Х	-	Х	-
	hild dx uri 3d of other dx	Х	-	Х	-	X	-
G2098 Pt	66+ frailty and med dem	Х	-	Х	-	X	-
	66+ frailty and adv ill	Х	-	Х	-	Х	-
G2100 Pt	66+ frailty and med dem	Х	-	Х	-	Х	-
	66+ frailty and adv ill	Х	-	Х	-	Х	-
G2105 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 Pr	red<=5 mg ra glu <6m	Х	-	Х	-	Х	-
G2113 Pr	red>5 mg >6m, no chg da	Х	-	Х	-	Х	-
	66+ frailty and med dem	Х	-	Х	-	Х	-
	66+ frailty and adv ill	Х	-	Х	-	Х	-
G2118 Pt		Х	-	Х	-	Х	-
	sy dep anx ap and icd asse	X	-	X	-	X	-
	sy/dep/anx/apandicd noasse	X	-	X	-	X	-
G2125 Pt		X	-	X	-	X	-
	66+ frailty adv ill	Х	-	Х	-	Х	-
	66+ frailty med dem	X	-	X	-	X	-
	o aspirin med rsn	X	-	X	-	X	-
G2129 No		X	-	X	-	X	-
	k pain vas 6-20wk = 3	X	-	X	_	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	/24
73	vı.	v		

		Large Employer		Individual Benchmark**		Small Employer and Individ	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
Disclaimer: Plea	ase note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists d	o not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	ications and should be
	Pharmacy link option within the website.  K pain vas 6-20wk > 3	Х		Х	<u> </u>	Х	
	c pain vas 6-20wk > 3	X	-	X	-	X	<u> </u>
	c pain vas 9-10110 = 3	X	-	X	-	X	-
	eg pain vas 6-20mk = 3	X	-	X	<u>-</u>	X	<u> </u>
	eg pain vas 6-20wk = 3	X	-	X		X	-
	s odi 9-15mo postop<= 22	X	-	X	-	X	<u> </u>
	s odi 9-15mo posiop<= 22	X	-	X	-	X	<u> </u>
	s odi 6-20wk postop > 22	X		X	-	X	<u> </u>
	sodi 6-20wk postop > 22 sodi 6-20wk >22 or chg 30pt	X		X	_	X	<u> </u>
	eg pain vas 9-15mo <= 3	X	-	X	-	X	<u> </u>
	eg pain vas 9-15m6 <= 3	X	-	X		X	<u> </u>
G2147 Le		X	-	X	-	X	<u> </u>
	o mpm med rsn	X	-	X		X	<u> </u>
G2150 No		X	-	X	-	X	<u> </u>
	k degen neuro	X	-	X	-	X	<u> </u>
	es change sc =0	X	-	X		X	<u> </u>
	es change sc = 0	X	-	X	<u>-</u>	X	<u> </u>
	ss triangle so < 0 /s by pt in home health	X	-	X		X	<u> </u>
	s by ot in home health	X	-	X	-	X	<u> </u>
	I inclusive payment for services related to highly coordinated and integrated opioid use disorder		-		_	_ ^	<u> </u>
	ud) treatment services furnished for the demonstration project	Х	-	Х	-	Х	-
	i w comorb 12m oth dx	Х	-	Х	-	Х	-
	i new rx antibiotic 30d	X	-	X	-	X	-
	comorb dx 12m of epi	Х	-	X	-	X	=
	utpt ed obs w inpt admit	X	-	X	-	X	-
	onch w rx antibx 30d	X	-	X	-	X	-
G2178 Pt	not elig low neuro ex	X	-	X	-	X	-
	ed doc rsn no low ex	X	-	X	-	X	-
	elig footwr eval	X	-	X	-	X	=
	ni not doc medrsn ptref	X	-	X	-	X	-
	1st biolog antirheum	X	-	X	-	X	-
	oc pt unable comm	X	-	X	-	X	-
	o caregiver	X	-	X	-	X	-
	aregiver dem trained	X	-	X	-	X	=
	ref app rsrcs	X	-	X	-	X	_
	in ind img hd trauma	X	-	X	-	X	_
	50 yrs w/clin ind hd	X	-	X	-	X	-
	ng hd abnml neuro exam	X	-	X	-	X	_
	d img hd rad neck	X	-	X	-	X	-
	d img hd pos hd ache	X	-	X	_	X	-
	55 yrs temp hd ache	X	-	X	-	X	_
	Syr new onset hd ache	X		X	i	X	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		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
	lease note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists of	lo not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	e Pharmacy link option within the website.		1	.,	T		
	New hdache ped pt dis	Х	-	X	-	X	-
	Occip hdache child	X	-	X	-	Х	-
	Screen unhithy etoh use	X	-	X	-	X	-
	Screen hithy etch use	X	-	X	-	Х	-
	Med rsn no unhithy etoh	X	-	X	-	X	-
	Not scrn etoh no rsn	Х	-	X	-	X	-
	Jnhlthy etoh rcvd couns	X	-	X	-	Х	-
	Med rsn no brief couns	X	-	X	-	Х	-
	No rsn no brief couns	X	-	Х	-	Х	-
	Med rsn no etoh couns	X	-	Х	-	Х	-
	Pt 50-85 w/ scope	X	-	X	-	Х	-
	Preg drng adjv trtmt	X	-	Х	-	X	-
	Adjv trtmt chemo her2	X	-	X	-	Χ	-
	Rsn no trtmt chem her2	X	-	X	-	Х	-
	No trtmt chemo and her2	X	-	X	-	Х	-
	Refused to participate	X	-	X	-	Х	-
	No neck fs prom no rsn	Χ	-	X	-	Χ	-
	Home supply nasal naloxone	X	-	X	-	Χ	-
	Home supply inject naloxon	Х	-	X	-	Χ	-
	Dermatology ss	X	-	X	-	Х	-
	Diagnostic rad ss	Х	-	X	-	X	-
	Ep cardio ss	Χ	-	X	-	Χ	-
	Emergency med ss	Х	-	X	-	Χ	-
	Endocrinology ss	X	-	X	-	Х	-
	Family medicine ss	Х	-	Χ	-	Χ	-
	Gastroenterology ss	Х	-	X	-	X	-
	General surgery ss	Χ	-	X	-	Χ	-
	Geriatrics ss	Х	-	X	-	Х	-
	Hospitalists ss	Х	-	X	-	X	-
	nfectious disease ss	Х	-	X	-	X	-
	nternal medicine ss	X	-	Х	-	Х	-
	nterventional rad ss	X	-	X	-	Χ	-
	Mentl/behav health ss	X	-	X	-	Χ	-
	Nephrology ss	X	-	X	-	Х	-
	Neurology ss	X	-	X	-	Х	-
	Neurosurgical ss	X	-	X	-	Х	-
	Nutrition/dietician ss	X	-	X	-	Х	-
G4018	Db/gyn ss	X	-	X	-	Χ	-
	Oncology/hema ss	Х	-	X	-	Χ	-
	Ophthalmology ss	Х	-	X	-	X	-
	Orthopedic surgery ss	Χ	-	X	-	Χ	-
G4022 C	Otolaryngology ss	X	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists d	o not reflect information re	l egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.			1 v		. v I	
	Pathology ss	X	-	X	-	X	-
	Pediatric ss	X	-	X	-	X	-
	Physical medicine ss	X	-	X	-	X	-
	Phys/occ therapy ss	X	-	X	-	X	-
	Plastic surgery ss	X	-	X	-	X	-
	Podiatry ss	X	-	X	-	X	-
	Preventive medicine ss	X	-	X	-	X	-
	Pulmonology ss	X	-	X	-	X	-
	Radiation oncology ss	X	-	X	-	Х	-
	Rheumatology ss	X	-	X	-	Х	-
	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	Х	-	Х	-	Х	-
	Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli	Х	-	Х	-	Х	-
	Left ventricular ejection fraction (Ivef) not performed or documented	Х	-	Х	-	X	-
G8397	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	-
G8400	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	_
G8416	Clinician documented that patient was not an eligible candidate for footwear evaluation measure	Х	-	X	-	X	-
G8417	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	X	_	X	_	X	_
G8419	Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record	X	-	X	-	X	-
G8420	Bmi < 30 and >= 22 was calculated and documented	Х	-	Х	-	Х	-
	Bmi not calculated	X	-	X	-	X	-
	Doc cur meds by prov	X	-	X	-	X	-
	Cur meds not document	X	-	X	-	X	-
	Documentation that patient is not eligible for medication assessment	X	_	X	_	X	-
G8431	Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented	Х	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these he Pharmacy link option within the website.	coding lists of	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
G8432	No documentation of clinical depression screening using an age appropriate standardized tool	Х	-	Х	-	Х	-
	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	-
G8451	Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever	Х	-	Х	-	Х	-
G8452	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	-	Χ	-
	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed	Х	-	Х	-	X	-
G8474	Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d	Х	-	Х	-	Х	-
G8475	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	-
G8478	Blood pressure measurement not performed or documented, reason not specified	Х	-	Х	-	Х	-
G8482	Influenza immunization administered or previously received	Χ	-	Χ	-	X	•
	Influenza immunization was not ordered or administered for reasons documented by clinician	Х	-	Х	-	Х	-
	Influenza immunization was not ordered or administered, reason not specified	Χ	-	Χ	-	Χ	-
	Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required	Х	-	Х	-	Х	-
	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	Χ	-	Χ	-	X	•
	No documentation of an elder maltreatment screen, reason not specified	X	-	Χ	-	Χ	•
	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	X	-	Х	-	Х	-
	No documentation of a current functional outcome assessment using a standardized tool, reason not specified	Х	-	Х	-	Х	-
	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
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	-
	Patient does not have a history of active drainage from the ear within the previous 90 days	Х	-	Х	-	Х	-
G8563	Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evalu	Х	-	Х	-	X	-
	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	-	X	-
	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	-
G8578	Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason	Х	-	Х	-	Х	-
G8598	Aspirin or another antithrombotic therapy used	Х	-	Х	-	Х	-
	Aspirin or another antithrombotic therapy not used, reason not otherwise specified	Х	-	Х	-	Х	-
G8600	Iv t-pa initiated within three hours (<= 180 minutes) of time last known well	Х	-	Х	-	Х	-
	Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician	Х	-	Х	-	Х	-
	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	Х	-	Х	-	Χ	-
G8647	Fun stat score knee >= 0	Х	-	Х	-	Х	-
	Fun stat score knee < 0	Х	-	Χ	-	Х	-
	Rafs crs ki no scor no surv	Χ	-	Χ	-	Х	-
G8651	Fun stat score hip >= 0	X	-	Χ	-	Х	-
	Fun stat score hip < 0	X	-	Χ	-	Х	-
	Rafs crs hi no scor no surv	X	-	Χ	-	Х	-
	Fun stat score le >= 0	Х	-	Χ	-	Χ	-
G8656	Fun stat score le < 0	Х	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.	l v				. v I	
	Fun stat score le not done	X	-	X	-	X	-
	Fun stat score ls >= 0	X	-	X	-	X	-
	Fun stat score ls < 0	X	-	X	-	X	-
	Fun stat score ls pt no elg		-		-		<u> </u>
	Rafs crs lbi no scor no surv Fun stat score shdl >=0	X		X		X	
	Fun stat score shall < 0		-	X	-	X	-
	Rafs crs si no scor no surv	X	<u>-</u>	X	-	X	-
		X	-	X		X	
	Fun stat score ue >=0	X	-		-		-
	Fun stat score ue < 0	X		X		X	
	Rafs crs ewh no scor no surv	X	-	X	-	X	-
	Left ventricular ejection fraction (Ivef) < 40%						-
	Patient not prescribed or dispensed antibiotic	X	-	X	-	X	-
	Patient prescribed or dispensed antibiotic for documented medical reason(s)		-		-		-
	Patient prescribed or dispensed antibiotic  Prescribed or dispensed antibiotic	X	-	X	-	X	-
	Antibiotic not prescribed or dispensed	X	<u>-</u>		-	X	<u>-</u>
	Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were	Λ	-	Х	-	_ ^	-
G8/21		Χ	-	Х	-	X	-
00700	documented in pathology report						
G8722	Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report	Х	-	Х	-	Х	-
G8723	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,						
00.2.	reason not otherwise specified	Х	-	Х	-	Х	-
G8733	Documentation of a positive elder maltreatment screen and documented follow-up plan	Х	-	Х	-	Х	-
	Elder maltreatment screen documented as negative, no follow-up required	Х	-	Х	-	X	-
G8735	Elder maltreatment screen documented as positive, follow-up plan not documented, reason not						
	specified	Х	-	Х	-	Х	-
G8749	Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as	Х		Х		Х	
	weakness, jaundice or any other sign suggesting systemic spread) or absence of syp	^	-	^	-	_ ^	-
	Most recent systolic blood pressure < 140 mmhg	V		V			
	Most recent systolic blood pressure < 140 mmng  Most recent systolic blood pressure >= 140 mmhg	X	-	X	-	X	-
	Most recent systolic blood pressure >= 140 mmng  Most recent diastolic blood pressure < 90 mmhg	X		X	-	X	
	Most recent diastolic blood pressure >= 90 mmhg  Most recent diastolic blood pressure >= 90 mmhg	X	-	X	-	X	-
	No documentation of blood pressure measurement, reason not otherwise specified	X	-	X	-	X	
	Blood pressure screening performed as recommended by the defined screening interval	X	-	X	-	X	<u>-</u>
	· · · · · · · · · · · · · · · · · · ·	٨	-	^	-	_ ^	-
	Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified	Х	-	Х	-	Х	<u>-</u>
	Specimen site other than anatomic location of esophagus	Χ	-	Χ	-	X	-
	Specimen site other than anatomic location of prostate	Х	-	Χ	-	X	-
G8806	Performance of transabdominal or transvaginal ultrasound	Χ	-	Χ	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	ge Employer	Individ	ual 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 he Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
G8807	Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician	Х	-	Х	-	Х	-
G8808	Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified	Х	-	Х	-	Х	-
	Statin therapy not prescribed for documented reasons	Χ	-	Χ	-	Х	-
G8816	Statin medication prescribed at discharge	Χ	-	Χ	-	Х	-
	Statin therapy not prescribed at discharge, reason not specified	Χ	-	Χ	-	Х	-
G8826	Patient discharge to home no later than postoperative day #2 following evar	Χ	-	Χ	-	Х	-
G8833	Patient not discharge to home by postoperative day #2 following evar	Χ	-	Χ	-	Х	-
G8834	Patient discharged to home no later than postoperative day #2 following cea	Χ	-	Χ	-	Х	-
G8838	Patient not discharged to home by postoperative day #2	Χ	-	Χ	-	Х	-
G8839	Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness	Х	-	Х	-	Х	-
	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	-
	Sleep apnea symptoms not assessed, reason not otherwise specified	Х	-	Χ	-	Х	-
	Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis	Х	-	Х	-	X	-
	Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis	Х	-	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	-
	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	-
	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	-
	Referral to a physician for an otologic evaluation performed	Χ	-	Χ	-	Х	-
G8857	Patient is not eligible for the referral for otologic evaluation measure (e.g., patients who are already under the care of a physician for acute or chronic dizziness)	Х	-	Х	-	Х	-
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)	Х	-	Х	-	Х	-
	Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		La	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, these the Pharmacy link option within the website.	coding lists of	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
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	-
	Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method	Χ	-	Х	-	Х	-
G8876	Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively	Х	-	Х	-	Х	-
	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	-
	Sentinel lymph node biopsy procedure performed	Х	-	Х	-	Х	-
	Documentation of reason(s) sentinel lymph node biopsy not performed	Х	-	Х	-	Х	-
	Stage of breast cancer is greater than t1n0m0 or t2n0m0	Х	-	Х	-	Х	-
	Sentinel lymph node biopsy procedure not performed	X	-	X	-	X	-
G8907	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	-
	Patient documented not to have received a burn prior to discharge	X	-	X	-	X	-
	Patient documented to have experienced a fall within asc	Х	-	Х	-	Х	-
	Patient documented not to have experienced a fall within ambulatory surgical center	X	-	Х	-	X	-
	Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event	Х	-	Х	-	Х	-
G8913	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	-
G8917	Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic not initiated on time	Х	-	Х	-	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	-	Х	-	Х	-
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 (Ivef) <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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	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.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given	Х	-	Х	-	Х	-
G8942	Documented functional outcomes assessment and care plan within the previous 30 days	Χ	-	Χ	-	Х	=
	Ajcc melanoma cancer stage 0 through iic melanoma	Х	-	Х	-	Х	=
	Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic	Х	-	Х	-	Х	-
	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	=
	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	-
G8965	Cardiac stress imaging test primarily performed on low chd risk patient for initial detection and risk assessment	Х	-	Х	-	Х	-
G8966	Cardiac stress imaging test performed on symptomatic or higher than low chd risk patient or for any reason other than initial detection and risk assessment	Х	-	Х	-	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	-	X	-
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	-
	No risk factors or one moderate risk factor for thromboembolism	X		Х		Х	=
	Mccd, initial rate	Χ	-	Χ	-	Χ	=
	Mccd,maintenance rate	Χ	-	Χ	-	Χ	=
	Mccd, risk adj hi, initial	Χ	-	Х	-	X	-
	Mccd, risk adj lo, initial	Х		Х		X	=
	Mccd, risk adj, maintenance	Χ	-	Χ	•	X	-
	Mccd, home monitoring	Χ	-	Х	-	X	-
	Mccd, sch team conf	X	-	Х	-	Х	=
	Mccd,phys coor-care ovrsght	Х	-	Χ	-	X	-
	Coordinated care fee, risk adjusted maintenance, level 3	Х	-	Χ	-	X	-
	Coordinated care fee, risk adjusted maintenance, level 4	Х	-	Χ	-	X	-
	Coordinated care fee, risk adjusted maintenance , level 5	Х	-	Χ	-	X	-
	Other specified case mgmt	Х	-	Χ	-	X	-
	Esrd demo basic bundle level i	Χ	-	Χ	-	Х	-
G9014	Esrd demo expanded bundle including venous access and related services	Χ		Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 the Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	-	X	-
	Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment	Х	-	Х	-	Х	-
	Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer	Х	-	Х	-	Х	-
	Oncology; primary focus of visit; expectant management of patient with evidence of cancer	Х	-	Х	-	Х	-
	Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer	Х	-	Х	-	Х	-
	Oncology; primary focus of visit; other, unspecified service not otherwise listed	Х	-	Х	-	X	-
G9056	Oncology; practice guidelines; management adheres to guidelines	Х	-	Х	-	Х	-
	Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional	Х	-	Х	-	Х	-
	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	-
	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	-
	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	-
	Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



	Description	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 he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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	
G9079	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	-
G9083	Oncoloyg; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown	Х	-	Х	-	Х	-
G9084	Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
G9085	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	-
G9089	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	-
	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; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



	Description	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma	Х	-	Х	-	Х	-
G9097	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	-
G9105	Oncology; disease status, pancreatic cancer, limited to adenocarcinoma as predominant cell type	Х	-	Х	-	Х	-
	Oncology; disease status; pancreatic cancer, limited to adenocarcinoma  Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at	Х	-	Х	-	Х	-
G9107	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	-
	Oncology; disease status, ovarian cancer, limited to epithelial cancer, pathologic stage ia-b	Х	-	Х	-	Х	-
	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	-
	Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 he Pharmacy link option within the website.	e coding lists of	do not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
G9117	Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown	Х	-	Х	-	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
	Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma	Х	-	Х	-	Х	-
	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	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-	Х	-
	Oncoloyg; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown	Х	-	Х	-	Х	-
	Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p	Х	-	Х	-	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris	Х	-	Х	-	Х	-
	Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar	Х	-	Х	-	Х	-
	Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin	Х	-	Х	-	Х	-
	Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit	Х	-	Х	-	Х	-
	Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of	Х	-	Х	-	Х	-
	Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	-	Х	-	Х	-	Х
	Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine	Х	-	Х	-	Х	-
	National committee for quality assurance - level 1 medical home	Х	-	X	-	Х	-
G9149	National committee for quality assurance - level 2 medical home	X	-	X	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24	
-----------------	--

		Large Employer		Individual Benchmark**		Small Employer and Inc	
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	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty medi	cations and should be
	he Pharmacy link option within the website.				T		
	National committee for quality assurance - level 3 medical home	Х	-	Х	-	X	-
	Mapcp demonstration - state provided services	X	-	X	-	Х	-
	Mapcp demonstration - community health teams	Х	-	X	-	Х	-
	Mapcp demonstration - physician incentive pool	X	-	X	-	Х	-
	Evaluation for wheelchair requiring face to face visit with physician	X	-	X	-	Х	-
	Bpci home visit	Χ	-	Χ	-	X	-
	Beta not given no reason	Χ	-	X	-	X	-
	Beta pres or already taking	Χ	-	Х	-	X	-
9190	Medical reason for no beta	Χ	-	Х	-	X	-
	Pt reason for no beta	Χ	-	Х	-	X	-
	Med reason for no ceph	Χ	=	Χ	-	X	=
9197	Order for ceph	Х	-	Х	-	X	-
9198	No order for ceph no reason	Χ	-	Х	-	Х	-
9212	Doc of dsm-iv init eval	Χ	-	Х	-	X	-
9213	No doc of dsm-iv	Х	-	Х	-	Х	-
9223	Pjp proph ordered cd4 low	Х	-	Х	-	Х	-
	Norsn no foot exam	Х	-	Х	_	Х	-
	3 comp foot exam completed	Х	_	X	_	X	_
	Docrsn no care plan	X	-	X	_	X	_
	Gc chl syp documented	X	-	X	_	X	_
	Norsn for gc chl syp test	X	_	X	_	X	
	Doc esrd dia trans preg	X	_	X	_	X	
	Doc viral load >=200	X	-	X	_	X	
	Doc viral load <200	X	_	X	_	X	
	No med visit in 24mo	X	<u> </u>	X	<u> </u>	X	<u> </u>
	1 med visit in 24mo	X	<u>-</u>	X	-	X	<u> </u>
	Doc of pain comfort 48hr	X		X	<u> </u>	X	<u>-</u>
	Doc no pain comfort 48hr	X	-	X		X	<u> </u>
	Doc no pain comon 4om  Doc pt dischg >2d	X	-	X		X	-
			-				
	Doc pt dischg <=2d Sys<140 and dia<90	X		X	-	X	-
	,	X	-	X	-	X	-
_	Bp out of nrml limits	X	=	X	-	X	-
-	Doc of non tobacco user	X	-	X	-	X	-
	Doc of tobacco user	X	-	X	-	X	-
	Doc daily aspirin or contra	X	-	X	-	Х	-
	Doc no daily aspirin	X	=	X	-	Х	-
	Pne scrn done doc vac done	X	=	X	-	Х	-
	Pne not given norsn	Х	-	Х	-	X	-
	Pne scrn done doc not ind	Χ	-	Х	-	X	-
9282	Doc medrsn no histo type	Χ	-	Х	-	X	-
9283	Hist type doc on report	Χ	=	Χ	-	X	-
9284	No hist type doc on report	Х	=	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		La	rge Employer	Individ	ual 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	e coding lists of	do not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	rmacy link option within the website.	1 1/	ı				
	not small cell lung ca	X	-	X	-	X	-
	antibio order w in 7d	X	-	X	-	X	-
	oc antibio order w in 7d	X	-	X	-	X	-
	medrsn no hist type rpt	X	-	X	-	X	-
	type nsm lung ca	X	-	X	-	X	-
	oc type nsm lung ca	X	-	X	-	X	-
G9291 Not no		X	-	X	-	X	-
	sn no pt category	X	-	X	-	X	-
	t category on report	X	-	X	-	X	-
	t and thck on report	X	-	Х	-	Х	-
	cutaneous loc	X	-	X	-	X	-
	share dec prior proc	X	-	X	-	X	-
	oc share dec prior proc	X	-	X	-	Х	-
	risk vte card 30d prior	X	-	X	-	Х	-
	val riskk vte card prior	X	-	Х	-	Х	-
	terv req for leak	X	-	X	-	Х	-
G9306 Interv		Х	-	X	-	Х	-
	et for surg w in 30d	X	-	X	-	Х	-
	nd ret to surg w in 30d	X	-	X	-	X	-
	nplnd hosp readm in 30d	X	-	Х	-	Х	-
	nd hosp readm in 30d	X	-	X	-	Х	-
	urg site infection	Х	-	X	-	Х	-
	ical site infection	X	-	X	-	Х	-
	sn not first line amox	X	-	Х	-	Х	-
	n not first line amox	Х	-	X	-	X	-
G9315 Doc fi		Х	-	X	-	Х	-
	comm risk calc	Х	-	X	-	Х	-
	oc comm risk calc	X	-	X	-	Х	-
	e std nomenclature	Х	-	X	-	X	-
	e not std nomenclature	X	-	X	-	Х	-
	count of ct in 12mo	X	-	X	-	Х	-
	oc count of ct in 12mo	Х	-	X	-	X	-
	for ct w in 12 mos	X	-	X	-	Х	-
	rch for ct in 12mo norsn	X	-	X	-	X	-
	sn no dicom srch	X	-	X	-	Х	-
	w up pulm nod	X	-	X	-	Х	-
	ollow up pulm nod norsn	X	-	X	-	X	-
	>1 sinus ct w 90d dx	X	-	X	-	Х	-
	1 sinus ct w 90d dx	Х	-	Х	-	Х	-
	sn >1 sinus ct w 90d dx	Х	-	X	-	Х	-
	n >1 sinus ct w 90d dx	X	-	X	-	Х	-
G9355 No ea	arly ind/delivery	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24	
----------	---------	--

0		Lar	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, these	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
	the Pharmacy link option within the website.		T		T		
	Early ind/delivery	X	-	X	-	X	-
	Pp eval/edu perf	X	-	X	-	X	-
	Pp eval/edu not perf	X	-	X	-	X	-
	Neg mgd pos tb notact	X	-	X	-	X	-
	No doc of neg or man pos tb	X	-	X	-	X	-
	Medical indication for elective delivery or early induction	X	-	X	-	X	-
	Sinus caus bac inx 2high risk med ord	X	-	X	-	X	-
		X	-	X			
	2high risk no ord Off assis eol iss	X	-	X	-	X	-
		X		X		X	
	No off assis eol	X	-	X	-	X	-
	Recd scrn hcv infec  Doc med reas no offer eol						-
	Doc fried reas no offer eof  Doc pt reas not rec hov srn	X	-	X	-	X	-
	Scrn hcv infec not recd	X	-		-	X	<u>-</u>
	Ini phq9 >9 remiss <5	X	-	X	-	X	
	Dx bipol, death, nhres, hosp	X	-	X	-	X	<u>-</u>
	Ini phq9 >9 no remiss >=5	X	-	X	-	X	
	Ini phq9 >9 not assess	X	-	X	-	X	-
	Recd f/u W/in 30d disch	X		X		X	
	Doc reas no 30 day f/u	X	-	X	-	X	<u>-</u>
	No 30 day f/u	X	<u>-</u>	X	<u>-</u>	X	<u> </u>
	Recd f/u W/in 7d dc	X	-	X		X	<u> </u>
	Doc reas no 7d f/u	X	-	X		X	<del></del>
	No 7d f/u	X		X		X	<del></del>
	Card tamp w/in 30d	X		X		X	<u>-</u>
	No card tamp e/in 30d	X	_	X		X	<u> </u>
	Admit w/in 180d req remov	X	<u>-</u>	X		X	<u> </u>
	No admit w/in 180d req remov	X		X	_	X	
	Admit w/in 180d req surg rev	X	<u>-</u>	X	_	X	<u> </u>
	No admit req surg rev	X		X	_	X	<u> </u>
	1dose menig vac btwn 11 & 13	X	<u>-</u>	X		X	<u> </u>
	No 1dose meni vac btwn 11&13	X		X	_	X	<u> </u>
	Tdap or td or 1tet/dipth	X	<u>-</u>	X		X	
	No tdap or td or 1tet/dipth	X		X		X	<del></del>
	Lungcx bx rpt docs class	X		X		X	<u> </u>
	Med reas no rpt histo type	X		X	_	X	<u> </u>
	Spec site no lung	X	<u>-</u>	X		X	<u> </u>
	Lung cx bx rpt no doc class	X	<u>-</u>	X	_	X	
	Rpt doc class histo type	X	_	X	_	X	
	Med reas rpt no histo type	X		X	_	X	<u> </u>
	Site no lung or lung cx	X		X	_	X	<u> </u>
03424	One no rang or rang ox	^		^		^	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24
----------	---------

		Laı	rge Employer	Individ	ual 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 irrected to the Pharmacy link option within the website.										
	· · ·	T v	I	V	1						
	Spec rpt no doc class histo	X	<u>-</u> -	X	<u>-</u> -	X	-				
	Impr med time edarr pain med  No impro med time pain med	X	-	X	-	X	-				
	Rpt pt cat and pt1	X	<u>-</u>	X		X	-				
	Doc med reas no pt cat	X		X		X	-				
	Spec site no cutaneous	X		X		X	<u> </u>				
	No pt cat and pt1	X	<u> </u>	X		X	-				
	Asth controlled	X	<u> </u>	X	_	X	<u>-</u>				
	Asth not controlled	X	_	X	-	X	<u>-</u>				
	Doc med reas no scrn hcv	X	_	X	_	X	<u>-</u>				
	Abd imag w/us, ct or mri	X	_	X	_	X	_				
	Doc med pt reas no hcc scrn	X	_	X	_	X					
	No abd imag w/o reason	X	_	X	_	X	-				
	Tob user recd cess interv	X	_	X	_	X	-				
	Tob non-user	X	_	X	_	X	-				
	No tob assess or cess inter	X	_	X	-	X	-				
	No recd cortico>=10mg/d >60d	X	-	X	-	X	-				
G9470	No rec cortico>60d 1rx 600mg	Х	-	Х	-	Х	=				
G9471	W/in 2yr dxa not order	Х	-	Х	-	Х	-				
G9473	Services performed by chaplain in the hospice setting, each 15 minutes	Х	-	Х	-	Х	-				
G9474	Services performed by dietary counselor in the hospice setting, each 15 minutes	Х	-	Х	-	Х	-				
G9475	Services performed by other counselor in the hospice setting, each 15 minutes	Х	-	Х	-	Х	-				
G9476	Services performed by volunteer in the hospice setting, each 15 minutes	Х	-	Х	-	Х	-				
G9477	Services performed by care coordinator in the hospice setting, each 15 minutes	Х	-	Х	-	Х	=				
G9478	Services performed by other qualified therapist in the hospice setting, each 15 minutes	Х	-	Χ	-	Х	-				
G9479	Services performed by qualified pharmacist in the hospice setting, each 15 minutes	Χ	-	Χ	-	X	-				
G9480	Admission to medicare care choice model program (mccm)	Х	-	Х	-	X	-				
G9481	Remote e/m new pt 10mins	Х	-	Х	-	X	-				
	Remote e/m new pt 20mins	Х	-	Х	-	X	-				
	Remote e/m new pt 30mins	Χ	-	Х	-	X	-				
	Remote e/m new pt 45mins	Χ	-	Χ	-	Χ	-				
	Remote e/m new pt 60mins	Χ	-	Χ	-	Χ	-				
	Remote e/m est. pt 10mins	Х	-	X	-	Χ	-				
	Remote e/m est. pt 15mins	Х	-	Х	-	Х	-				
	Remote e/m est. pt 25mins	Х	-	X	-	Х	-				
	Remote e/m est. pt 40mins	Х	-	X	-	Х	-				
	Joint replac mod home visit	Х	-	X	-	Х	-				
	Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery	X	-	X	-	X	-				
	Antibiotic regimen prescribed	Х	-	X	-	Х	-				
G9500	Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented	Х	-	Х		Х	-				

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

148 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these he Pharmacy link option within the website.	e coding lists d	do not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
G9501	Radiation exposure indices, exposure time or number of fluorographic images not documented in	Х	_	Х	_	Х	-
00=00	final report for procedure using fluoroscopy, reason not given						
	Med reas no perf foot exam	X	-	X	-	X	-
	Doc reas no hbv status	Х	-	Х	-	Х	-
	Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason	Х	-	Х	-	Х	-
G9506	Biologic immune response modifier prescribed	Χ	-	Χ	-	X	-
G9507	Doc reas on statin or contra	Χ	-	Χ	-	X	-
G9508	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	-
	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	Х	_	Х	_	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	-	Х	-	X	-
	Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery	Х	-	Х	-	Х	-
G9517	Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given	Х	-	Х	-	Х	-
G9518	Documentation of active injection drug use	Х	_	Х	_	Х	-
	Final ref +/- 1.0 w/in 90d	X	_	Х	_	X	-
	Refract not +/- 1.0 w/in 90d	Х	-	Х	-	Х	-
	Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months	Х	-	Х	-	X	-
G9522	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	-
G9529	Patient with minor blunt head trauma had an appropriate indication(s) for a head ct	Х	-	Х	-	Х	-
	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	Х	-	Х	-	Х	-
G9531		Х	_	Х	_	Х	-
G9533		X	-	X	-	X	-
G9537	Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct  Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as	Х	-	Х	-	Х	<u>-</u>
COEOO	part of a clinical trial; other clinician ordered the study)	V		V			
	Intent for potential removal at time of placement	X	-	X	-	X	-
	Patient alive 3 months post procedure	X	-	X	-	X	-
G9541 G9542	Filter removed within 3 months of placement  Documented re-assessment for the appropriateness of filter removal within 3 months of placement	X	-	X	-	X	<u>-</u>

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for	Х	-	Х	-	Х	-
	the appropriateness of filter removal within 3 months of placement  No filt remov w/in 3mos plcm	V		V		V	
	Cys ren les or adren	X	-	X	-	X	-
		X	-	X	-	X	<del>-</del>
	No f/u rec image study  Doc med rsn for f/u imag	X	-	X	-	X	-
	Imag rec	X	<u>-</u>	X	-	X	<u> </u>
	Imag no les	X		X	-	X	<u> </u>
G9557	Incidental thyroid nodule < 1.0 cm noted in report	X	<u> </u>	X	<u> </u>	X	<u> </u>
G9553	Prior thyroid disease diagnosis	X		X		X	
	Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging	X	_	X	_	X	
	recommended						
	Doc med reas no follow imag	Χ	-	Χ	-	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	-
G9557	Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid	Χ	-	Х	-	Х	-
C0500	nodule < 1.0 cm noted  Door to puncture time of less than 2 hours	V		V		V	
		X	-	X	-	X	
	Door to puncture time of greater than 2 hours, no reason given  Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn	^	-	^	-	_ ^	-
G9593	prediction rules	Х	-	Х	-	Х	-
	Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider	Х	-	Х	-	Х	-
	Doc shnt/tum/coag	Χ	-	Χ	-	Х	-
	Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules	Х	-	Х	-	Х	-
G9598	Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	Х	-	Х	-
G9599	Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct	Х	-	Х	-	Х	-
G9603	Patient survey score improved from baseline following treatment	Х	-	Х	_	Х	-
	Patient survey results not available	X	-	X	_	X	-
	Patient survey score did not improve from baseline following treatment	X	-	X	-	X	=
	Intraoperative cystoscopy performed to evaluate for lower tract injury	X	-	X	-	X	-
G9607	Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)	Х	-	Х	-	Х	-
	Intraoperative cystoscopy not performed to evaluate for lower tract injury	Х	-	Х	-	Х	_
	Documentation of an order for anti-platelet agents or p2y12 antagonists	X	-	X	-	X	_
	Doc md rsn no antipla/p2y12	X	-	X	-	X	-
G9611	Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	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, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
G9618	Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind	Х	-	Х	-	Х	-
	Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given	Х	-	Х	-	Х	-
G9621	Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling	Х	-	Х	-	Х	-
	Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method	Х	-	Х	-	Х	-
	Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)	Х	-	Х	-	Х	-
	Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given	Х	-	Х	-	Х	-
G9625	Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-	Х	-	Х	-
	Pt not elig	Х	-	Х	-	Х	-
G9627	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- surgery	Х	-	Х	-	Х	-
G9629	Pt not elig	Х	-	Χ	-	Х	-
G9630	Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery	Х	-	Х	-	Х	-
G9631	Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery	Х	-	Х	-	Х	-
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- surgery	Х	-	Х	-	Х	-
G9637	Doc >1 dose reduc tech	Χ	-	Χ	-	Х	-
G9638	No doc >1 dose reduc tech	Χ	-	Χ	-	Х	-
	Current cigarette smokers	Χ	-	Χ	-	X	-
G9643	Elective surgery	Χ	-	Χ	-	X	=
G9644	Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-	Х	-
G9645	Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure	Х	-	Х	-	Х	-
G9646	Patients with 90 day mrs score of 0 to 2	Х	-	Х	-	Х	-
	Patients with 90 day mrs score greater than 2	Χ	-	Χ	-	Х	-
G9649	Psori tool doc w/benchmk	Χ	-	Χ	-	Х	-
G9651	Psori tool doc/no bnchmk met	Χ	-	Χ	-	Х	-
	Monitored anesthesia care (mac)	Χ	-	Χ	-	Х	-
	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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
	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.	coding lists of	do not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
G9656	Patient transferred directly from anesthetizing location to pacu	Χ	_	Χ	_	Х	-
	A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements	Х	_	Х	_	X	_
	is not used		_				
	>85y no hx colo ca/rsn scope	Х	-	X	-	Х	-
	Doc med rsn scope pt >85y	X	-	Х	-	Х	-
	>85y scope othr rsn	Х	-	X	-	Х	-
	Previously diagnosed or have an active diagnosis of clinical ascvd	X	-	Χ	-	Х	-
	Fast/dir ldl <= 190 mg/dl	Χ	-	Χ	-	X	-
G9664	Patients who are currently statin therapy users or received an order (prescription) for statin therapy	Х	-	Х	-	Х	-
G9665	Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy	Х	-	Х	-	Х	-
G9666	The highest fasting or direct ldl-c laboratory test result of 70?189 mg/dl in the measurement period or two years prior to the beginning of the measurement period	Х	-	Х	-	Х	-
G9674	Patients with clinical ascvd diagnosis	Χ	-	Х	-	Х	-
	Patients who have ever had a fasting or direct laboratory result of Idl-c = 190 mg/dl	Х	_	Х	_	Х	-
	40-75y w/type 1/2 w/ldl-c rs	X	_	X	_	X	_
	Acute care pneumonia	X	_	X	_	X	-
	Acute care congestive heart	X	_	X	-	X	-
	Acute care chronic obstruct	X	_	X	-	X	-
	Acute care skin infection	X	_	X	_	X	
	Acute care fluid or electrol	X	_	X	_	X	_
	Acute care urinary tract inf	X	_	X	_	X	-
G9685	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	X	_	X		X	
	Pt rec hospice dur msmt per	X	_	X	<u> </u>	X	<u> </u>
	Pt hosp dur msmt period	X	_	X		X	
	Hosp recd by pt dur msmt per	X	_	X	_	X	
	Pt use hosp during msmt per	X	_	X		X	<u> </u>
	Hosp srv used pt in msmt per	X	<u> </u>	X	<u> </u>	X	<u> </u>
	Long act inhal bronchdil pre	X	<u> </u>	X		X	
	Med rsn no presc bronchdil	X		X		X	<u> </u>
	Sys rsn no presc bronchdil	X	-			X	-
	,		-	X	-		-
	Long inhal bronchdil no pres	X	-	X	-	X	-
	Pt is w/hosp during msmt per	X	-	X	-	X	-
G9702	Pt use hosp during msmt per	X	-	X	-	X	-
	Child anbx 30 prior dx phary	X	-	X	-	X	-
	Ajcc br ca stg i: t1 mic/t1a	X	-	X	-	X	-
	Ajcc br ca stg ib	X	-	X	-	X	-
G9706	Low recur prost ca	X	-	Χ	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of:	03/22/24
--------	----------

		Laı	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, these	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
	the Pharmacy link option within the website.		T	I v	T		
	Pt had hosp dur msmt per	X	-	X	-	X	-
	Bilat mast/hx bi /unilat mas	X	-	X	-	Х	-
	Hosp srv used pt in msmt per	X	-	X	-	X	-
	Pt prov hosp srv msmt per	X	-	Х	-	Х	-
	Pt hx tot col or colon ca	X	-	X	-	X	-
	Doc med rsn presc anbx	X	-	X	-	X	-
	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	-	X	-
	Hosp recd by pt dur msmt per	X	-	X	-	X	-
	Pt w/doc use anticoag mst yr	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unable cmplt knee fs prom	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unbl cmplt hip fs prom	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unbl cmplt ft/ank fs prom	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unbl cmplt lb fs prom	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unbl cmplt shid fs prom	X	-	X	-	X	-
	Refused to participate	X	-	X	-	X	-
	Pt unbl cmplt ewh fs prom	X	-	X	-	X	-
	Hosp srv to pt dur msmt per	X	-	X	-	X	-
	Pt w/hosp anytime msmt per	X	-	X	-	X	-
	Pt not elig, dx htn	X	-	X	-	X	-
	Doc rsn no scr high bp	X	-	X	-	X	-
	Mit sten, valve or trans af	X	-	X	-	X	-
	Pt died w/in 24 mos rpt time	X	-	X	-	X	-
	Urgent surgery	X	-	X	-	X	-
	Doc no dicom, ct other fac	X	-	X	-	X	-
	Incid pulm nodule	X	-	X	-	X	-
	Doc med rsn for imaging	X	-	X	-	X	-
	Surg proc w/silicone oil	X	-	X	-	X	-
	Surg proc w/silicone oil	X	-	X	-	X	-
G9/58	Hospice or term phase	Х	-	X	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of:	03	<b> 22</b>	24
--------	----	------------	----

	Large Employ		rge Employer	Individ	ual 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								
	he Pharmacy link option within the website.	V	l .	V					
	Pt w/hosp anytime msmt per	X	-	X	-	X	<del>-</del>		
	Pt w/hosp anytime msmt per Pt had hpv b/t 9-13 yr	X	-	X	-	X	<u>-</u>		
	Pt no hpv b/t 9-13 yr	X		X		X			
	Pt tx oral syst/bio med psor	X	-	X	-	X	-		
	Pt decl chan/conind or <6m		-		-	X			
	Cva stroke dx tx transf fac	X	-	X		X	-		
	Hosp new dx cva consid evst	X	-	X	-	X	<u>-</u>		
	Pt w/hosp anytime msmt per	X	<u>-</u>	X	-	X	-		
	Bn den 2yr/got ost med/ther	X	-	X	-	X	-		
	Perip nerve block	X		X	-	X			
	Anes end, 1 temp >35.5(95.9)	X		X		X			
	Doc med rsn no temp >= 35.5		-	X	-	X	-		
	No temp >35.5(95.9), anes	X	-	X	-	X	<u> </u>		
	Pt had hyst	X	-	X	-	X	-		
	,	X	<u>-</u>		-	X	-		
	Recd 2 anti-emet pre/intraop  Doc med rsn no proph antiem	X	<u>-</u>	X		X			
	Pt no antiemet pre/intraop	X	-	X	-	X	-		
	Pts dx w/pregn	X	-	X	-	X	-		
	Pts ax w/pregn Pts breastfeeding	X	-	X	-	X	<u> </u>		
	Pts dx w/rhabdomyolysis	X	<u> </u>	X	-	X			
	Doc rsn no statin	X	<u>-</u>	X	-	X	-		
	Hx dx fam/pure hypercholes	X	<u>-</u>	X	-	X	<u>-</u>		
	Path/derm 2nd opin bx	X		X		X			
	Path report sent	X	-	X	<u>-</u>	X	-		
	Path report sent	X	-	X		X	-		
	Pt alive lst day msmt yr	X	<u>-</u>	X		X	-		
	Most rct bp = 140/90</td <td>X</td> <td><u>-</u></td> <td>X</td> <td></td> <td>X</td> <td>-</td>	X	<u>-</u>	X		X	-		
	Record bp ip, er, urg/self	X		X		X			
	Most rct bp >/= 140/90	X		X	-	X			
	Most rct tob stat free	X	-	X	-	X	-		
	Most rct tob stat not free	X	-	X	-	X	-		
	Pt on daily asa/antiplat	X	-	X	-	X	-		
	Doc med rsn no asa/antiplat	X	-	X	-	X	-		
	Pt no daily asa/antiplat	X	-	X	-	X	<u>-</u>		
	Pt not currently on statin	X	-	X	-	X	-		
	Pt currently on statin	X	-	X	-	X	<u>-</u>		
	Pt w/hosp anytime msmt per	X	<u>-</u>	X	-	X	-		
	Pt recd cerv cyto/hpv	X	-	X	-	X	<u>-</u>		
	Pt no recd cerv cyto/npv Pt no recd cerv cyto/hpv		-	X	-	X	<u>-</u>		
	Pt no recd cerv cyto/npv Pt no asthm cont med mst per	X	-	X	-		-		
	Pt no astrim cont med mst per Pt w/hosp anytime msmt per	X	-	X	-	X	<u>-</u>		
G9809	г с w/поэр анушпе тыпк рег	Λ	-	۸	-	٨	-		

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

0		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, thes	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	the Pharmacy link option within the website.						
	Pdc 75% w/asth cont med	Х	-	Х	-	Х	-
	No pdc 75% w/asth cont med	X	-	X	-	Х	-
	Pt died during inpt/30d aft	X	-	X	-	X	-
	Pt not died w/in 30d of proc	X	-	Х	-	Х	-
	Doc sex activity	X	-	X	-	X	-
	Pt w/hosp anytime msmt per	X	-	X	-	Х	-
	Doc chlam scr test w/follow	X	-	X	-	X	-
	No doc chlam scr ts w/follow	X	-	X	-	X	-
	Endo abl proc yr prev ind dt	X	-	X	-	Х	-
	Endo smpl/hyst bx res doc	X	-	X	-	Х	-
	Endo smpl/hyst bx res no doc	X	-	X	-	Х	-
	Her-2 pos	X	-	X	-	X	-
	Ajcc stg brt ca dx ii or iii	X	-	X	-	Х	-
	Brt ca dx i, no t1/t1a/t1b	X	-	X	-	Х	-
	Pt met dis at dx	X	-	X	-	X	-
	Anti-egfr mon anti ther	Х	-	Χ	-	Х	-
	Kras tst bfr beg anti moab	-	X	-	X	-	X
	No kras tst bfr beg ant moab	-	X	-	X	-	X
	Pt met dis at dx	X	-	X	-	X	-
	Kras gene mut	X	-	X	-	X	-
	Pt no recd anti-egfr ther	X	-	X	-	X	-
	Pt recd anti-egfr ther	X	-	X	-	X	=
	Pt died from cancer	X	-	X	-	X	-
	Pt recd chemo last 14d life	X	-	X	-	X	-
	Pt no chemo last 14d life	X	-	X	-	X	-
	Pt enroll hospice	X	-	X	-	X	=
	Pt died from cancer	X	=	X	-	X	=
	Pt less 3d hospice	X	-	X	-	X	-
	Pt more than 3d hospice	X	-	X	-	X	-
	Doc rsn no 10 yr follow	Х	-	Х	-	Х	-
G9868		. v		V			
	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic	Х	=	Х	-	Х	-
00000	evaluation, for use under the next generation aco model, less than 10 minutes						
G9869	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic	Х	-	Χ	-	X	-
G9870	evaluation, for use under the next generation aco model, 10-20 minutes						
G9870	Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic	Х	-	Х	-	x	-
	evaluation, for use under the next generation aco model, 20 or more minutes						
	1 em core session	Χ	-	Χ	-	Х	-
	4 em core sessions	Χ	-	X	-	Х	-
	9 em core sessions	Χ	-	Χ	-	Х	-
G9876	2 em core ms mo 7-9 no wl	X	-	Χ	-	X	-

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

155 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

0		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.		_				
	2 em core ms mo 10-12 no wl	X	-	X	-	X	-
	2 em core ms mo 7-9 wl	X	-	X	-	Х	-
	2 em core ms mo 10-12 wl	X	-	X	-	X	-
	Em 5 percent wl	X	-	X	-	X	-
	Em 9 percent wl	X	-	X	-	X	-
	2 em ongoing ms mo 13-15 wl	X	-	X	-	X	-
	2 em ongoing ms mo 16-18 wl	X	-	X	-	X	=
	2 em ongoing ms mo 19-21 wl	X	-	X	-	X	-
	2 em ongoing ms mo 22-24 wl	X	-	X	-	X	-
	Em bridge payment	X	-	X	-	X	-
	Em session reporting	X	-	X	-	X	-
	Doc pt rsn no dil mac exam	X	-	X	-	X	=
	No mac exam	X	-	X	-	X	-
	Adr dep thrpy prescribed	X	-	X	-	X	-
	Doc med rsn no adr dep thrpy	X	-	X	-	X	-
	Doc pt rsn no adr dep thrpy	X	-	X	-	X	-
	Pt nt prsc adr dep thrpy rng	X	-	X	-	X	-
	Pt 66+ snp or ltc pos	X	-	X	-	X	-
	Scrn mam perf rslts doc	X	-	X	-	X	-
	Scrn mam perf rslts not doc	X	-	X	-	X	-
	Pt 66+ snp or ltc pos	X	-	X	-	X	-
	Pt scrn tbco and id as user	X	-	X	=	X	-
	Pt scrn tbco id as non user	X	-	X	-	X	-
	Doc med rsn no tbco scrn	X	-	X	-	X	-
	No pt tbco scrn rng	X	-	X	-	X	-
	Pt recv tbco cess interv	X	-	X	-	X	-
	Doc med rsn no tbco interv	X	-	X	-	X	-
	No pt tbco cess interv rng	X	-	X	-	X	-
	Doc med rsn no tbco interv	X	-	X	-	X	-
	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	-
	No hbv status assesd and int	X	-	X	-	X	-
	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	-
	Scrn nd pos nd prov of rec	X	-	X	=	X	=
	Scrning perf and negative	X	=	X	-	X	-
	No or part scrn nd rng or os	X	-	X	-	X	-
G9922	Sfty cncrns scrn nd mit recs	X	=	Χ	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		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
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 sho directed to the Pharmacy link option within the website.							
	Safty cncrns scrn and neg	Х		Х	-	Х	_
	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	X	_	X		X	_
	Same path/derm perf biopsy	X	-	X	-	X	-
	Doc reas no statin therapy	X		X		X	_
	Adtl spine proc on same date	X	-	X	<u> </u>	X	-
	Bk pn nt msr vas scl pre/pst	X		X		X	
	Pt w/cancer scoliosis	X		X	_	X	_
	Bk pain no vas	X	<u>-</u>	X	<u>-</u>	X	<u>-</u>
	Leg pain no vas	X		X		X	_
	Pt >2 rsk fac post-op vomit	X		X		X	
	InhInt anesth only for induc	X		X		X	_
	Combo thrpy of >= 2 prophly	X	<u>-</u>	X	<u>-</u>	X	_
	Doc med rsn no combo thrpy	X		X		X	_
	No combo prohpyl thrp for pt	X	<u>-</u>	X	<u>-</u>	X	_
	Systemic antimicro not presc	X	_	X		X	_
	Med rsn sys antimi nt rx	X	<u> </u>	X		X	
	Systemic antimicro presc	X		X	<u>-</u>	X	-
	Embolization doc separatly	X	-	X	-	X	-
	Embolization not doc separat	X	_	X		X	
	Pt recv >=1 well-chld visit	X	-	X	<u> </u>	X	
	No well-child visit recv by pt	X	_	X		X	_
	Pt refrd 2 pvdr/spclst in pp	X	<u>-</u>	X	_	X	_
	Pvdr rfrd pt rprt rcvd	X		X		X	_
	Pvdr rfrd pt no rprt rcvd	X	_	X	_	X	
	Dil mac exam performed	X	<u> </u>	X	<u> </u>	X	_
	Doc med rsn no mac exm perf	X	_	X		X	_
	Doc nied isi no mac exim peri  Doc pat rsn no mac exim perf	X	-	X	-	X	-
	Dil mac exam no perf rsn nos	X		X		X	<u>-</u>
	Remote e/m new pt 10 mins	X	<u>-</u>	X		X	-
	Remote e/m new pt 20 mins	X		X	-	X	-
_	Remote e/m new pt 30 mins	X	<u> </u>	X	<u>-</u>	X	-
	Remote e/m new pt 45 mins	X	-	X	-	X	
	Remote e/m new pt 40 mins	X		X		X	-
	Remote e/m new pt do mins Remote e/m est. pt 10 mins	X		X	-	X	-
	Remote e/m est. pt 15 mins	X		X		X	<u> </u>
03304	ntomoto omi ooti pi io mino	Λ		Λ.	<u>-</u>	^	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	se coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	the Pharmacy link option within the website.			.,	T		
	Remote e/m est. pt 25 mins	X	-	X	-	X	-
	Remote e/m est. pt 40 mins	X	-	X	-	X	-
	Bpci advanced in home visit	X	-	X	-	X	-
	Pall serv during meas	X	-	Х	-	X	-
	Med rsn no pneum vax	X	-	X	-	X	-
	No pneum vax admin 60+	X	-	X	-	X	-
	Pneum vax admin 60+	X	-	X	-	X	-
	Pall serv during meas	X	-	X	-	X	-
	Pall serv during meas	X	-	X	-	X	=
	Pall serv during meas	X	-	X	-	X	-
	Doc pt pal or hospice	X	-	X	-	X	=
	Doc pt preg dur msrmt pd	X	-	X	-	X	=
	Doc med rsn <3 colon	X	-	X	-	X	-
	Doc sys rsn <3 colon	Х	-	Х	-	Х	-
	Alcohol and/or drug services	-	X	-	X	-	X
	Alcohol and/or drug services	X	-	X	-	X	=
	Alcohol and/or drug training	X	-	X	-	X	=
	Alcohol and/or drug interven	X	-	X	-	X	-
	Alcohol and/or drug outreach	X	-	X	-	X	-
	Alcohol and/or drug preventi	X	-	X	-	X	-
	Alcohol and/or drug preventi	X	-	X	-	X	-
	Alcohol and/or drug preventi	X	-	X	-	X	-
	Alcohol and/or drug preventi	X	-	X	-	X	-
	Alcohol and/or drug preventi	X	-	X	-	X	=
	Alcohol and/or drug hotline	X	-	X	-	X	=
	Mental health assessment, by non-physician	X	-	X	-	X	-
	Mental health service plan development by non-physician	X	-	X	-	X	-
	Medication training and support, per 15 minutes	Х	-	Χ	- V	Χ	- V
	Mental health partial hospitalization, treatment, less than 24 hours	- V	X	-	X	-	X
	Community psychiatric supportive treatment, face-to-face, per 15 minutes	X	-	X	-	X	-
	Community psychiatric supportive treatment program, per diem	X	-	X	-	X	=
	Self-help/peer services, per 15 minutes	X	-	X	-	X	=
	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	Х	-	Χ	-	Х	-
H0048	Alcohol and/or other drug testing: collection and handling only, specimensother than blood	Х	-	Х	-	Х	-
H0049	Alcohol/drug screening	X	-	Χ	-	Х	-

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

158 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	/24
73	vı.	v		

		Large Employer		Individual 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 he Pharmacy link option within the website.	se coding lists d	o not reflect information re	egarding immu	inizations, injectable drug	s, or specialty med	ications and should be
	Alcohol/drug service 15 min	Х	-	Х	-	Х	_
	Traditional healing service	X	-	X	-	X	-
	Prenatal care, at-risk assessment	-	Х	-	Х	-	Х
	Prenatal care, at-risk enhanced service; antepartum management	-	X	-	X	-	X
	Prenatal care, at-risk enhanced service; care coordination	-	Х	-	Х	-	Х
	Prenatal care, at-risk enhanced service; education	Х	-	Х	-	Х	-
H1004	Prenatal care, at-risk enhanced service; follow-up home visit.	-	Х	-	Х	-	Х
H1005	Prenatal care, at-risk enhanced service package (includes h1001-h1004)	-	Х	-	Х	-	Х
H1010	Non-medical family planning education, per session	Х	-	Х	-	Х	-
	Family assessment by licensed behavioral health professional for state definedpurposes	Χ	-	Χ	-	Х	-
	Comprehensive multidisciplinary evaluation	Х	-	Х	-	Х	-
H2001	Rehabilitation program, per 1/2 day	Х	-	Х	-	Х	-
H2010	Comprehensive medication services, per 15 minutes	Х	-	Х	-	Х	-
H2011	Crisis intervention service, per 15 minutes	Χ	-	Х	-	Х	-
H2012	Behavioral health day treatment, per hour	-	Х	-	Х	-	X
	Psychiatric health facility service, per diem	-	Х	-	Х	-	Х
	Skills training and development, per 15 minutes	Х	-	Х	-	Х	-
	Comprehensive community support services, per 15 minutes	Х	-	Х	-	Х	-
	Comprehensive community support services, per diem	Χ	-	Х	-	Х	-
H2017	Psychosocial rehabilitation services, per 15 minutes	Χ	-	Χ	-	Х	-
	Psychosocial rehabilitation services, per diem	Х	-	Х	-	Х	-
H2019	Therapeutic behavioral services, per 15 minutes	Χ	-	Χ	-	Х	-
H2020	Therapeutic behavioral services, per diem	Χ	-	Χ	-	Х	-
H2021	Community-based wrap-around services, per 15 minutes	Χ	-	Х	-	Х	-
H2022	Community-based wrap-around services, per diem	Х	-	Х	-	Х	-
H2023	Supported employment, per 15 minutes	Х	-	Х	-	Х	-
H2024	Supported employment, per diem	Χ	-	Χ	-	Х	-
H2025	Ongoing support to maintain employment, per 15 minutes	Χ	-	Χ	-	Х	-
	Ongoing support to maintain employment, per diem	Χ	-	Х	-	Х	-
H2027	Psychoeducational service, per 15 minutes	Х	-	Х	-	Х	-
H2028	Sexual offender treatment service, per 15 minutes	Х	-	Х	-	Х	-
H2029	Sexual offender treatment service, per diem	Χ	-	Χ	-	Х	-
H2030	Mental health clubhouse services, per 15 minutes	Χ	-	Χ	-	Х	-
	Mental health clubhouse services, per diem	Х	-	Χ	-	Х	-
H2032	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	-	Χ	-	Х	-
H2037	Developmental delay prevention activities, dependent child of client, per 15 minutes	Х	-	Χ	-	Х	-
H2038	Skill train and dev/diem	Х	-	Х	-	Х	-
H2040	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	-
K0065	Spoke protectors	-	-	Χ	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		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
	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.	coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
K0553	Ther cgm supply allowance	-	Х	-	Х	-	Х
	Ther cgm receiver/monitor	-	X	-	Χ	-	Χ
K0601	Replacement battery for external infusion pump owned by patient, silver oxide, 1.5 volt, each	-	-	Х	-	-	-
	Replacement battery for external infusion pump owned by patient, silver oxide 3 volt, each	-	-	Х	-	-	-
	Replacement battery for external infusion pump owned by patient, alkaline, 1.5 volt, each	-	-	Х	-	-	-
K0604	Replacement battery for external infusion pump owned by patient, lithium, 3.6 volt; each effective	-	-	Х	-	-	-
K0605	Replacement battery for external infusion pump owned by patient, lithium, 4.5 volt, each	-	-	Х	-	-	-
	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	-	Х	-	Х	-	Х
	Replacement battery for automated external defibrillator, garment type only, each	Х	-	Х	-	Х	-
K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verification from dme pdac	-	Х	-	Х	-	Х
	Power wheelchair accessory, 12 to 24 amp hour sealed lead acid battery, each (e.g. gel cell, absorbed glassmat)	-	Х	Х	-	-	Х
K0743	Portable home suction pump	-	Х	-	Х	_	Х
	Pov group 1 std up to 300 lbs	_	X	_	X	_	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	-	Х	-	X	-	Х
	Pov group 2 vhd 451-600 lbs	-	Х	-	Х	-	Х
K0812	Power operated vehicle noc	-	Х	-	Х	-	Х
	Pwc gp 1 std port seat/back	-	Х	-	Х	-	X
	Pwc gp 1 std port cap chair	-	Х	-	Х	-	Х
	Pwc gp 1 std seat/back	-	Х	-	Х	-	Х
K0816	Pwc gp 1 std cap chair	-	Χ	-	Χ	-	X
K0820	Pwc gp 2 std port seat/back	-	X	-	Χ	-	Χ
K0821	Pwc gp 2 std port cap chair	-	Χ	-	Χ	-	Χ
	Pwc gp 2 std seat/back	-	Χ	-	Χ	-	X
K0823	Pwc gp 2 std cap chair	-	X	-	Χ	-	Χ
	Pwc gp 2 hd seat/back	-	X	-	Χ	-	Χ
K0825	Pwc gp 2 hd cap chair	-	X	-	X	-	Χ
	Pwc gp2 vhd seat/back	-	Х	-	Х	-	X
	Pwc gp 2 vhd cap chair	-	Х	-	Х	- 1	Х
	Pwc gp 2 xtra hd seat/back	-	Х	-	Х	-	Х
	Pwc gp 2 xtra hd cap chair	-	Х	-	X	- 1	Χ
	Pwc gp2 std seat elevate s/b	-	Х	-	X	-	Χ
	Pwc gp2 std seat elevate cap	-	Х	-	Х	-	Χ
	Pwc gp2 std sing pow opt s/b	-	Х	-	X	-	Χ
	Pwc gp2 std sing pow opt cap	-	Х	-	X	-	Χ
	Pwc gp 2 hd sing pow opt s/b	-	Х	-	Х	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

		Lar	Large Employer		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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.	1					.,
	Pwc gp 2 hd sing pow opt cap	-	X	-	X	-	X
	Pwc gp2 vhd sing pow opt s/b	-	X	-	X	-	X
	Pwc gp2 xhd sing pow opt s/b	-	X	-	X	-	X
	Pwc gp2 std mult pow opt s/b	-	X	-	X	-	X
	Pwc gp2 std mult pow opt cap	-	X	-	X	-	X
	Pwc gp2 hd mult pow opt s/b	-	X	-	X	-	X
	Pwc gp 3 std seat/back	-	X	-	X	-	X
	Pwc gp 3 std cap chair	-	X	-	X	-	X
	Pwc gp 3 hd seat/back	-	X	-	X	-	X
	Pwc gp 3 hd cap chair	-	X	-	X	-	X
	Pwc gp 3 vhd seat/back	-	X	-	X	-	X
	Pwc gp 3 vhd cap chair	-	X	-	X	-	X
	Pwc gp 3 xhd seat/back	-	X	-	X	-	X
	Pwc gp 3 xhd cap chair	-	X	-	X	-	X
	Pwc gp3 std sing pow opt s/b	-	X	-	X	-	X
	Pwc gp3 std sing pow opt cap	-	Χ	-	Χ	-	X
	Pwc gp3 hd sing pow opt s/b	-	Χ	-	Χ	-	X
	Pwc gp3 hd sing pow opt cap	-	Χ	-	Χ	-	Χ
	Pwc gp3 vhd sing pow opt s/b	-	Χ	-	Χ	-	X
	Pwc gp3 std mult pow opt s/b	-	X	•	Χ	-	X
	Pwc gp3 hd mult pow opt s/b	-	Χ	-	Χ	-	Χ
	Pwc gp3 vhd mult pow opt s/b	-	Χ	-	Χ	-	Χ
	Pwc gp3 xhd mult pow opt s/b	-	X	-	X	-	X
	Pwc gp 4 std seat/back	-	X	-	X	-	X
K0869	Pwc gp 4 std cap chair	-	Χ	-	Χ	-	X
	Pwc gp 4 hd seat/back	-	Χ	-	Χ	-	X
K0871	Pwc gp 4 vhd seat/back	-	Χ	-	Χ	-	X
K0877	Pwc gp4 std sing pow opt s/b	-	Χ	-	Χ	-	X
K0878	Pwc gp4 std sing pow opt cap	-	Χ	-	Χ	-	Χ
K0879	Pwc gp4 hd sing pow opt s/b	-	X	-	Χ	-	Χ
K0880	Pwc gp4 vhd sing pow opt s/b	-	X	-	Χ	-	Χ
	Pwc gp4 std mult pow opt s/b	-	Χ	-	X	-	X
K0885	Pwc gp4 std mult pow opt cap	-	X	-	Х	-	Χ
K0886	Pwc gp4 hd mult pow s/b	-	X	-	X	-	X
	Pwc gp5 ped sing pow opt s/b	-	X	-	X	-	Х
	Pwc gp5 ped mult pow opt s/b	-	X	-	X	-	Х
	Power wheelchair noc	-	Х	-	Х	-	Х
K0899	Power mobility device, not coded by dme pdac or does not meet criteria	Х	-	Х	-	Х	-
	Lo freq us diathermy device	Х	-	Χ	-	Х	-
	Bil hkaf pc s/d micro sensor	Х	-	X	-	Х	-
	Mol diag reader self-admn	X	-	X	-	X	-

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

161 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	በ3	122	121
$\Delta$	vı.	UU		4

Codes	Description		Large Employer Individual Benchmark** S				Small Employer and Individual	
de el el el el el el		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, these Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be	
	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment levice, per month	Х	-	Х	-	Х	-	
K1037	Oocking station for use with oral device/appliance used to reduce upper airway collapsibility	Х	-	Х	-	Х	-	
	No spring wir drsflx calf bd	<del> </del> -	-	Х	-	- 1	-	
	of ankle gauntlet	-	-	X	-	- 1	_	
	of molded ankle gauntlet	-	-	X	_	- 1	-	
	of multiligamentus ankle su	<b>†</b> -	-	X	_	- 1	-	
	ofo, supramalleolar with straps, with or without interface/pads, custom	-	-	X	-	-	-	
	of sing bar clasp attach sh	<b>†</b> -	-	X	-	- 1	_	
	of sing upright w/ adjust s	<b>†</b> -	-	X	_	- 1	-	
	of plastic	<b>†</b> -	-	X	_	- 1	-	
	of rig ant tib prefab tcf/=	-	-	Х	_	-	-	
	of molded to patient plasti	-	-	X	_	- 1	_	
	of molded plas rig ant tib	-	-	X	_	- 1	-	
	of spiral molded to pt plas	-	-	X	_	- 1	-	
	Ankle foot orthosis, spiral, (institute of rehabilitative medicine type), prefabricated	-	-	X	_	- 1	-	
	ofo pos solid ank plastic mo	-	-	X	_	-	-	
	of plastic molded w/ankle j	-	-	Х	_	- 1	-	
	Ankle foot orthosis, plastic or other material with ankle joint, prefabricated	-	-	Х	_	- 1	-	
	of sing solid stirrup calf	-	-	Х	_	- 1	-	
	vio doub solid stirrup calf	-	-	X	_	- 1	-	
	(af sng/dbl swg/stn mcpr cus	<b>†</b> -	Х	-	Х	- 1	Х	
	of tib fx cast plaster mold	-	-	Х	_	- 1	-	
	of tib fx cast molded to pt	-	-	X	_	- 1	-	
	of tibial fracture soft	-	-	X	_	- 1	-	
	of tib fx semi-rigid	-	-	X	_	- 1	-	
	of tibial fracture rigid	<b>†</b> -	-	X	_	- 1	-	
	Porsiflexion assist each joi	-	-	X	_	- 1	-	
	Carbon graphite lamination	<b>†</b> -	-	X	_	- 1	-	
	Soft interface below knee se	-	-	Х	_	-	-	
	t insert ucb berkeley shell	Х	-	X	_	X	-	
	oot insert remov molded spe	X	-	Х	_	X	-	
	Foot insert plastazote or eq	X	-	X	-	X	-	
	oot insert silicone gel eac	X	_	X	-	X	-	
	Foot longitudinal arch suppo	X	_	X	-	X	-	
	Foot longitud/metatarsal sup	X	_	X	-	X	-	
	oot arch support remov prem	X	_	X	-	X	-	
	Foot, insert/plate, removable, addition to lower extremity orthosis, high strength	X	-	X	-	X	-	
	t arch suprt premold longit	X	-	X	_	X	_	
	Foot arch supp premold metat	X	_	X	-	X	-	
	Foot arch supp longitud/meta	X	-	X	-	X	_	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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, these	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.			V		. v	
	Arch suprt att to sho longit	X	-	X	-	X	-
	Arch supp att to shoe metata	X	-	X	-	X	-
	Arch supp att to shoe long/m	X	-	X	-	X	-
	Hallus-valgus nght dynamic s Oxford w supinat/pronat inf	X	-	X	-	X	<u>-</u>
	Oxford w supinat/pronator c	X		X		X	
	Oxford w/ supinator/pronator	X	-	X	-	X	-
	Hightop w/ supp/pronator inf	X		X	-	X	-
	Hightop w/ supp/pronator chi	X	<u>-</u>	X		X	-
13200	Hightop w/ supp/pronator jun	X	-	X	-	X	-
	Orthopedic ftwear ladies oxf	X	<u>-</u>	X	<u>-</u>	X	-
	Orthoped ladies shoes dpth i	X		X	-	X	-
	Ladies shoes hightop depth i	X	<u>-</u>	X	-	X	-
	Orthopedic mens shoes oxford	X		X		X	-
	Orthopedic mens shoes doth i	X	-	X	-	X	<u>-</u>
	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	<u>-</u>	X	<u>-</u>
	Shoe molded plastazote cust  Shoe molded plastazote cust	X		X		X	<u>-</u>
	Orth foot non-stndard size/w	X	-	X	-	X	-
	Orth foot non-standard size/	X		X		X	<u>-</u>
	Orth foot add charge split s	X	<u> </u>	X	<u>-</u>	X	
	Plastazote sandal each	X		X	<u> </u>	X	<u> </u>
	Sho lift taper to metatarsal	X	-	X	<u> </u>	X	<u> </u>
	Shoe lift elev heel/sole neo	X	_	X	<u>-</u>	X	_
	Shoe lift elev heel/sole cor	X	-	X	-	X	
	Lifts elevation metal extens	X	<u> </u>	X	<u> </u>	X	<u> </u>
	Shoe lifts tapered to one-ha	X	-	X	<u> </u>	X	<u> </u>
	Shoe lifts elevation heel /i	X	-	X	-	X	-
	Shoe wedge sach	X	-	X	<u>-</u>	X	-
	Shoe heel wedge	X	<u>-</u>	X	<u>-</u>	X	<u>-</u>
	Shoe sole wedge outside sole	X	<u> </u>	X	<u> </u>	X	<u>-</u>
	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	<u>-</u>	X	<u>-</u>	X	<u>-</u>
	Shoe metatarsal bar between	X	-	X	-	X	-
	Full sole/heel wedge btween	X	<u> </u>	X	<u> </u>	X	<u>-</u>
L342U	I dii solorileei wedge stweeti	_ ^	-	Λ	-	^	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	rge Employer	Individ	ual 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	e coding lists d	lo not reflect information re	egarding immu	inizations, injectable drugs	, or specialty med	ications and should be
	he Pharmacy link option within the website.  Sho heel count plast reinfor	Х	Ι	Х	_	Х	
	Heel leather reinforced	X	-	X	-	X	<u> </u>
	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	-
L3480	Shoe heel pad & depress for	X	-	Х	-	X	-
	Shoe heel pad removable for	Х	-	Х	-	Х	-
L3500	Ortho shoe add leather insol	Х	-	Х	-	Х	-
L3510	Orthopedic shoe add rub insl	Х	-	Х	-	Х	-
L3520	O shoe add felt w leath insl	Х	-	Х	-	X	-
L3530	Ortho shoe add half sole	Х	-	Х	-	X	-
L3540	Ortho shoe add full sole	Х	-	Х	-	X	-
L3550	O shoe add standard toe tap	Х	-	Х	-	Х	-
L3560	O shoe add horseshoe toe tap	Χ	-	Χ	-	Х	=
	O shoe add instep extension	Х	-	Χ	-	X	-
L3580	O shoe add instep velcro clo	Х	-	Х	-	X	-
L3590	O shoe convert to sof counte	Х	-	Χ	-	X	-
	Ortho shoe add march bar	Х	-	Х	-	X	-
	Trans shoe calip plate exist	Х	-	X	-	X	-
L3610	Trans shoe caliper plate new	Х	-	X	-	X	-
L3620	Trans shoe solid stirrup exi	Х	-	Х	-	X	-
L3630	Trans shoe solid stirrup new	Х	-	Х	-	X	-
	Shoe dennis browne splint bo	Х	-	X	-	X	-
	Mold socket ank hgt w/ toe f	-	X	Х	-	-	X
	Tibial tubercle hgt w/ toe f	-	X	Х	-	-	X
	Ank symes mold sckt sach ft	-	X	Х	-	-	X
	Symes met fr leath socket ar	-	X	Χ	-	-	X
	Molded socket shin sach foot	-	X	Х	-	-	Χ
	Plast socket jts/thgh lacer	-	X	Х	-	-	Χ
	Mold sckt ext knee shin sach	-	X	Х	-	-	Χ
	Mold socket bent knee shin s	-	X	Х	-	-	X
	Kne sing axis fric shin sach	-	X	Х	-	-	X
	No knee/ankle joints w/ ft b	-	X	Χ	-	-	Χ
	No knee joint with artic ali	-	X	X	-	-	X
	Fem focal defic constant fri	-	X	X	-	-	X
	Hip canad sing axi cons fric	-	X	Х	-	-	X
	Tilt table locking hip sing	-	X	X	-	-	Χ
	Hemipelvect canad sing axis	-	X	X	-	-	X
L5301	Below knee, molded socket, shin, sach foot, endoskeletal system	-	X	X	-	-	X

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

164 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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 the Pharmacy link option within the website.	e coding lists d	do not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
L5312	Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system	-	Х	Х	-	-	Х
L5321	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 knee, sach foot	-	Х	Х	-	-	Х
L5341	Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot	-	Х	Х	-	-	Х
L5400	Postop dress & 1 cast chg bk	-	X	Х	-	_	Χ
L5410	Postop dsg bk ea add cast ch	-	X	Х	-	_	Χ
L5420	Postop dsg & 1 cast chg ak/d	-	Х	Χ	-	-	Х
	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
	Init ak ischal plstr direct	-	X	X	_	_	X
	Prep bk ptb plaster molded	_	X	X	_	_	X
	Perp bk ptb thermopls direct	_	X	X	_	_	X
	Prep bk ptb thermopls molded	_	X	X	_	_	X
1.5535	Prep bk ptb open end socket	_	X	X	_	_	X
	Prep bk ptb laminated socket		X	X	_	_	X
	Prep ak ischial plast molded	_	X	X	_	_	X
	Prep ak ischial direct form	_	X	X	_	_	X
	Prep ak ischial thermo mold	_	X	X	_	_	X
	Prep ak ischial open end		X	X	_	_	X
	Prep ak ischial laminated	_	X	X	_	_	X
	Hip disartic sach thermopls	_	X	X	_	_	X
	Hip disart sach laminat mold		X	X	_	_	X
	Above knee hydracadence		X	X		_	X
	Ab 4 bar link w/fric swing	_	X	X	_	_	X
	Ak 4 bar ling w/hydraul swig	_	X	X	-	_	X
	4-bar link above knee w/swng	_	X	X	_	-	X
	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase	-	X	X	-	-	X
15040	control						
	Ak univ multiplex sys frict	-	X	X	-	-	X
	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	-	-	X
	Test socket hemipelvectomy	-	X	X	-	-	X
L5629	Below knee acrylic socket	_	Х	X	-	-	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
73	UI.	UJ		<b>4</b>

Ü		Laı	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, these	coding lists d	lo not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	the Pharmacy link option within the website.	Ī				T T	
	Syme typ expandabl wall sckt	-	X	X	-	-	X
	Ak/knee disartic acrylic soc	-	X	X	-	-	X
	Symes type ptb brim design s	-	X	X	-	-	X
	Symes type poster opening so	-	X	X	-	-	X
	Symes type medial opening so	-	X	X	-	-	X
	Below knee total contact	-	X	X	-	-	X
	Below knee leather socket	-	X	X	-	-	X
	Below knee wood socket	-	X	X	-	-	X
	Knee disarticulat leather so	-	X	X	-	-	X
	Above knee leather socket	-	X	X	-	-	X
	Hip flex inner socket ext fr	-	X	X	-	-	X
	Above knee wood socket	-	X	X	-	-	X
	Bk flex inner socket ext frame	-	X	X	-	-	X
	Below knee air cushion socke	-	X	X	-	-	X
	Below knee suction socket	-	X	X	-	-	X
	Above knee air cushion socke	-	X	X	-	-	X
	Isch containmt/narrow m-l so	-	X	X	-	-	X
	Tot contact ak/knee disart s	-	X	X	-	-	X
	Ak flex inner socket ext fra	-	X	X	-	-	X
	Suction susp ak/knee disart	-	X	X	-	-	X
	Knee disart expand wall sock	-	X	X	-	-	X
	Socket insert symes	-	X	X	-	-	X
	Socket insert below knee	-	X	X	-	-	X
	Socket insert knee articulat	-	X	X	-	-	X
	Socket insert above knee	-	X	X	-	-	X
	Multi-durometer symes	-	X	X	-	-	X
	Multi-durometer below knee	-	X	X	-	-	X
	Below knee cuff suspension	-	X	X	-	-	X
	Socket insert w/o lock lower	-	X	X	-	-	X
	Bk molded supracondylar susp	-	X	Х	-	-	X
	Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard	-	Χ	Χ	-	-	Χ
	or equal), includes socke			V			V
	Bk removable medial brim sus	-	X	X	-	-	X
	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	X	=	-	X
	Bk knee joints single axis p	-	X	X	-	-	X
	Bk knee joints polycentric p	-	X	X	=	-	X
	Bk joint covers pair	-	X	X	-	-	X
	Addition to lower extremity, below knee/above knee, custom fabricated	-	X	X	-	-	X
	Bk thigh lacer non-molded	-	X	X	=	-	X
	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	X	-	-	X
	Bk thigh lacer glut/ischia m	-	X	X	-	-	X
L5683	Addition to lower extremity, below knee/above knee, custom fabricated socket insert	-	X	Χ	-	-	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	rge Employer	Individ	ual 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	e coding lists d	lo not reflect information re	L egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	he Pharmacy link option within the website.		V				V
	Bk fork strap	-	Х	X	-	-	X
	Below knee sus/seal sleeve	-	- V	X	-	-	- V
	Bk back check Bk waist belt webbing	-	X	X	-	-	X
	Bk waist belt padded and lin	-	X	X	-	_	X
	Ak pelvic control belt light	-	X	X	-	-	X
	Ak pelvic control belt right  Ak pelvic control belt pad/l	-	X	X		-	X
	Ak sleeve susp neoprene/equa	-	X	X	-	-	X
	Ak/knee disartic pelvic join	-	X	X	-	-	X
	Ak/knee disartic pelvic join  Ak/knee disartic pelvic band	-	X	X		-	X
	Ak/knee disartic silesian ba	-			-	-	
	Shoulder harness	-	X	X	-	-	X
	Replace socket below knee	-	X	X	-	-	X
	Replace socket above knee	-	X	X	-	-	X
	Replace socket hip		X	X		-	X
	Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) fott,	-	^	^	-	-	^
	replacement only	-	X	Х	-	-	X
	Custom shape covr below knee	_	X	Х			X
	Custom shape cover above knee	-	X	X	-	_	X
	Custm shape cover above knee  Custm shape cvr knee disart	-	X	X		-	X
	Custm shape cover hip disart	_	X	X		-	X
	Kne-shin exo sng axi mnl loc	-	X	X	-	-	X
	Knee-shin exo and lock ultra		X	X	<u> </u>		X
	Knee-shin exo frict swg & st	_	X	X	<u> </u>	_	X
	Knee-shin exo variable frict	_	X	X	<u> </u>	_	X
	Knee-shin exo mech stance ph	-	X	X	<u> </u>	<del>-</del>	X
	Knee-shin exo fret swg & sta	-	X	X	<u> </u>	<del>-</del>	X
	Knee-shin pneum swg frct exo	_	X	X	<u> </u>	_	X
	Knee-shin exo fluid swing ph		X	X	<u> </u>	_	X
	Knee-shin ext ints fld swg e	_	X	X	<u> </u>	_	X
	Knee-shin fluid swg & stance	-	X	X	<u> </u>		X
	Knee-shin pneum/hydra pneum	_	X	X	-	<del>-</del>	X
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture	<del>                                     </del>			-		
	evacuation system	-	Х	Х	-	-	Χ
	Addition to lower limb prosthesis, vacuum pump, residual limb volume managementand moisture						
	evacuation system, heavy dut	-	X	Х	-	-	X
	Addition to lower extremity, user adjustable, mechanical, residual limb volume management						
	System	-	X	Х	-	-	X
	ayatanı						
1 5785	Exoskeletal bk ultralt mater	_	Х	Х	-	_	Х
	Exoskeletal ak ultra-light m	_	X	X	_	_	X
	Exoskel hip ultra-light mate	_	X	X	-	-	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	<b>/24</b>
	vı.	UU		

0		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, these	e coding lists o	do not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.  Endoskel knee-shin mnl lock	T _	Х	V	_	1	V
	Endosker knee-shin min lock Endo knee-shin mnl lck ultra	-	X	X	-	-	X
	Endo knee-shin frct swg & st	-	X	X		-	X
	Endo knee-shin hydral swg ph	<del>-</del>	X	X		_	X
	Endo knee-shin polyc mch sta	_	X	X	_	_	X
	Endo knee-shin frct swg & st		X	X	_	_	X
	Endo knee-shin pneum swg fro		X	X	-	_	X
	Endo knee-shin fluid swing p	_	X	X	-	_	X
	Miniature knee joint	_	X	X	-	_	X
	Endo knee-shin fluid swg/sta	_	X	X	-	-	X
	Endo knee-shin pneum/swg pha		X	X	_	_	X
	Multi-axial knee/shin system		X	X	_	_	X
L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control	-	X	X	-	-	X
1 5845	Knee-shin sys stance flexion	_	Х	Х	-	_	Х
	Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable	-	X	X	-	-	X
1.5850	Endo ak/hip knee extens assi	_	Х	Х	_		X
	Mech hip extension assist	<del>-</del>	X	X		_	X
	Elec knee-shin swing/stance	<u> </u>	X	X		_	X
	Elec knee-shin swing/stance  Elec knee-shin swing only		X	X	<u> </u>		X
	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control					_	
	feature, stance phase only	-	Х	Х	-	-	Х
	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)	-	-	Х	-	-	-
	Endo below knee alignable sy	-	X	Χ	-	-	X
L5920	Endo ak/hip alignable system	-	X	Χ	-	-	X
	Above knee manual lock	-	X	Χ	-	-	Χ
L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type	-	Х	Х	-	-	X
L5930	High activity knee frame	-	X	Χ	-	-	Х
	Endo bk ultra-light material	-	Х	Χ	-	-	X
L5950	Endo ak ultra-light material	-	X	Χ	-	-	X
	Endo hip ultra-light materia	-	Х	Χ	-	-	Χ
L5961	Endo poly hip, pneu/hyd/rot	-	-	Χ	-	-	-
	Below knee flex cover system		Х	Χ	-	-	X
L5964	Above knee flex cover system	-	Х	Χ	-	-	X
	Hip flexible cover system	-	Х	Χ	-	-	X
L5968	Multiaxial ankle w dorsiflex	-	Х	Χ	-	-	X
	Foot external keel sach foot	-	Х	Χ	-	-	Χ
	All lower extremity prosthesis, solid ankle cushion heel (sach) foot, replacement only	-	Х	Χ	-	-	X
L5972	Flexible keel foot	-	X	Χ	-	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	rge Employer	Individ	ual 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 he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar		.,	.,			
	flexion control, includes	-	X	Х	-	-	Χ
L5974	Foot single axis ankle/foot	-	X	Χ	-	-	Χ
	Combo ankle/foot prosthesis	-	Х	Х	-	-	Χ
L5976	Energy storing foot	-	X	Χ	-	-	Χ
	Ft prosth multiaxial ankl/ft	-	Χ	Χ	-	-	Χ
	Multi-axial ankle/ft prosth	-	X	Χ	-	-	X
	Flex foot system	-	X	Χ	-	-	X
	Flex-walk sys low ext prosth	-	X	Х	-	-	X
	Exoskeletal axial rotation u	-	X	Χ	-	-	X
	Endoskeletal axial rotation	-	X	X	-	-	X
	Lwr ext dynamic prosth pylon	-	X	Χ	-	-	X
	Multi-axial rotation unit	-	X	Χ	-	-	X
	Shank ft w vert load pylon	-	Х	Χ	-	-	X
	Vertical shock reducing pylo	-	X	Χ	-	-	X
	Addition to lower extremity prosthesis, user adjustable heel height	-	X	Х	-	-	X
	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	-	Х	X	-	-	X
	Lowr extremity prosthes nos	-	-	X	-	-	-
	Partial hand, thumb remaining	-	X	X	-	-	X
	Partial hand, little and/or ring finger remaining	-	X	X	-	-	X
	Partial hand, no finger remaining	-	X	X	-	-	X
	Part hand myo exclu term dev	-	-	X	-	-	- V
	Wrst mld sck flx hng tri pad Wrst mold sock w/exp interfa	-	X	X	-	-	X
	Elb mold sock flex hinge pad		X	X	-	-	X X
	Elbow mold sock suspension t	-	X		-	-	
	Elbow mold doub splt soc ste		X	X	-	-	X X
	Elbow stump activated lock h	-	X	X	-	-	X
	Elbow mold outsid lock hinge	<del>-</del>	X	X	-	-	X
	Elbow molded w/ expand inter	_	X	X		-	X
	Elbow inter loc elbow forarm	<del>-</del>	X	X	-	-	X
	Shider disart int lock elbow	-	X	X		_	X
	Shoulder passive restor comp	_	X	X	-		X
	Shoulder passive restor comp	-	X	X	-		X
	Thoracic intern lock elbow	-	X	X		<del>                                     </del>	X
	Thoracic passive restor comp	_	X	X	<u> </u>	<del> </del>	X
	Thoracic passive restor cap	_	X	X	-	<del>  </del>	X
	Postop dsg cast chg wrst/elb	-	X	X	_	<del> </del>	X
	Postop dsg cast chg elb dis/	-	X	X	_	-	X
	Postop dsg cast chg shider/t	-	X	X	_	-	X
	Postop ea cast chg & realign	-	X	X	_	-	X
	Postop applicat rigid dsg on	-	X	X	_	_	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	/24
73	vı.	v		

		Laı	rge Employer	Individ	ual 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	coding lists d	lo not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.					1	
	Below elbow prosth tiss shap	-	X	X	-	-	X
	Elb disart prosth tiss shap	-	X	X	-	-	X
	Above elbow prosth tiss shap	-	X	X	=	-	X
	Shidr disar prosth tiss shap	-	X	X	-	-	X
	Scap thorac prosth tiss shap	-	X	X	-	-	X
	Wrist/elbow bowden cable mol	-	X	X	-	-	X
	Wrist/elbow bowden cbl dir f	-	X	X	-	-	X
	Elbow fair lead cable molded	-	X	X	-	-	X
	Elbow fair lead cable dir fo	-	X	X	-	-	X
	Shdr fair lead cable molded	-	X	X	-	-	X
	Shdr fair lead cable direct	-	X	X	-	-	X
	Polycentric hinge pair	-	X	X	-	-	X
	Single pivot hinge pair	-	X	X	-	-	X
	Flexible metal hinge pair	-	X	X	-	-	X
	Addition to upper extremity prosthesis, external powered, additional switch, any type	-	X	X	-	-	X
	Disconnect locking wrist uni	-	X	X	-	-	X
	Disconnect insert locking wr	-	X	X	-	-	X
	Flexion-friction wrist unit	-	X	X	-	-	X
L6621	Upper extremity prosthesis addition, flexion/extension wrist with or without friction, for use with external powered ter	-	X	Χ	-	-	X
1.6623	Spring-ass rot wrst w/ latch	_	Х	Х	<u>-</u>	_	X
	Upper extremity addition, flexion/extension and rotation wrist unit	_	X	X	_	_	X
	Rotation wrst w/ cable lock	_	X	X	-	_	X
	Quick disconn hook adapter o	_	X	X	-	_	X
	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	Х	=	=	X
L6640	Shoulder abduction joint pai	-	Х	Χ	-	-	Х
	Excursion amplifier pulley t	-	X	X	-	-	X
	Excursion amplifier lever ty	-	X	X	-	-	X
	Shoulder flexion-abduction j	-	Х	Χ	-	- 1	Х
	Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction	-	X	Х	-	-	X
16647	control, for us Upper extremity addition, shoulder lock mechanism, body powered actuator	_	Х	X	_	<del>                                     </del>	X
	Upper extremity addition, shoulder lock mechanism, body powered actuator  Upper extremity addition, shoulder lock mechanism, external powered actuator		X	X	-	-	X
	Shoulder universal joint	-	X	X		-	X
	Shoulder universal joint Standard control cable extra	-	X		<u>-</u>		
	Heavy duty control cable	-	X	X	-		X X
LOOOU	ricavy duty control cable	-	۸	٨	-		٨

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Large Employer		Individual 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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.	I	V	V		<u> </u>	V
	Teflon or equal cable lining	-	X	X	-	-	X
	Hook to hand cable adapter Harness chest/shider saddle	-	X	X	-	-	X X
	Harness figure of 8 sing con		X	X			X
L0073	Harness figure of 8 dual con	-	X	X	-		X
	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and	-	^	^	-	<del>                                     </del>	^
	elbow	-	Х	Х	-	-	Х
	Test sock wrist disart/bel e	-	X	Χ	-	-	X
	Test sock elbw disart/above	-	X	Χ	-	-	X
	Test socket shidr disart/tho	-	X	X	-	-	Χ
	Suction socket	-	X	Χ	-	-	X
	Frame typ socket bel elbow/w	-	X	Χ	-	-	X
	Frame typ sock above elb/dis	-	X	X	-	-	X
	Frame typ socket shoulder di	-	X	X	-	-	Χ
	Frame typ sock interscap-tho	-	X	X	-	-	X
	Removable insert each	-	X	Χ	-	-	X
	Silicone gel insert or equal	-	X	Χ	-	-	X
	Lockingelbow forearm cntrbal	-	X	Χ	-	-	X
	Elbow socket ins use w/lock	-	X	X	-	-	X
	Elbow socket ins use w/o lck	-	X	X	-	-	X
	Cus elbo skt in for con/atyp	-	X	Χ	-	-	X
	Cus elbo skt in not con/atyp	-	X	Χ	-	-	X
	Below/above elbow lock mech	-	X	Χ	-	-	X
	Terminal device, passive hand/mitt, any material, any size	-	X	X	-	-	X
	Terminal device, sport/recreational/work attachment, any material, any size	-	X	Χ	-	-	X
L6706	Terminal device, hook, mechanical, voluntary opening, any material, any size, lined or unlined	-	X	Х	-	-	Χ
L6707	Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined	-	Х	Х	-	-	Х
L6708	Terminal device, hand, mechanical, voluntary opening, any material, any size	-	Χ	Χ	-	-	Χ
L6709	Terminal device, hand, mechanical, voluntary closing, any material, any size	-	Χ	Χ	-	-	Χ
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, pediatric	-	Х	Х	-	-	Х
I 6713	Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric	_	Х	Х	_	<del></del>	Х
	Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric	_	X	X	<u> </u>	<del>                                     </del>	X
	Terminal device model #5xa	_	-	X	<u> </u>	<del>-</del> -	
	Terminal device model #5xa  Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined	-	X	X	-	-	X
	Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined	-	Х	Х	-	-	Х

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Modifier wrist flexion unit	-	Х	Х	_	-	Х
	Pincher tool otto bock or eq	-	X	X	_	_	X
	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	-	Х	Х	-	-	Х
	Automatic grasp feature, additional to upper limb prosthetic terminal device.	_	_	Х	-	-	-
	Microprocessor control feature, addition to upper limb prosthesis terminal device	_	Х	X	-	_	Х
	Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power	-	X	Х	-	-	X
L6884	Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power	-	Х	Х	-	-	Х
L6885	Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex	-	Х	Х	-	-	Х
L6890	Production glove	-	Х	Х	-	-	Х
L6895	Custom glove	-	Х	Х	-	-	X
L6900	Hand restorat thumb/1 finger	-	Х	Х	-	-	Χ
L6905	Hand restoration multiple fi	-	Х	Х	-	-	Х
	Hand restoration no fingers	-	Х	Х	-	-	Х
	Hand restoration replacmnt g	-	Х	Х	-	-	Х
	Wrist disarticul switch ctrl	-	Х	Х	-	-	X
	Wrist disart myoelectronic c	-	Х	Х	-	-	X
L6930	Below elbow switch control	-	Х	Х	-	-	Х
L6935	Below elbow myoelectronic ct	-	Х	Х	-	-	Х
L6940	Elbow disarticulation switch	-	Χ	Х	-	-	Χ
L6945	Elbow disart myoelectronic c	-	Х	Х	-	-	Х
	Above elbow switch control	-	Χ	Х	-	-	Χ
L6955	Above elbow myoelectronic ct	-	Χ	Х	-	-	Χ
L6960	Shldr disartic switch contro	-	X	Х	-	-	Χ
L6965	Shldr disartic myoelectronic	-	X	Х	-	-	Χ
L6970	Interscapular-thor switch ct	-	X	Х	-	-	Χ
L6975	Interscap-thor myoelectronic	-	X	Х	-	-	Χ
L7007	Electric hand, switch or myoelectric controlled, adult	-	-	Х	-	-	-
L7008	Electric hand, switch or myoelectric, controlled, pediatric	Χ	-	Х	-	Х	-
L7009	Electric hook, switch or myoelectric controlled, adult	-	-	Х	-	-	-
L7040	Prehensile actuator hosmer s	-	Х	Х	-	-	Χ
L7045	Electron hook child michigan	-	Х	Х	-	-	Χ
	Electronic elbow hosmer swit	-	X	Χ	-	-	Χ
L7180	Electronic elbow utah myoele	-	X	Χ	-	-	Χ
L7181	Electronic elbo simultaneous	-	Х	Χ	-	-	Χ
L7185	Electron elbow adolescent sw	-	X	Χ	-	-	Х
L7186	Electron elbow child switch	-	X	Χ	-	-	Χ
L7190	Elbow adolescent myoelectron	-	X	Χ	-	-	Χ
L7191	Elbow child myoelectronic ct	-	X	Χ	-	-	Χ

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		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, thes he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	Inizations, injectable drugs	s, or specialty med	lications and should be
	Electronic wrist rotator any	T -	_	Х	_	_	-
	Six volt bat otto bock/eq ea	Х	_	X	_	Х	-
	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	Х	_	Х	-	X	-
	Lithium ion battery charger, replacement only	X	-	X	-	X	-
	Addition to upper extremity prosthesis, below elbow/wrist disarticulation, ultralight material (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	-	-	X
L7402	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
	Addition to upper extremity prosthesis, shoulder disarticulation/interscapular thoracic, acrylic material	-	Х	Х	-	-	Х
I 7499	Upper extremity prosthes nos	_	Х	Х	_	_	Х
	Prosthetic device repair rep	-	-	Х	-	-	-
	Repair prosthesis per 15 min	-	-	Х	-	-	=
L7600	Prosthetic donning sleeve, any material, each	-	-	Х	-	-	-
	Pros soc insert gasket/seal	-	-	Х	-	-	-
L7900	Vacuum erection system	-	-	Х	-	-	-
L7902	Tension ring, for vacuum erection device, any type, replacement only, each	-	-	Х	-	-	-
	Mastectomy bra	-	-	Х	-	-	-
L8001	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, unilateral	-	-	Х	-	-	-
L8002	Breast prosthesis, mastectomy bra, with integrated breast prosthesis form, bilateral	-	-	Х	-	-	-
L8033	Nipple prosthesis custom, ea	Х	-	Х	-	Х	-
L8039	Breast prosthesis nos	-	X	-	X	-	X
L8040	Nasal prosthesis	-	X	Х	-	-	Χ
	Midfacial prosthesis	-	Χ	Χ	-	-	Χ
L8042	Orbital prosthesis	-	Х	-	-	-	Χ
L8043	Upper facial prosthesis	-	Χ	-	-	-	Χ
L8044	Hemi-facial prosthesis	-	Х		-	-	Χ
L8045	Auricular prosthesis	-	X	Χ	-	-	Χ
	Partial facial prosthesis	-	X	Χ	-	-	Χ
	Nasal septal prosthesis	-	Χ	Χ	-	-	Х
	Unspec maxillofacial prosth	-	Х	Χ	-	-	Χ
	Repair maxillofacial prosth	-	Х	X	-	-	Χ
L8300	Truss single w/ standard pad	-	-	Χ	-	-	-
L8310	Truss double w/ standard pad	-	-	Χ	-	-	-
L8320	Truss addition to std pad wa	-	-	Χ	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

174 of 208

		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
	Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	he Pharmacy link option within the website.  Truss add to std pad scrotal			V		1	
	Sheath below knee	-	-	X	-	-	-
		-	-	X	-	-	-
	Sheath above knee Sheath upper limb	-	-	X	-	-	-
	Pros sheath/sock w gel cushn	-	-	X	-	-	<u> </u>
	Prosthetic sock multi ply bk			X			
	Prosthetic sock multi ply ak	-	-		-	-	-
	Pros sock multi ply ak Pros sock multi ply upper Im	-	=	X	-	-	-
		-	-		-	-	-
	Shrinker below knee	-	-	X	-	-	-
	Shrinker above knee Shrinker upper limb			X		-	-
		-	=	X	-	-	-
	Pros sock single ply bk	-	-	X	-	-	-
	Pros sock single ply ak	-	-	X	-	-	-
	Pros sock single ply upper I	-	-	X	-	-	-
	Artificial larynx	-	X	X	-	-	X
	Tracheostomy speaking valve	-	X	X	-	-	X
	Artificial larynx replacement battery/accessory, any type	Х	-	X	-	Х	-
	Tracheo-esophageal voice prosthesis, patient inserted, any type, each	-	X	X	-	-	X
L8509	Tracheo-esophageal voice prosthesis, inserted by a licensed health care provider, any type	-	X	Χ	-	-	X
L8510	Voice amplifier	Χ	-	Χ	-	Х	-
L8600	Implant breast silicone/eq	-	Χ	-	Χ	-	Χ
L8603	Collagen imp urinary 2.5 ml	-	-	Χ	-	-	-
L8605	Injectable bulking agent, dextranomer/hyaluronic acid copolymer implant, anal canal, 1 ml,	V		V		V	
	includes shipping and necessary supplies	Х	-	Х	-	Х	-
L8606	Synthetic implnt urinary 1ml	-	-	Χ	-	-	-
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis	-	-	Х	-	-	-
1.0000	system Artificial cornea	V	_	V		V	
		X		X	-	X	-
	Ocular implant	X	-	X	-	X	-
	Ossicular implant	Х	=	X	-	Х	-
	Repl zinc air battery	-	-	X	-	-	-
	Repl alkaline battery	-	-	Χ	-	-	-
	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each	-	-	Χ	-	-	-
L8624	Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each	-	-	Х	-	-	-
L8630	Metacarpophalangeal implant	Х	-	Х	-	Х	-
	Metacarpal phalangeal joint replacement, two or more pieces, metal	-	Х	X	_	<del>                                     </del>	X
	Metatarsal joint implant	-	-	X	-	<del>  </del>	-
	Hallux implant	_	-	X	-	<del> </del>	-
	Interphalangeal joint implint	_	_	X	_	<del>  _  </del>	-
_0000	morphissis John milym			^			

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

9		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 he Pharmacy link option within the website.	coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
L8659	Interphalangeal finger joint replacement, 2 or more pieces, metal	-	Х	Х	-	-	Х
L8670	Vascular graft, synthetic	Χ	-	Х	-	X	-
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
	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	-	Х	-	Х	-	Х
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	-	Х	-	Х	-	Х
	External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified	-	-	-	Х	-	-
1.8690	Auditory osseointegrated device, includes all internal and external components	_	Х	_	Х	_	Х
	Auditory osseointegrated device, external sound processor, replacement	-	-	-	X	-	-
	Auditory osseointedgrated device, external sound processor, used without osseiontegration, body worn, includes headband	-	Х	-	X	-	Х
1 8603	Aud osseo dev, abutment	_	_	_	Х	_	_
	Aoi transducer/actuator repl	_	_	_	X	_	_
	External recharging system for battery (external) for use with implantable neurostimulator	_	_	_	X	_	-
	Miscellaneous component, supply or accessory for use with total artificial heart system	_	_	_	X	_	-
	Pow ue rom dev ewh uprt cust	-	Х	-	X	_	Х
	Pow ue rom dev ewhf uprt cus	-	Х	-	Х	_	Х
	O&p supply/accessory/service	-	-	-	X	-	-
	Advancing cancer care mips value pathways	Х	-	Х	-	Х	-
	Optimal care for kidney health mips value pathways	Х	-	Х	-	Х	-
	Optimal care for patients with episodic neurological conditions mips value pathways	Х	-	Х	-	Х	-
M0004	Supportive care for neurodegenerative conditions mips value pathways	Χ	-	Х	-	X	-
M0005	Promoting wellness mips value pathways	Χ	-	Х	-	Х	-
M0010	Eom meos payment	Χ	-	Х	-	Х	-
M0075	Cellular therapy	Χ	-	Х	-	Х	-
M0076	Prolotherapy	Χ	-	Χ	-	Х	-
	Intragastric hypothermia	Χ	-	Χ	-	X	-
	lv chelationtherapy	Χ	-	Χ	-	X	-
	Fabric wrapping of aneurysm	Χ	-	Χ	-	Χ	-
	Tb screening performed and results interpreted within twelve months prior to initiation of first-time biologic disease modifying anti-rheumatic drug therapy for ra	Х	-	Х	-	Х	-
M1004	Doc med rsn no srn tb	Χ	-	Х	-	Х	-
M1005	Tb screening not performed or results not interpreted, reason not given	Χ	-	Χ	-	Χ	-
	Disease activity not assessed, reason not given	Χ	-	Χ	-	Χ	-
	>=50% of total number of a patient's outpatient ra encounters assessed	X	-	Χ	-	Χ	=
M1008	<50% of total number of a patient's outpatient ra encounters assessed	Χ	-	Χ	-	Χ	-
M1009	Dc eoc doc med rec	Χ	-	X	-	Χ	-
M1010	Dc eoc doc med rec	Χ	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		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, these he Pharmacy link option within the website.	e coding lists of	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Dc eoc doc med rec	Х	_	Х	-	Х	-
	Dc eoc doc med rec	X	-	X	-	X	-
M1013	Dc eoc doc med rec	Х	-	Х	-	Х	-
M1014	Dc epi care doc medrec	Х	-	Х	-	Х	-
M1016	Female patients unable to bear children	Х	-	Х	-	Х	-
M1017	Patient admitted to palliative care services	Х	-	Х	-	X	-
M1018	Pt dx hst cr pt sk lg cr scr	Х	-	Х	-	X	-
M1019	Adl pt mj dep ds rs 12 phq<5	Х	-	Х	-	X	-
M1020	Adl pt mj dep ds no rs 12 mo	Х	-	Х	-	Х	-
M1021	Patient had only urgent care visits during the performance period	Х	-	Х	-	Х	-
M1027	Imaging of the head (ct or mri) was obtained	Х	-	Х	-	Х	-
	Documentation of patients with primary headache diagnosis and imaging other than ct or mri 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	Х	-	Х	-	Х	-
	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	-
	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	-
	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	-
	Patients with a diagnosis of lumbar spine region infection at the time of the procedure	Х	-	Х	-	Х	-
	Patients with a diagnosis of lumbar idiopathic or congenital scoliosis	Х	-	Х	-	Х	-
M1041	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	-
M1046	Fs oks 9-15mo = 37	Х	-	Х	-	X	-
M1049	Fs wth scr no odi pre and p	Х	-	Х	-	Х	-
	Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis	Х	-	Х	-	Х	-
	Lg pn not meas w/ vas 1yr po	Х	-	Х	-	Х	-
	Patient had only urgent care visits during the performance period	Х	-	Х	-	Х	-
	Aspirin or another antiplatelet therapy used	Х	-	Х	-	Х	-
M1056	Presc antico med in pp	Χ	-	Χ	-	Χ	-
M1057	Aspirin or another antiplatelet therapy not used, reason not given	Χ	-	Χ	-	Χ	-
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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

G		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Patient died prior to the end of the performance period	Х	I <u>.</u>	Х		Х	_
	Hospice services for patient provided any time during the measurement period	X	_	X	-	X	-
	Adults who are not ambulatory	X	_	X	_	X	-
	Patient screened for future fall risk	X	_	X	_	X	-
	Patient not screened for future fall risk, reason not given	X	_	X	_	X	-
	Patient had any additional spine procedures performed on the same date as the lumbar						
	discectomy/laminotomy	Х	-	Х	-	Х	-
M1072	Rom rad therapy anal, pc	Х	-	Χ	-	Х	-
	Rom rad therapy anal, to	Х	-	Х	-	Х	-
	Rom rad therapy bladder, pc	Х	-	Х	-	Х	-
	Rom rad therapy bladder, to	Х	-	Х	-	Х	-
	Rom rad ther bone mets, pc	Х	-	Х	-	Х	-
	Rom rad ther bone mets, to	Х	-	Х	-	Х	-
M1078	Rom rad ther brain mets, pc	Х	-	Χ	-	Х	-
M1079	Rom rad ther brain mets, to	Х	-	Χ	-	X	-
M1080	Rom rad therapy breast, pc	Х	-	Х	-	X	-
M1081	Rom rad therapy breast, tc	Х	-	Χ	-	Х	-
M1082	Rom rad therapy cervical, pc	Х	-	Χ	-	Х	-
M1083	Rom rad therapy cervical, tc	Х	-	Χ	-	Х	-
M1084	Rom rad therapy cns, pc	Х	-	Χ	-	X	=
M1085	Rom rad therapy cns, tc	Χ	-	Χ	-	Х	=
M1086	Rom rad ther colorectal, pc	Χ	-	Χ	-	X	=
	Rom rad ther colorectal, tc	Χ	-	Χ	-	X	•
	Rom rad ther head/neck, pc	Х	-	Χ	-	X	•
	Rom rad ther head/neck, tc	Х	-	Χ	-	X	•
	Rom rad therapy lung, pc	Х	-	Χ	-	X	-
	Rom rad therapy lung, tc	Х	-	Χ	-	X	-
	Rom rad therapy lymphoma, pc	Х	-	Χ	-	X	-
	Rom rad therapy lymphoma, tc	Х	-	X	-	X	-
	Rom rad therapy pancreas, pc	Χ	-	Χ	-	X	-
	Rom rad therapy pancreas, pc	X	-	Х	-	X	-
	Rom rad therapy prostate, pc	Х	-	Χ	-	Χ	-
	Rom rad therapy prostate, tc	X	-	X	-	Χ	-
	Rom rad therapy gi, pc	X	-	X	-	Χ	-
	Rom rad therapy gi, tc	Χ	-	X	-	Χ	-
M1104	Rom rad therapy uterus, pc	X	-	X	-	Х	-
	Rom rad therapy uterus, to	X	-	X	-	Х	-
	Start eoc doc med rec	X	-	X	-	X	-
	Docu dx degen neuro	X	-	X	-	Х	-
	Oc ni pt 1-2 vis	X	-	X	-	Х	-
	Oc ni pt dc 1-2 vis	X	-	X	-	X	-
IVI1110	Oc ni pt selfdc 1-2 vis	Х	-	Χ	-	Χ	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	/24
73	vı.	v		

		Lar	ge Employer	Individ	ual Benchmark**	Small Employer and Individual	
Codes	Description	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required	Not Covered	Preauthorization Required
	e and may not follow the listed services. These codes are updated quarterly. Additionally, these	coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be
irected to the Pharmacy link option within the website.				ī			
M1111 Start eoc doc med rec		Χ	-	Х	-	Х	-
M1112 Docu dx degen neuro		Х	-	X	-	Х	-
M1113 Oc ni pt 1-2 vis		Χ	-	X	-	X	-
VI1114 Oc ni pt dc 1-2 vis		Χ	-	X	-	X	-
M1115 Oc ni pt selfdc 1-2 vis		Χ	-	Х	-	X	-
M1116 Start eoc doc med rec		Χ	-	X	-	Х	-
11117 Docu dx degen neuro		Χ	-	X	-	Х	-
/1118 Oc ni pt 1-2 vis		Χ	-	X	-	Х	-
//1119 Oc ni pt dc 1-2 vis		Χ	-	X	-	X	-
11120 Oc ni pt selfdc 1-2 vis		Χ	-	Χ	-	X	-
11121 Start eoc doc med rec		Χ	-	Χ	-	X	-
11122 Docu dx degen neuro		Χ	-	Х	-	X	-
11123 Oc ni pt 1-2 vis		Χ	-	Χ	-	X	-
11124 Oc ni pt dc 1-2 vis		Χ	-	Х	-	X	-
11125 Oc ni pt selfdc 1-2 vis		Χ	-	Χ	-	X	-
11126 Start eoc doc med rec		Χ	-	Χ	-	Χ	-
11127 Docu dx degen neuro		Χ	-	Χ	-	X	-
11128 Oc ni pt 1-2 vis		Χ	•	Χ	-	X	-
11129 Oc ni pt dc 1-2 vis		Χ	•	Χ	-	X	-
11130 Oc ni pt self dc 1-2 vis		Χ	=	Х	-	Х	-
11131 Docu dx degen neuro		Χ	-	Χ	-	X	-
11132 Oc ni pt 1-2 vis		Χ	-	Χ	-	X	-
11133 Oc ni pt dc 1-2 vis		Χ	-	Χ	-	X	-
11134 Oc ni pt self dc 1-2 vis		Χ	-	Χ	-	Х	-
11135 Start eoc doc med rec		Χ	-	Х	-	Х	-
11141 Fs no oks		Χ	-	Х	-	Х	-
I1142 Emerge cases		Χ	-	Х	-	Х	-
I1143 Ni rehab med chiro		Χ	-	Х	-	Х	-
11146 Ongoing care not ind		Χ	-	Х	-	Х	-
11147 Care not poss med rsn		Χ	-	Х	-	Х	-
11148 Pt self dschg		Χ	-	Х	-	Х	-
11149 No neck fs prom incap		Χ	-	Х	-	Х	-
	vef) less than or equal to 40% or documentation of moderately or ar systolic function	Х	-	Х	-	Х	-
	ansplant or with a left ventricular assist device (Ivad)	Х	-	Х	-	Х	-
	ansplant or with a left ventricular assist device (Ivad)	X	-	X	-	X	_
11153 Patient with diagnosis of osteopo		X	-	X	-	X	-
	ient any time during the measurement period	X	-	X	-	X	_
	e pneumococcal vaccine any time during or before the	Х	-	X	-	X	-
	ient any time during the measurement period	Х	_	Х	_	Х	
11 109 It tospice services provided to par	ioni any time during the measurement pendu	^	-	^	-	^	

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

178 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
	Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday	Х	-	Х	-	Х	-
M1161	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	-
M1163	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	-
M1165	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	-
M1167	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	-
M1169	Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)	Х	-	Х	-	Х	-
M1170	Patient did not receive an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period	Х	-	Х	-	Х	-
M1171	Patient received at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period	Х	-	Х	-	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	-	х	-	Х	-
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	-	Х	-	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	-	Х	-	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	-
M1178	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 60th birthday and before or during measurement period	Х	-	Х	-	Х	-
	Patients on immune checkpoint inhibitor therapy	Х	-	Х	-	Χ	-
	Grade 2 or above diarrhea and/or grade 2 or above colitis	X		X		X	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

			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 the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be	
	Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)	Х	-	Х	-	Х	-	
M1183	Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered	Х	-	Х	-	Х	-	
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 medication, awaiting diagnostic workup results for alternative etiologies, other medical reasons/contraindication)	Х	-	Х	-	Х	-	
M1185	Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given	Х	-	Х	-	Х	-	
M1186	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	-	Χ	-	Х	-	
M1188	Patients with a diagnosis of chronic kidney disease (ckd) stage 5	Х	-	Χ	-	Х	-	
	Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed	Х	-	Х	-	Х	-	
M1190	Documentation of a kidney health evaluation was not performed or defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr)	Х	-	Х	-	Х	-	
M1191	Hospice services provided to patient any time during the measurement period	Х	-	Χ	-	Х	-	
	Patients with an existing diagnosis of squamous cell carcinoma of the esophagus	Х	-	Χ	-	Х	-	
	Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both	Х	-	Х	-	Х	-	
	Documentation of medical reason(s) surgical pathology reports did not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both tests were not included (e.g., patient will not be treated with checkpoint inhibitor therapy, no residual carcinoma is present in the sample [tissue exhausted or status post neoadjuvant treatment], insufficient tumor for testing)	Х	-	х	-	Х	-	
	Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given	Х	-	Х	-	х	-	
M1196	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4	Х	-	Х	-	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	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the follow-up visit score or assessment was not completed during the follow-up encounter	Х	-	Х	-	Х	-	
	Patients receiving rrt	Χ	-	Χ	-	Х	•	
M1200	Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period	Χ	-	Χ	-	Х	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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 he Pharmacy link option within the website.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be	
	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	V		v				
	and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury	Χ	-	Х	-	Х	=	
	due to ace-i or arb therapy), other medical reasons)							
M1202	Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the	Х		Х		Х		
	measurement period, (e.g., patient declined, other patient reasons)	^	-	^	-	^	-	
M1203		Х	_	Х	_	Х	_	
	Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given	^	_	^		^	<u>-</u>	
	Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment	Х	_	Х	_	Х	_	
	score of greater than or equal to 4	Λ.		^		^		
	Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment	Х	_	Х	_	Х	-	
	score to the follow-up visit score							
M1206		.,						
	Itch severity assessment score was not reduced by at least 2 points from initial (index) score to the	Χ	-	Х	-	Х	=	
	follow-up visit score or assessment was not completed during the follow-up encounter							
W1207	Number of patients screened for food insecurity, housing instability, transportation needs, utility	Χ	-	Х	-	X	-	
M4200	difficulties, and interpersonal safety  Number of patients not screened for food insecurity, housing instability, transportation needs, utility							
	difficulties, and interpersonal safety	Χ	-	Χ	-	X	=	
M1209	uniculies, and interpersonal safety					<b>†</b>		
	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	Χ	-	Х	-	X	-	
M1210	At least two orders for high-risk medications from the same drug class, (table 4), not ordered							
_	At least two orders for high-risk medications from the same drug class, (table 4), not ordered	X	-	X	-	X	-	
	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	-	
M1214	Spirometry results with confirmed airflow obstruction (FEV1/FVC < 70%) documented and	Х		Х	_	Х		
	reviewed	^	-	^	-	^	-	
	Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g.,	Х	_	Х	_	Х		
	patients with dementia or tracheostomy)	^	-	^	-	^	-	
	No spirometry results with confirmed airflow obstruction FEV1/FVC < 70%) documented and/or no	Х	_	Х	_	Х	_	
	spirometry performed with results documented during the encounter	^	_	_ ^	_	^		
M1217	Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g.,	Х	_	Х	_	Х	-	
	spirometry equipment not available at the time of the encounter)							
	Patient has COPD symptoms (e.g., dyspnea, cough/sputum, wheezing)	X	-	X	-	Х	-	
	Anaphylaxis due to the vaccine on or before the date of the encounter	X	-	Х	-	Х	-	
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial	v		,,				
	intelligence (AI) interpretation documented and reviewed; with evidence of retinopathy	Χ	-	Х	-	Х	-	

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Lar	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (AI) interpretation documented and reviewed; without evidence of retinopathy	Х	-	Х	-	Х	-
M1222	Glaucoma plan of care not documented, reason not otherwise specified	Х	-	Х	-	Χ	-
	Glaucoma plan of care documented	Х	-	Х	-	Х	-
M1224	Intraocular pressure (IOP) reduced by a value less than 20% from the pre-intervention level	Χ	-	Χ	-	Х	-
M1225	Intraocular pressure (IOP) reduced by a value of greater than or equal to 20% from the pre- intervention level		-	Х	-	Х	-
M1226	IOP measurement not documented, reason not otherwise specified	Х	-	Х	-	Х	-
	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	-	Х	-	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	-	х	-	Х	-
M1230	Patient has a reactive HCV antibody test and does not have a follow-up HCV viral test, or patient has a reactive HCV antibody test and has a follow-up HCV viral test that detects HCV viremia and is not referred to a clinician who treats HCV infection within 1 month and does not have HCV treatment initiated within 3 months of the reactive HCV antibody test, reason not given	X	-	X	-	Х	-
	Patient receives HCV antibody test with nonreactive result	Χ	-	Χ	-	Χ	-
M1232	Patient receives HCV antibody test with reactive result	Χ	-	Χ	-	X	-
	Patient does not receive HCV antibody test or patient does receive HCV antibody test but results not documented, reason not given	Х	-	Х	-	Х	-
	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	-
	Baseline MRS > 2	Χ	-	Х	-	X	-
M1237	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	-
	Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2 to 6 month interval between doses (i.e, first dose received after October 31)	Х	-	х	-	Х	-
	Patient did not respond to the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	Х	<u>-</u>
	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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, these he Pharmacy link option within the website.	e coding lists of	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
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	-
	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	-
	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	-
	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	-
	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	-
	Patient responded "completely true" for the question of "Patient felt this provider and team understood what is important to me in my life"		-	Х	-	Х	-
M1250	Patient responded as "completely true" for the question of "Patient felt heard and understood by this provider and team"	Х	-	Х	-	Х	-
M1251	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	-
	Patients who were deceased when the HU survey reached them	Χ	-	Х	-	Χ	-
	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	-
	Prior history of known CVD	Х	-	Х	-	Х	-
M1257	CVD risk assessment not performed or incomplete (e.g., CVD risk assessment was not documented), reason not otherwise specified	Х	-	Х	-	Х	-
	CVD risk assessment performed, have a documented calculated risk score	Х	-	Х	-	Х	-
	Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis	Х	-	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	-
M1262	Patients who had a transplant prior to initiation of dialysis	Χ	-	Χ	-	Χ	-
M1263	Patients in hospice on their initiation of dialysis date or during the month of evaluation	Χ	-	X	-	Χ	-
	Patients age 75 or older on their initiation of dialysis date	Χ	-	Х	-	Х	-
M1265	CMS Medical Evidence Form 2728 for dialysis patients: initial form completed	Χ	-	Х	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
M1266	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	-	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	-
M1274	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 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	-
	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	-
	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	Χ	-	Χ	-	Χ	-
	Patient screened for tobacco use and identified as a tobacco user	Х	-	Х	-	X	-
	Patients age 66 or older in institutional special needs plans (SNP) or residing in long-term care with POS code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period	Х	-	Х	-	Х	-
	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	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	ge Employer	Individ	ual 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, these	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	, or specialty med	cations and should be
	he Pharmacy link option within the website.	1		1		1	
	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	Х	-	Х	-	Х	-
	pharmacotherapy)						
	Patient not eligible due to active diagnosis of hypertension	Х	-	Χ	-	Х	-
	Patients 66 years of age and older with at least one claim/encounter for frailty during the			V		V	
	measurement period and a dispensed medication for dementia during the measurement period or	Х	=	Х	=	Х	=
	the year prior to the measurement period						
	Patients 66 years of age and older with at least one claim/encounter for frailty during the						
	measurement period and either one acute inpatient encounter with a diagnosis of advanced illness	.,					
	or two outpatient, observation, ED or nonacute inpatient encounters on different dates of service	Х	-	Х	-	Х	-
	with an advanced illness diagnosis during the measurement period or the year prior to the						
	measurement period						
	BMI is documented above normal parameters and a follow-up plan is documented	X	-	X	-	Х	-
	Normal blood pressure reading documented, follow-up not required	X	-	X	-	X	-
	Patients with a diagnosis or past history of total colectomy or colorectal cancer	X	-	X	-	X	-
	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	-
	Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter	Х	-	Х	-	Х	-
M1299	Influenza immunization administered or previously received	Χ	-	Χ	-	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 or	Χ	-	Х	-	X	-
	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	Χ	-	Χ	-	Х	-
	pharmacotherapy)						
M1302	Screening, diagnostic, film digital or digital breast tomosynthesis (3D) mammography results	Х		Х		Х	
	documented and reviewed	Α	-	^	-	^	-
	Hospice services provided to patient any time during the measurement period	Χ	-	Χ	-	X	-
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	^		^	<u> </u>	^	<u>-</u>
	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	^		^	<u> </u>	^	<u>-</u>
M1306	Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the	Х		Х		Х	
	measurement period	^		^		^	
M1307	Documentation stating the patient has received or is currently receiving palliative or hospice care	Х	-	Х	-	Х	-
M1308	Influenza immunization was not administered, reason not given	Х	-	Х	-	Х	-
	Palliative care services provided to patient any time during the measurement period	Χ	_	Х	_	Х	

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

185 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
	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	-	X	-
	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	-
	Patient not screened for tobacco use	Х	-	Х	-	Х	-
	1313 Tobacco screening not performed or tobacco cessation intervention not provided during the					, , , , , , , , , , , , , , , , , , ,	
	measurement period or in the 6 months prior to the measurement period	Х	-	Х	-	Х	-
M1314	BMI not documented and no reason is given	Х	-	Х	-	Х	-
	Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified		-	Х	-	Х	-
M1316	Current tobacco non-user	Х	-	Х	-	Х	-
M1317	Patients who are counseled on connection with a CSP and explicitly opt out	X	_	X	-	X	-
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	х	-	х	-	Х	-
M1319	CSP 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	-
M1320	Patients who screened positive for at least 1 of the 5 HRSNS	Х	_	Х	_	Х	
M1321	Patients who were not seen within 7 weeks following the date of injection for follow-up or who did not have a documented IOP or no plan of care documented if the IOP was >25 mm Hg	Х	-	Х	-	X	-
M1322	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye	х	-	х	-	х	-
M1323	Patients seen within 7 weeks following the date of injection and are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP >25 mm Hg and a plan of care was documented	х	-	х	-	Х	-
M1324	Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)	Х	-	Х	-	Х	-
	Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last 6 months and had a subsequent IOP evaluation with IOP <25mm Hg within 7 weeks of treatment)	Х	-	Х	-	х	-
M1326	Patients with a diagnosis of hypotony	Х	-	Х	-	Х	-
	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 8 weeks	Х	-	Х	-	Х	-
M1328	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	-
M1330	Documentation of patient reason(s) for not having a follow-up exam (e.g., inadequate time for follow-up)	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	lications and should be
	Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam	Х	-	Х	-	Х	-
	Patients who were not appropriately evaluated during the initial exam and/or who were not re- evaluated within 2 weeks	Х	-	Х	-	Х	-
	Acute vitreous hemorrhage	Χ	-	Χ	-	X	-
	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	-	Χ	-	Χ	-
	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	-
M1340	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	Χ	-	Χ	-	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	-
M1344	Patients who did not have a baseline PAM score and/or a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	×	-
	Patients who had a baseline PAM score and a second score within 6 to 12 month of baseline PAM score	Х	-	Х	-	Х	-
M1346	Patients who did not have a net increase in PAM score of at least 6 points within a 6 to 12 month period	Х	-	Х	-	Х	-
M1347	Patients who achieved a net increase in PAM score of at least 3 points in a 6 to 12 month period (passing)	Х	-	Х	-	Х	-
	Patients who achieved a net increase in PAM score of at least 6 points in a 6 to 12 month period (excellent)	Х	-	Х	<u>-</u>	Х	
	Patients who did not have a net increase in PAM score of at least 3 points within 6 to 12 month period	Х	-	Х	-	Х	-
	Patients who had a completed suicide safety plan initiated, reviewed, or updated in collaboration with their clinician (concurrent or within 24 hours of the index clinical encounter)	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

0		Lar	rge Employer	Individ	ual 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.	coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	ications and should be
M1351	Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician (concurrent or within 24 hours of clinical encounter and within 120 days after initiation)	Х	-	Х	-	x	-
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	-
	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	Χ	-	Χ	-	X	-
	Patients who died during the measurement period	Χ	-	Χ	-	X	
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	-
M1358	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	-
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	-	х	-
M1360	Suicidal ideation and/or behavior symptoms based on the C-SSRS	Χ	_	Х	-	Х	-
	Suicide risk based on their clinician's evaluation or a clinician-rated tool	X	-	X	-	X	-
	Patients who died during the measurement period	Χ	-	Х	-	Х	=
	Patients who did not have a follow-up assessment within 120 days of the index assessment	Х	-	Х	-	Х	-
M1364	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	-	X	-
M1366	Focusing on women's health MIPS value pathway	Χ	-	Х	-	Х	-
	Quality care for the treatment of ear, nose, and throat disorders MIPS value pathway	Χ	-	Х	-	Х	-
	Prevention and treatment of infectious disorders including hepatitis C and HIV MIPS value pathway	Х	-	Х	-	Х	-
M1369	Quality care in mental health and substance use disorders MIPS value pathway	Χ	_	Х	_	Х	-
	Rehabilitative support for musculoskeletal care MIPS value pathway	X	-	X	-	X	-
	Hair analysis	X	-	X	-	X	-
	Plaelet rich plasma unit	X	-	X	-	X	-
	One-way allow prorated miles	X	-	X	-	X	-
	One-way allow prorated trip	X	-	Х	-	Х	-
	Cardiokymography	X	-	X	-	X	-
	Set up port xray equipment	Х	-	Х	-	Х	-
	Pinworm examinations	Х	-	Х	-	Х	-
00111	Fern test	Х	_	Х		Х	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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
	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 d	o not reflect information re	egarding immu	Inizations, injectable drugs	s, or specialty med	ications and should be
	Post-coital mucous exam	Х	_	Х	_	Х	
	Power adapter, combo vad	-	Х	-	Х	-	X
	Power module combo vad, rep	-	X	-	X	-	X
	Driver for use with pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0481	Microprocessor control unit for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0482	Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0483	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, replacement only	-	Х	-	Х	-	Х
Q0485	Monitor control cable for use with electric ventricular assist device, replacement only	_	Х	_	Х	-	Х
Q0486	Monitor control cable for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0487	Leads (pneumatic/electrical) for use with any type electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0488	Power pack base for use with electric ventricular assist device, replacement only	_	Х	_	Х	-	X
Q0489	Power pack base for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0490	Emergency power source for use with electric ventricular assist device, replacement only	_	Х	_	Х	-	X
	Emergency power source for use with electric/pneumatic ventricular assist device, replacement only	-	X	-	X	-	X
Q0492	Emergency power supply cable for use with electric ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0493	Emergency power supply cable for use with electric/pneumatic ventricular assist device, replacment only	-	Х	-	X	-	Χ
Q0494	Emergency hand pump for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0495	Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0496	Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0497	Battery clips for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0498	Holster for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0499	Belt/vest elec/combo vad rep	-	Х	-	Х	-	X
Q0500	Filters for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х	-	Х
Q0501	Shower cover for use with electric or electric/pneumatic ventricular assist device, replacement only	-	Х	-	Х		Х
Q0502	Mobility cart for pneumatic ventricular assist device, replacement only	-	X	-	Х	-	X

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

		Laı	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, these the Pharmacy link option within the website.	coding lists d	do not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	lications and should be
Q0503	Battery for pneumatic ventricular assist device, replacement only, each	-	Х	-	Х	-	Х
	Power adapter for pneumatic ventricular assist device, replacement only, vehicle type	-	Х	-	Х	-	Х
	Battery, lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only	Х	-	Х	-	Х	-
Q0510	Pharmacy supply fee for initial immunosuppressive drug(s), first month following implant	Х	_	Х	_	Х	_
Q0511	11 Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for the first presription in a		-	Х	-	Х	-
	Pharmacy supply fee for oral anti-cancer, oral anti-emetic or immunosuppressive drug(s); for a subsequent prescription i		-	Х	-	Х	-
Q0513	Pharmacy dispensing fee for inhalation drug(s); per 30 days	Х	_	Х	_	Х	_
	Pharmacy dispensing fee for inhalation drug(s); per 30 days  Pharmacy dispensing fee for inhalation drug(s); per 90 days		_	X	-	X	-
	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 30-days	X	-	Х	-	X	-
Q0517	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 60-days	Х	-	Х	-	Х	-
Q0518	Pharmacy supplying fee for HIV pre-exposure prophylaxis FDA-approved prescription drug, per 90-days	Х	-	Х	-	Х	-
01004	Ntiol category 4	Х	_	Х	_	Х	
	Ntiol category 5	X	_	X	-	X	
	Telehealth originating site facility fee	X	_	X	_	X	-
	Collagen skin test	X	_	X	_	X	-
	Skin substitute, not otherwise specified	X	_	X	_	X	_
	Strattice tm, per square centimeter	X	_	X	_	X	-
	Hmatrix, per square centimeter	X	_	Х	_	X	-
	Mediskin, per square centimeter	Х	-	Х	-	Х	-
	Ez-derm, per square centimeter	X	-	X	-	X	-
	Amnioexcel or biodexcel, 1cm	Х	-	Х	-	Х	=
Q4138	Biodfence dryflex, 1cm	Х	-	Х	-	Х	-
	Amnio or biodmatrix, inj 1cc	Χ	-	Х	-	Х	-
Q4140	Biodfence 1cm	Х	-	Х	-	Х	-
Q4142	Xcm biologic tiss matrix 1cm	Χ	-	Х	-	Х	-
	Repriza, 1cm	Χ	-	Х	-	Х	-
Q4145	Epifix, inj, 1mg	Χ	-	Х	-	Х	-
Q4146	Tensix, 1cm	Χ	-	Х	-	Х	-
Q4147	Architect ecm, 1cm	Х	-	Х	-	Х	-
Q4148	Neox 1k, 1cm	Х	-	Х	-	Х	-
Q4149	Excellagen, 0.1 cc	Х	-	Х	-	Х	-
Q4150	Allowrap ds or dry 1 sq cm	Х	-	Х	-	Х	-
Q4151	Amnioband, guardian 1 sq cm	Х	-	Х	-	Х	-
	Dermapure 1 square cm	Х	-	Х	-	Х	-
Q4153	Dermavest 1 square cm	Χ	-	Χ	-	Х	-
Q4154	Biovance 1 square cm	Χ	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9		Lar	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, these	coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.	V	_	V	_		_
	Neoxflo or clarixflo 1 mg Neox 100 1 square cm	X	-	X	-	X	-
	Revitalon 1 square cm	X	<u>-</u>	X		X	-
	Kerecis omega3, per sq cm	X		X	_	X	<u> </u>
	Affinity1 square cm	X	_	X	_	X	
	Nushield 1 square cm	X	_	X	_	X	
	Bio-connekt wound matrix, per square centimeter	X		X		X	
	Windex flw, bioskin flw, 0.5cc	X	_	X	_	X	
	Woundex, bioskin, per sq cm	X	_	X	_	X	_
	Helicoll, per square centimeter	X	_	X	_	X	_
	Keramatrix, per square centimeter	X	_	X	_	X	
	Truskin, per sq centimeter	X	_	X	_	X	
	Amnioband, 1 mg	X	-	X	_	X	-
	Artacent wound, per sq cm	X	_	X	_	X	-
	Cygnus, per sq cm	X	-	X	_	X	-
	Interfyl, 1 mg	X	_	X	_	X	-
	Palingen or palingen xplus	X	_	X	_	X	-
	Palingen or promatrx	X	_	X	_	X	-
	Miroderm	X	_	X	_	X	-
	Neopatch, per sq centimeter	X	_	X	_	X	-
	Floweramnioflo, 0.1 cc	Х	_	Х	_	Х	-
	Flowerderm, per sq cm	X	_	X	_	X	-
	Revita, per sq cm	Х	-	Х	-	Х	-
	Amnio wound, per square cm	Χ	-	Х	-	Х	=
	Transcyte, per sq centimeter	Х	-	Х	-	Х	=
	Surgigraft, per square centimeter	Χ	-	Х	-	Х	=
Q4184	Cellesta, per square centimeter	Χ	-	Х	-	Х	-
Q4185	Cellesta flowable amnion (25 mg per cc); per 0.5 cc	Χ	-	Χ	-	X	-
Q4187	Epicord, per square centimeter	Χ	-	Χ	-	X	-
Q4188	Amnioarmor, per square centimeter	Χ	-	Χ	-	Х	-
Q4189	Artacent ac, 1 mg	Χ	-	Χ	-	Х	-
Q4190	Artacent ac, per square centimeter	Χ	-	Χ	-	Х	-
Q4191	Restorigin, per square centimeter	Χ	-	Χ	-	X	-
Q4192	Restorigin, 1 cc	Χ	-	Χ	-	Χ	-
Q4193	Coll-e-derm, per square centimeter	Χ	-	Χ	-	Χ	-
	Novachor, per square centimeter	Χ	-	Χ	-	Χ	-
	Puraply, per square centimeter	Χ	-	Χ	-	Χ	-
	Puraply am, per square centimeter	Χ	-	Χ	-	Χ	=
Q4197	Puraply xt, per square centimeter	Χ	-	Χ	-	Χ	-
	Genesis amniotic membrane, per square centimeter	Χ	-	Χ	-	Χ	=
Q4199	Cygnus matrix, per square centimeter	Χ	-	Χ	-	Χ	=
Q4200	Skin te, per square centimeter	Χ	-	Χ	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9		Laı	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, these	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	the Pharmacy link option within the website.	V		V		V	
	Matrion, per square centimeter  Keroxx (2.5g/cc), 1cc	X	<u>-</u>	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	<u>-</u>	X	
	Surgraft per sq cm	X	_	X	_	X	_
	Axolotl graf dualgraf sq cm	X		X	<u> </u>	X	
	Amnion bio or axobio sq cm	X	-	X	-	X	-
	Allogen, per cc	X	-	X	-	X	-
	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	Х	-	Х	=	Х	=
	Woundfix biowound plus xplus	Х	-	Х	-	Х	-
	Surgicord per sq cm	Х	-	Х	-	Х	-
	Surgigraft dual per sq cm	Х	-	Х	-	Х	-
Q4220	Bellacell hd, surederm sq cm	Х	-	Χ	-	X	-
Q4221	Amniowrap2 per sq cm	Х	-	Χ	-	Х	-
Q4222	Progenamatrix, per sq cm	Х	=	Χ	=	Х	-
	Hhf10-p per sq cm	Х	-	Χ	•	X	
Q4225	Amniobind, per sq cm	Х	-	Χ	-	X	-
	Myown harv prep proc sq cm	Χ	-	Χ	-	X	-
	Amniocore per sq cm	Х	-	Χ	-	X	-
	Bionextpatch, per sq cm	Χ	-	Χ	-	X	-
	Cogenex amnio memb per sq cm	Χ	-	Χ	-	X	-
	Cogenex flow amnion 0.5 cc	Χ	-	X	-	Χ	-
	Corplex p, per cc	X	-	X	-	Х	-
	Corplex, per sq cm	X	-	Х	-	Х	-
	Surfactor /nudyn per 0.5 cc	X	-	X	-	X	-
	Xcellerate, per sq cm	X	-	X	-	X	-
Q4235	Amniorepair or altiply sq cm	X	-	X	-	X	-
	Carepatch per sq cm	X	-	X	-	X	-
	Cryo-cord, per sq cm	X	-	X	-	X	•
	Derm-maxx, per sq cm	X	-	X	=	X	-
	Amnio-maxx or lite per sq cm	X	-	X	-	X	-
	Corecyte topical only 0.5 cc Polycyte, topical only 0.5cc	X	-	X	<u>-</u>	X	-
	Amniocyte plus, per 0.5 cc	X	-	X	-	X	-
	Procenta, per 200 mg	X	-	X	-	X	-
	Amniotext, per cc	X	-	X	-	X	-
	Coretext or protext, per cc	X	-	X	-	X	-
	Amniotext patch, per sq cm	X		X		X	
Q4241	Parisinotest paters, per eq on	_ ^	-	Λ	-	^	<u>-</u>

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9		Laı	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 he Pharmacy link option within the website.	e coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Dermacyte amn mem allo sq cm	Х	-	Х	_	Х	-
	Amniply, per sq cm	X	-	X	-	X	-
Q4250	Amnioamp-mp per sq cm	Х	-	Х	-	Х	-
	Vim, per square centimeter	Х	-	Х	-	Х	-
	Vendaje, per square centimeter	Х	-	Χ	-	Х	-
	Zenith amniotic membrane, per square centimeter	Х	-	Х	-	X	-
Q4255	Reguard, topical use per sq	Х	-	Х	-	X	-
Q4256	Mlg complet, per sq cm	Х	-	Х	-	X	-
Q4257	Relese, per sq cm	Х	-	Χ	-	Х	-
	Enverse, per sq cm	Х	-	Χ	-	X	-
	Celera dual layer or celera dual membrane, per square centimeter	Х	-	Х	-	Х	-
	Signature apatch, per square centimeter	Х	-	Х	-	X	-
Q4261	Tag, per square centimeter	Х	-	Χ	-	Х	-
Q4262	Dual layer impax membrane, per square centimeter	Х	-	Χ	-	X	-
	Surgraft tl, per square centimeter	Х	-	Χ	-	X	-
Q4264	Cocoon membrane, per square centimeter	Х	-	Х	-	Х	-
	Neostim tl, per square centimeter	Х	-	Х	-	Х	-
Q4266	Neostim membrane, per square centimeter	Х	-	Х	-	X	-
	Neostim dl, per square centimeter	Х	-	Χ	-	X	-
Q4268	Surgraft ft, per square centimeter	Х	-	Χ	-	X	-
	Surgraft xt, per square centimeter	Х	-	Х	-	Х	-
Q4270	Complete sl, per square centimeter	Х	-	Х	-	X	-
Q4271	Complete ft, per square centimeter	Х	-	Х	-	X	-
Q4272	Esano a, per square centimeter	Х	-	Χ	-	X	-
	Esano aaa, per square centimeter	Х	-	Х	-	Х	-
	Esano ac, per square centimeter	Х	-	Х	-	Х	-
Q4275	Esano aca, per square centimeter	Х	-	Х	-	X	-
Q4276	Orion, per square centimeter	Х	-	Х	-	X	-
Q4277	Woundplus membrane or e-graft, per square centimeter	Х	-	Χ	-	X	-
Q4278	Epieffect, per square centimeter	Х	-	Х	-	Х	-
	Vendaje AC, per sq cm	Х	-	Х	-	X	-
	Xcell amnio matrix, per square centimeter	Х	-	Х	-	X	-
	Barrera sl or barrera dl, per square centimeter	Х	-	Х	-	Х	-
	Cygnus dual, per square centimeter	Х	-	Х	-	Χ	-
Q4283	Biovance tri-layer or biovance 3I, per square centimeter	Х	-	Х	-	Х	-
	Dermabind sl, per square centimeter	Х	-	Х	-	Х	-
Q4287	DermaBind DL, per sq cm	Х	-	Х	-	Х	-
	DermaBind CH, per sq cm	Х	-	Х	-	Х	-
	RevoShield+ Amniotic Barrier, per sq cm	Х	-	Х	-	Χ	-
	Membrane Wrap-Hydro™, per sq cm	Х	-	Х	-	Х	-
	Lamellas XT, per sq cm	Х	-	Х	-	Х	-
Q4292	Lamellas, per sq cm	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

G		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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	garding immu	inizations, injectable drugs	s, or specialty med	dications and should be
	Acesso DL, per sq cm	Х	_	Х	_	Х	_
	Amnio Quad-Core, per sq cm	X	-	X	<u> </u>	X	<u> </u>
	Amnio Tri-Core Amniotic, per sq cm	X	_	X	_	X	
	Rebound Matrix, per sq cm	X	_	X	_	X	-
	Emerge Matrix, per sq cm	X	_	X	_	X	-
	AmniCore Pro, per sq cm	X	_	X	_	X	-
	AmniCore Pro+, per sq cm	X	_	X	_	X	-
	Acesso TL, per sq cm	Х	-	X	-	X	-
	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	American amnion ac tri-layer, per square centimeter	Х	-	Х	-	X	-
Q4306	American amnion ac, per square centimeter	Х	-	Χ	-	Х	-
Q4307	American amnion, per square centimeter	Х	-	Χ	-	Х	-
Q4308	Sanopellis, per square centimeter	Х	-	Χ	-	Х	-
	Via matrix, per square centimeter	Χ	-	Χ	-	Х	-
	Procenta, per 100 mg	Х	-	Х	-	Х	-
Q5001	Hospice in patient home	-	Χ	-	Χ	-	Χ
Q5002	Hospice in assist living	-	X	-	X	-	X
	Hospice in It/non-skilled nf	-	X	-	X	-	X
	Hospice in snf	-	X	-	X	-	X
	Hospice, inpatient hospital	-	X	-	X	-	X
	Hospice in hospice facility	-	X	-	X	-	X
	Hospice in Itch	-	X	-	X	-	Χ
	Hospice in inpatient psych	-	X	-	X	-	X
	Hospice, nos	-	X	-	X	-	X
	Hospice home care provided in a hospice facility	-	X	-	X	-	X
	Va chaplain assessment	X	-	X	-	X	-
	Va chaplain counsel individu	X	-	X	-	X	-
	Va chaplain counsel group	X	-	X	-	X	-
	Va whole health partner serv	X	-	X	-	X	-
	Injection, sulfur hexafluoride lipid microspheres, per ml	X	-	X	-	X	=
	Transport port x-ray multipl	X	-	X	-	X	=
	Transport portable ekg	Х	- '	Х	- V	Х	-
	Partial hospitalization services, less than 24 hours, per diem  Paramedic intercept, non-hospital based als service, non-voluntary, non-transport	- V	X	- V	X	- ∨	X
		X	-	X	-	X	-
	Paramedic intercept, hospital-based als service (non-voluntary), non transport	X	-	X	-	X	-
	Wheelchair van, mileage, per mile Non-emergency transportation; mileage	X	-	X	-	X	
	Medical conference by physic	X	-		-	X	-
	Medical conference 60 min	X	-	X	-	X	-
30221	inedical conference, ou fillit		-	۸	-	^	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Lar	ge Employer	Individ	ual Benchmark**	** Small Employer and In	
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 d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
S0250		Х	_	Х	_	Х	
	Comprehensive geriatric assessment and treatment planning performed by assessment team	^		^		^	
S0260	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	-	Χ	-	Х	-
	Physician management of patient home care episodic care monthly case rate per 30 days	Х	-	Χ	-	Х	-
S0274	Nurse practioner visit at members home outside of a capitation arrangement	Х	-	Χ	-	Х	-
	Medical home program, comprehensive care coordination and planning, initial plan	Х	-	Χ	-	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	
	Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva		-	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	-
	Disease management program, followup assessment	X	-	X	-	X	-
	Disease management program; per diem	X	_	X	_	X	
	Telephone calls by reg nurse to disease management program member	X	_	X	_	X	
	Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar		-	Х	-	X	-
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	-
S0353	Treatment planning and care coordination management for cancer initial treatment	-	Х	-	Х	-	Х
	Treatment planning and care coordination management for cancer established patient with a change of regimen	-	Х	-	Х	-	Х
S0395	Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic	Х	-	Х	-	Х	-
	Single vision prescription lens (safety, athletic, or sunglass), per lens	Х	-	Х	-	Х	-
	Bifocal vision prescription lens (safety, athletic, or sunglass), per lens	Х	-	Х	-	Х	-
	Trifocal vision prescription lens (safety, athletic, or sunglass), per lens	X	-	X	-	X	-
	Non-prescription lens (safety, athletic, or sunglass), per lens	Х	-	Х	-	Х	-
	Safety eyeglass frames	Х	-	Х	-	Х	-
	Sunglasses frames	Х	-	Х	-	Х	-
	Polycarbonate lens (list this code in addition to the basic code for the lens)	Х	-	Χ	-	Х	-
S0581	Nonstandard lens (list this code in addition to the basic code for the lens)	Х	-	Х	-	Х	-
	Integral lens service, miscellaneous services reported separately	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

	Treattr	Lar	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 the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Dispensing new spectacle lenses for patient supplied frame	Х	_	Х	_	Х	
	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						
00022	evaluation and managem	Х	-	Х	-	X	-
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,						
0.000	use cpt code)	-	X	-	Х	-	X
S1031	Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement,						
0.00.	and download to monitor	-	X	-	Х	-	X
S2053	Transplantation of small int	Х	_	Х	_	Х	_
	Transplantation of multivisc	Х	_	Х	_	X	_
	Harvesting of donor multivis	X	_	X	_	X	_
	Lobar lung transplantation	-	X	-	Х	-	X
	Donor lobectomy (lung)	-	X	-	X	_	X
	Simultaneous pancreas kidney transplantation	-	X	-	X	_	X
S2083	Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline	Х	-	Х	-	Х	-
	Islet cell tissue transplant	Х	_	Х	_	Х	
	Adrenal tissue transplant	X	-	X	-	X	
S2107	Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe	Х	-	X	-	X	-
	Cord blood harvesting	_	X	_	Х	-	X
	Cord blood-derived stem-cell	X	-	X	-	X	^
	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or		X		X		X
	autologous, including phe		^		^		^
	Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,	Х	-	Х	-	Х	-
	Echosclerotherapy	Х	_	Х	-	Х	-
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Х	-	Х	-	Х	-
	Implantation of magnetic compensition commissions in magnetic commission commissions in magnetic commission commission commission commission commission commission commission commission commission co	_	-	Х	_	_	-
	Induced abortion, 17 to 24 weeks, any surgical method	Х	_	X	-	Х	-
	Abortion for fetal indication, 25-28 weeks	X	_	X	_	X	-
	Abortion for fetal indication, 29-31 weeks	X	-	X	-	X	-
	Abortion for fetal induction, 32 weeks or greater	X	_	X	-	X	-
	Arthroscopy, shoulder, surgi	X	_	X	-	X	-
	Decompress disc rf lumbar	X	_	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		Laı	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, these the Pharmacy link option within the website.	e coding lists d	o not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	dications and should be
S2350	Diskectomy, anterior, with d	Х	-	Х	-	Х	=
	Diskectomy, anterior, with d	Х	-	Х	-	Х	-
S2405	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	-
	Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure	Х	-	Х	-	Х	-
	Performance measurement, evaluation of patient self assessment, depression	Х	_	Х	-	Х	-
	Saliva test, hormone level:	X	_	X	-	X	-
	Saliva test, hormone level;	X	_	X	_	X	_
	Genetic testing for amyotrophic lateral sclerosis (als)	-	X	-	Х	-	Х
S3840	Dna analysis for germline mutations of the ret proto-oncogene for susceptibility to multiple endocrine neoplasia type 2	-	X	-	X	-	X
	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	-	X	-	X	-	X
S3845	Genetic testing for alpha-thalassemia	_	Х	_	Х	_	Х
	Genetic testing for hemoglobin e beta-thalassemia	_	X	_	X	_	X
	Genetic testing for niemann-pick disease	_	X	_	X	_	X
	Genetic testing for sickle cell anemia	_	X	_	X	_	X
	Dna analysis for apoe epilson 4 allele for susceptibility to alzheimer's disease	Х	-	Х	-	Х	-
	Genetic testing for myotonic muscular dystrophy		Х	-	Х	-	Х
	Gene expression profiling panel for use in the management of breast cancer treatment	_	X		X	_	X
	Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrome	-	X	-	X	-	X
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	_	Х	_	Х	_	X
	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu	-	X	-	X	-	X
	Comparative genomic hybrization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental	-	Х	-	Х	-	Х
	Surface electromyography (emg)	Х	-	Х	-	Х	-
	Masters two step	Х	-	Х	-	Х	-
	Interim labor facility global (labor occurring but not resulting in delivery)	Х	-	Х	-	Х	-
S4011	In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with	Х	-	Х	-	Х	-
	Complete cycle, gamete intrafallopian transfer (gift), case rate	Х	-	Х	-	Х	-
	Complete cycle, zygote intrafallopian transfer (zift), case rate	X	-	X	-	X	-
	Complete in vitro fertilization cycle, case rate	X	-	X	-	X	-
	Frozen in vitro fertilization cycle, case rate	Х	-	Х	-	X	-
	Incomplete cycle, treatment cancelled prior to stimulation, case rate	X	-	X	-	X	=
	Frozen embryo transfer procedure cancelled before transfer, case rate	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24	
----------	---------	--

0		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
	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 d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	In vitro fertilization procedure cancelled before aspiration, case rate	Х	_	Х		Х	
	In vitro fertilization procedure cancellation after aspiration, case rate	X	-	X	<u> </u>	X	<u> </u>
	Assisted oocyte fertilization, case rate	X	_	X	_	X	
	Donor egg cycle, incomplete, case rate	X	-	X	-	X	
	Donor services for in vitro fertilization (sperm or embryo), case rate	X	_	X		X	
	Procurement of donor sperm from sperm bank	X	-	X	-	X	
	Storage of previously frozen embryos	X	<u> </u>	X	<u> </u>	X	<u> </u>
	Microsurgical epididymal sperm aspiration (mesa)	X	-	X		X	
	Sperm procurement and cryopreservation services; initial visit	X		X		X	
	Sperm procurement and cryopreservation services; subsequent visit	X	<u>-</u>	X	_	X	-
	Stimulated intrauterine insemination (iui), case rate	X		X	<u>-</u>	X	
	Cryopreserved embryo transfer, case rate	X		X		X	<u> </u>
	Monitoring and storage of cryopreserved embryos, per 30 days	X	-	X	-	X	
	Ovulation mgmt per cycle	X	<u>-</u>	X	_	X	
	Penile contracture device, manual, greater than 3 lbs traction force	X	<u>-</u>	X	-	X	
	Nicotine patches, legend	X		X		X	
	Nicotine patches, non-legend	X	-	X	-	X	-
	Contraceptive pills for birth control	X	_	X	_	X	
	Smoking cessation gum	X	-	X	-	X	-
	Prescription drug, generic	X	_	X	_	X	
	Prescription drug, brand name	X	_	X		X	
	Home infusion therapy, routine service of infusion device (e.g., pump maintenance)	-	Х	-	Х	-	Х
	Home infusion therapy, repair of infusion device (e.g., pump repair)	_	X	_	X	_	X
	Day care services, adult, per 15 minutes	Х	-	Х	-	Х	-
	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	-	Х	-	Х	-	Х
	Home care training to home care client, per 15 minutes per session	_	X	_	X	_	X
	Home care training, family, per 15 minutes	Х	-	Х	-	Х	-
	Home care training, family, per session	X	_	X	_	X	
	Home care training, non-family, per 15 minutes	X	-	X	-	X	-
	Home care training, non-family, per session	X	-	X	-	X	-
	Chore services, per 15 minutes	X	-	X	-	X	-
	Home care training, family, per diem	X	<u>-</u>	X	<u>-</u>	X	-
	Attendant care services, per 15 minutes	X	-	X	-	X	-
	Attendant care services, per diem	X	-	X	-	X	-
	Homemaker service, nos, 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	<u> </u>	X	<u> </u>	X	-
	Foster care, adult, per diem	X	-	X	-	X	-
55140	i oder dare, addit, per dieni	^		Λ		^	<del>-</del>

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

Ü		Lar	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, these he Pharmacy link option within the website.	coding lists d	lo not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	dications and should be
	Foster care, adult, per month	Х	-	Х	-	Х	-
	Foster care, therapeutic, child, per diem	X	-	X	-	X	-
	Foster care, therapeutic, child, per month	Х	-	Х	-	Х	-
S5150	Unskilled respite care, not hospice, per 15 minutes	Χ	-	Χ	-	X	-
S5151	Unskilled respite care, not hospice, per diem	Χ	-	Χ	-	X	-
S5160	Emergency response system, installation and testing	Χ	-	Χ	-	Х	-
	Emergency response system, service fee per month	Χ	-	Χ	-	Х	-
S5162	Emergency response system, purchase only	Χ	-	Χ	-	Х	-
	Home modifications, per service	Χ	-	Χ	•	X	•
	Home delivered meals, including preparation, per meal	Χ	-	Χ	•	X	•
	Laundry service, external, professional, per order	Χ	-	Χ	-	X	-
	Home health respiratory therapy, initial evaluation	-	Χ	-	Χ	-	Χ
	Home health respiratory therapy, nos, per diem	-	X	-	X	-	Χ
S5185	Medication reminder services, no face to face, per month	Χ	=	Χ	-	Х	=
S5190	Wellness assessment, performed by non-physician	Χ	=	Χ	-	Х	=
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Χ	-	Χ	-	X	-
S8035	Magnetic source imaging	Χ	-	Χ	-	X	-
S8040	Topographic brain mapping	Χ	-	Χ	-	X	-
S8085	Fluorine-18 fluorodeoxygluco	Χ	=	Χ	-	Х	=
S8092	Electron beam computed tomog	Χ	=	Χ	-	Х	=
S8130	Interferential current stimulator, 2 channel	Χ	-	Χ	-	X	-
S8131	Interferential current stimulator, 4 channel	Χ	-	Χ	-	Х	-
S8270	Enuresis alarm, using auditory buzzer and/or vibration device	-	=	Х	-	-	=
S8415	Supplies for home delivery of infant	Χ	=	Χ	-	Х	=
	Auricular electrostim	Χ	-	Χ	-	Х	-
S8940	Equestrian/hippotherapy, per session	Χ	-	Χ	-	X	-
S8948	Application of a modality (requiring constant provider attendance) to one or	Χ	-	Χ	-	X	-
	Complex lymphedema therapy,	Χ	-	Χ	-	Х	-
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	Χ	=	Χ	-	Х	=
S9001	Home uterine monitor with or	Χ	-	Χ	-	X	-
S9002	Intra-vaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Х	-	Х	-	Х	-
S9007	Ultrafiltration monitor	_	Х	_	Х	_	X
	Paranasal sinus ultrasound	Х	-	Х	-	Х	-
	Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,	X	-	X	-	X	-
	Procuren or other growth fac	X	-	X	-	X	-
	Coma stimulation per diem	X	-	X	-	X	_
	Vertebral axial decompressio	X	-	X	-	X	-
	Home visit for wound care	-	Х	-	Х	-	X
	Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood	-	X	-	X	-	X
	draw, supplies a						

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 03/22/24

		Laı	rge Employer	Individ	ual 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 d	lo not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	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*	-	Χ*
	Home health aide or certifie	Х	-	Х	-	Х	-
S9123	Nursing care, in the home; b	-	Х	Χ	-	-	Χ
	Nursing care, in the home; b	-	Χ	Χ	-	-	Χ
	Respite care, in the home, p	Χ	-	Х	-	X	-
	Hospice care, in the home, p	-	X	-	X	-	Χ
	Social work visit, in the ho	-	X*	-	X*	-	Χ*
	Speech therapy, in the home,	-	X*	-	X*	-	Χ*
	Occupational therapy, in the	-	X*	-	X*	-	Χ*
	Physical therapy, in the home, per diem	-	X*	-	X*	-	Χ*
	Diabetic management program,	Х	-	X	-	Х	-
	Diabetic management program,	Х	-	X	-	Х	-
	Insulin pump initiation, instruction in initial use of pump (pump not included)	Х	-	Х	-	Х	-
	Evaluation by ocularist	Х	-	Х	-	Х	-
	Speech therapy, re-evaluation	-	Х*	-	X*	-	X*
	Delivery or service to high risk areas requiring escort or extra protection, per visit	X	-	X	-	X	-
	Pharmacy compounding and dispensing services	X	-	X	-	X	-
	Med food non inborn err meta	X	-	X	-	X	-
	Childbirth preparation/lamaze classes, non-physician provider, per session	X	-	X	-	X	-
	Childbirth refresher classes, non-physician provider, per session  Cesarean birth classes, non-physician provider, per session	X	-	X	-	X	-
	Vbac (vaginal birth after cesarean) classes, non-physician provider, per session	X	-	X	-	X	<u> </u>
	Asthma education, non-physician provider, per session	^	-	X	-	_ ^	-
	Birthing classes, non-physician provider, per session	X	<u>-</u>	X		X	<del>-</del>
	Parenting classes, non-physician provider, per session	X		X		X	
	Infant safety (including cpr) classes, non-physician provider, per session	X	_	X		X	<u> </u>
	Weight management classes, non-physician provider, per session	X	_	X	_	X	
	Exercise classes, non-physician provider, per session	X	_	X	-	X	-
	Smoking cessation classes, non-physician provider, per session	X	_	X	-	X	_
	Stress management classes, non-physician provider, per session	X	-	X	_	X	-
	Cardiac rehabilitation progr	X	_	X	_	X	-
	Pulmonary rehabilitation pro	X	-	X	-	X	-
	Enterostomal therapy by a re	Х	-	Х	-	Х	-
	Ambulatory setting substance	-	Х	-	Х	- 1	Х
	Vestibular rehabilitation program, non-physician provider, per diem	Х	-	Х	-	Х	-
	Intensive outpatient psychia	-	Х	-	Х	- 1	Χ
	Family stabilization services, per 15 minutes	Х	-	Х	-	Х	-
S9484	Crisis intervention mental health services, per hour	-	Х	-	X		Χ
	Crisis intervention mental h	-	Х	-	X		Χ

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

200 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03	122	124

		Laı	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, these the Pharmacy link option within the website.	e coding lists d	lo not reflect information re	egarding immu	nizations, injectable drug	s, or specialty med	dications and should be
S9900	Services by a journal-listed christian science practitioner for the purpose of healing, per diem	Х	-	Х	-	Х	-
S9901	Christian sci nurse visit	Х	-	Х	-	Х	-
S9960	Air ambulanc nonemerg fixed	Х	-	Х	-	Х	-
	Air ambulan nonemerg rotary	Х	-	Х	-	X	-
S9970	Health club membership, annual	Χ	-	Χ	-	X	-
	Transplant related lodging, meals and transportation, per diem	Χ	-	Χ	-	X	-
	Lodging, per diem, not otherwise specified	Χ	-	Χ	-	X	-
S9977	Meals, per diem, not otherwise specified	Х	-	Х	-	Х	=
S9981	Medical records copying fee, administrative	Х	-	Х	-	Х	-
S9982	Medical records copying fee, per page	Х	-	Х	-	Х	-
	Not medically necessary service (patient is aware that service not medically necessary)	Х	-	Х	-	Х	-
S9989	Services provided outside of the united states of america (list in addition to code(s) for service(s)	Х	-	Х	-	Х	-
S9992	Transportation costs to and	Х	-	Х	-	Х	-
	Lodging costs (e.g. hotel ch	Х	_	Х	-	Х	-
S9996	Meals for clinical trial par	X	_	X	_	X	-
	Sales tax	X	_	X	-	X	-
	Private duty/independent nursing service(s) - licensed, up to 15 minutes	-	Х	X	-	-	Х
	Nursing assessment/evaluation	-	X	X	-	_	X
	Rn services, up to 15 minutes	_	X	X	-	_	X
	Lpn/lvn services, up to 15 minutes	_	X	X	-	_	X
	Services of a qualified nursing aide, up to 15 minutes	Х	-	X	_	Х	-
	Respite care services, up to 15 minutes	X	_	X	_	X	-
	Alcohol and/or substance abuse services, family/couple counseling	X	_	X	_	X	_
	Alcohol and/or substance abuse services, treatment plan development and/or modification	X	<u>-</u>	X		X	
	Child sitting services for children of the individual receiving alcohol and/or substance abuse services	X	-	X	-	X	-
	Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)	Х	-	Х	-	Х	-
	Alcohol and/or substance abuse services, skills development	Х	_	Х	_	Х	-
	Sign language or oral interpreter services	X	_	X	_	X	-
	Telehealth transmission, per minute, professional services bill separately	X	_	X	_	X	-
	Clinic visit/encounter, all-inclusive	X	-	X	-	X	-
	Case management, each 15 minutes	X	_	X	_	X	_
	Targeted case management, each 15 minutes	X	<u>-</u>	X	-	X	
	School-based individualized education program (iep) services, bundled	X	<u>-</u>	X	-	X	_
	Personal care services, per 15 minutes, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd,	X	-	X	-	X	-
T1020	Personal care services, per diem, not for an inpatient or resident of ahospital, nursing facility, icf/mr or imd, part o	Х	-	Х	-	Х	-
T1021	Home health aide or certified nurse assistant, per visit	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



		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, these the Pharmacy link option within the website.	coding lists d	do not reflect information re	egarding immu	inizations, injectable drugs	s, or specialty med	lications and should be
T1022	Contracted home health agency services, all services provided under contract,per day	Χ	-	Х	-	Х	-
	Screening to determine the appropriateness of consideration of an individual for participation in a	Х	_	Х	_	Х	-
	specified program, pr	, ,		,,			
T1024	Evaluation and treatment by an integrated, specialty team contracted to providecoordinated care to multiple or severely	Χ	-	Х	-	Х	-
T1025	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex	Х	-	Х	-	Х	-
T4000	medical, physical, m						
	Intensive, extended multidisciplinary services provided in a clinic setting tochildren with complex medical, physical, m	Х	-	Х	-	Х	-
	Family training and counseling for child development, per 15 minutes	Х	-	Х	-	Х	-
	Assessment of home, physical and family environment, to determine suitabilityto meet patient's medical needs	Х	-	Х	-	Х	-
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
	Services performed by a doula birth worker, per 15 minutes	Х	-	X	-	Х	-
	Services performed by a doula birth worker, per diem	Х	-	X	-	Х	-
	Comm bh clinic svc per diem	X	-	X	-	X	-
	Comm bh clinic svc per month	X	-	X	-	Х	-
	Elec med comp dev, noc	X	-	X	-	Х	-
	Non-emergency transportation; patient attendant/escort	X	-	X	-	Х	-
	Non-emergency transportation; per diem	X	-	X	-	Х	-
	Non-emergency transportation; encounter/trip	X	-	Х	-	Х	-
	Non-emergency transport; commercial carrier, multi-pass	X	-	X	-	Х	-
	Non-emergency transportation; non-ambulatory stretcher van	X	-	Х	-	Х	-
	Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments	Χ	-	Х	-	Х	-
T2010	Preadmission screening and resident review (pasrr) level i id screening, per screen	Х	-	Х	-	Х	-
	Preadmission screening and resident review (pasrr) level ii eval, per eval	Х	-	Х	-	Х	-
T2012	Habilitation, educational; waiver, per diem	Х	-	Х	-	X	-
	Habilitation, educational, waiver; per hour	Х	-	Х	-	X	-
T2014	Habilitation, prevocational, waiver; per diem	Χ	-	Х	-	Х	-
T2015	Habilitation, prevocational, waiver; per hour	Х	-	Х	-	X	-
	Habilitation, residential, waiver; per diem	Х	-	Х	-	Х	-
T2017	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	Χ	-	Х	-	Х	-
	Day habilitation, waiver; per 15 minutes	Х	-	Х	-	Х	-
	Case management, per month	Х	-	Х	-	Х	-
	Targeted case management; per month	Х	-	Х	-	Х	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

9	Treatur	Laı	rge Employer	Individ	ual 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.	se coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Service assessment/plan of care development, waiver	Х	_	Х	_	Х	
	Waiver services; not otherwise specified (nos)	X	-	X	_	X	
	Specialized childcare, waiver; per diem	X	-	X	_	X	-
	Specialized childcare, waiver; per 15 minutes	X	-	X	-	X	_
	Specialized supply, not otherwise specified, waiver	X	-	X	-	X	_
	Specialized medical equipment, not otherwise specified, waiver	Х	-	Х	_	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	-	X	-	X	-
	Therapeutic camping, day, waiver; each session	Х	-	Х	-	Х	-
	Community transition, waiver; per service	Х	-	Х	-	Х	=
	Vehicle modifications, waiver; per service	Х	-	Х	-	Х	=
	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
T2043	Hospice continuous home care; per hour	-	Х	-	Х	-	X
	Hospice inpatient respite care; per diem	Х	-	Х	-	Х	-
T2045	Hospice general inpatient care; per diem	-	Χ	-	Χ	-	Χ
T2046	Hospice long term care, room and board only; per diem	Χ	-	Х	-	Х	-
T2047	Hab prevo waiver per 15	Χ	-	Х	-	X	-
T2048	Behavioral health; long-term care residential (non-acute care in a residential program, per diem	Х	-	Х	-	Х	-
T2049	Non-emergency transportation; stretcher van, mileage; per mile	Х	-	Х	-	X	-
	Financial mgt waiver/diem	Х	•	Х	-	X	-
T2051	Support broker waiver/diem	Χ	-	Χ	-	X	-
	Adult size brief/diaper sm	Χ	-	Χ	-	X	-
T4522	Adult size brief/diaper med	Χ	-	Χ	-	X	-
	Adult size brief/diaper Ig	Χ	-	Х	-	X	-
	Adult size brief/diaper xl	Χ	-	Х	-	X	-
	Adult size pull-on sm	Χ	-	Χ	-	X	-
	Adult size pull-on med	Х	-	Χ	-	X	-
	Adult size pull-on Ig	Χ	-	Χ	-	X	-
	Adult size pull-on xl	Χ	-	Χ	-	Χ	-
	Ped size brief/diaper sm/med	X	-	Χ	-	Х	-
	Ped size brief/diaper Ig	Х	-	Х	-	Х	-
	Ped size pull-on sm/med	X	-	Χ	-	Х	-
	Ped size pull-on Ig	X	-	Χ	-	Χ	-
T4533	Youth size brief/diaper	X	-	X	-	X	-

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

203 of 208

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of:	03/22/24
--------	----------

		Lar	Large Employer		Individual Benchmark**		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	e coding lists de	o not reflect information re	garding immu	inizations, injectable drug	s, or specialty med	ications and should be
	he Pharmacy link option within the website.	V		V	<u> </u>	1 v 1	
	Youth size pull-on	X	-	X	-	X	-
	Disposable liner/shield/pad	X	-	X	-	X	-
	Reusable pull-on any size	X	-	X	-	X	-
	Reusable underpad bed size	X	-	X	-	X	-
	Diaper serv reusable diaper	X	-	X	-	Х	-
	Reuse diaper/brief any size	X	-	X	-	Х	-
	Reusable underpad chair size	Х	-	X	-	Х	-
	Large disposable underpad	Χ	-	X	-	Х	-
	Small disposable underpad	Χ	-	Х	-	Х	-
	Disposable incontinence product, brief/diaper, bariatric, each	Χ	-	X	-	Х	-
	Adlt disp und/pull on abv xl	Χ	-	Χ	-	X	-
T4545	Incontinence product, disposable, penile wrap, each	Χ	-	Χ	-	X	-
T5001	Positioning seat for persons with special orthopedic needs, for use in vehicles	Χ	-	Χ	-	X	-
V2020	Vision svcs frames purchases	Χ	•	Χ	-	X	-
V2025	Eyeglasses delux frames	Χ		Χ	-	Х	-
V2100	Lens spher single plano 4.00	Χ	-	-	-	-	-
V2101	Single visn sphere 4.12-7.00	Χ	-	-	-	-	-
V2102	Singl visn sphere 7.12-20.00	Χ	-	-	-	-	-
V2103	Spherocylindr 4.00d/12-2.00d	Χ	-	-	-	-	-
	Spherocylindr 4.00d/2.12-4d	Χ	-	-	-	-	-
	Spherocylinder 4.00d/4.25-6d	Χ	-	-	-	-	-
V2106	Spherocylinder 4.00d/>6.00d	Χ	-	-	-	-	-
	Spherocylinder 4.25d/12-2d	Х	-	-	-	-	=
	Spherocylinder 4.25d/2.12-4d	X	-	-	-	-	-
	Spherocylinder 4.25d/4.25-6d	X	_	_	_	_	-
	Spherocylinder 4.25d/over 6d	X	-	_	_	_	-
	Spherocylindr 7.25d/.25-2.25	X	_	_	_	_	_
	Spherocylindr 7.25d/2.25-4d	X	_	_	_	_	
	Spherocylindr 7.25d/4.25-6d	X	_	_	_	_	
	Spherocylinder over 12.00d	X	_	_	_	_	
	Lens lenticular bifocal	X	_		_	_	
	Lens aniseikonic single	X					<u> </u>
	Lenticular lens, per lens, single	X	-	-	-	-	<u> </u>
	Lens spher bifoc plano 4.00d	X	-	-	-	-	<u> </u>
	Lens sphere bifocal 4.12-7.0	X				1	
	Lens sphere bifocal 7.12-7.0  Lens sphere bifocal 7.12-20.		-	-	-	-	-
		X	-	-	-	-	-
	Lens sphcyl bifocal 4.00d/.1	X	-	-	-	-	-
	Lens sphcy bifocal 4.00d/2.1	X	-	-	-	-	-
	Lens sphcy bifocal 4.00d/4.2	X	-	-	-	-	-
	Lens sphcy bifocal 4.00d/ove	X	-	-	-	-	-
	Lens sphcy bifocal 4.25-7d/.	Х	-	-	-	-	-
V2208	Lens sphcy bifocal 4.25-7/2.	Χ	-	-	-	-	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of:	03/22/24
--------	----------

		Large Employer		Individual 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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	ne Pharmacy link option within the website.	l v				1	
	Lens sphcy bifocal 4.25-7/4.	X	-	-	-	-	-
	Lens sphcy bifocal 4.25-7/ov	X	-	-	-	-	-
	Lens sphcy bifo 7.25-12/.25-	X	-	-	-	-	-
	Lens sphcyl bifo 7.25-12/2.2	X	-	-	-	-	-
	Lens sphcyl bifo 7.25-12/4.2	X	-	-	=	-	-
	Lens sphcyl bifocal over 12.	X	-	-	-	-	-
	Lens lenticular bifocal	X	-	-	-	-	-
	Lens aniseikonic bifocal	X	-	-	-	-	-
	Lens bifocal seg width over	X	-	-	-	-	-
	Lens bifocal add over 3.25d	X	-	-	-	-	-
	Lenticular lens, per lens, bifocal	X	-	-	-	-	-
	Lens bifocal speciality	X	-	-	-	-	-
	Lens sphere trifocal 4.00d	X	-	-	-	-	-
	Lens sphere trifocal 4.12-7.	X	-	-	-	-	-
	Lens sphere trifocal 7.12-20	X	-	-	-	-	-
	Lens sphcy trifocal 4.0/.12-	X	-	-	-	-	-
	Lens sphcy trifocal 4.0/2.25	Х	-	-	-	-	-
	Lens sphcy trifocal 4.0/4.25	X	-	-	-	-	-
	Lens sphcyl trifocal 4.00/>6	X	-	-	-	-	-
	Lens sphcy trifocal 4.25-7/.	X	-	-	-	-	-
	Lens sphc trifocal 4.25-7/2.	Χ	-	-	-	-	-
	Lens sphc trifocal 4.25-7/4.	Χ	-	-	-	-	-
	Lens sphc trifocal 4.25-7/>6	Χ	-	-	-	-	-
	Lens sphc trifo 7.25-12/.25-	Χ	-	-	-	-	-
	Lens sphc trifo 7.25-12/2.25	Χ	-	-	-	-	-
	Lens sphc trifo 7.25-12/4.25	Χ	-	-	-	-	-
	Lens sphcyl trifocal over 12	Χ	-	-	-	-	-
	Lens lenticular trifocal	Χ	-	-	-	-	-
	Lens aniseikonic trifocal	X	-	-	-	-	-
	Lens trifocal seg width > 28	Χ	•	-	-	-	-
	Lens trifocal add over 3.25d	Χ	•	-	-	-	-
/2321	Lenticular lens, per lens, trifocal	Χ	•	-	ı	-	=
	Lens trifocal speciality	Χ	=	Χ	-	Х	=
V2410	Lens variab asphericity sing	Χ	=	Χ	-	Х	-
	Lens variable asphericity bi	Χ	-	Χ	-	Х	-
	Variable asphericity lens	Х	-	Χ	•	Х	-
	Cntct lens hydrophil photoch	Х	-	Χ	•	Х	-
V2526	Contact lens, hydrophilic, with blue-violet filter, per lens	Х	-	Χ	-	X	-
	Hand held low vision aids	Х	-	Χ	-	X	-
V2610	Single lens spectacle mount	Х	-	Х	-	Х	-
V2615	Telescop/othr compound lens	Х	-	Х	-	Х	-
	Fabrication & fitting	_	_	Х	_	_	_

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



Δς	of:	03	122	124
-	<b>VI.</b>	$\mathbf{v}$		

	Large Employer		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.	e coding lists d	lo not reflect information re	egarding immu	I Inizations, injectable drugs	s, or specialty med	lications and should be
	Balance lens	Х	_	_	_	_	-
	Deluxe lens feature	-	_	Х	_	Х	-
	Glass/plastic slab off prism	Х	_	-	_	-	-
	Prism lens/es	X	_	-	_	_	_
	Fresnell prism press-on lens	Х	-	Х	-	Х	-
	Special base curve	Х	-	-	-	-	-
	Tint photochromatic lens/es	Х	-	Х	-	Х	-
V2745	Addition to lens, tint, any color, solid, gradient or equal, excludes photocroatic	Х	-	Х	-	Х	-
	Anti-reflective coating	Х	-	Х	-	Х	=
	Uv lens/es	Х	-	Х	-	Х	-
	Eye glass case	Х	-	Х	-	Х	-
	Scratch resistant coating	X	-	Х	-	X	-
	Mirror coating, any type, solid, gradient or equal, any lens material, per lens	Х	-	Х	-	Х	-
	Polarization, any lens material, per lens	Х	-	Х	-	Х	-
	Occluder lens/es	Х	-	Х	-	Х	-
	Oversize lens/es	Х	-	Х	-	Х	-
	Progressive lens per lens	Х	-	Х	-	Х	-
	Lens, index 1.54 to 1.65 plastic or 1.60 to 1.79 glass, excludes polycarbonate, per lens	Х	-	Х	-	Х	-
	Lens, index greater than or equal to 1.66 plastic or greater than or equal to 1.80 glass	Х	-	Х	-	Х	-
	Lens, polycarbonate or equal, any index, per lens	Х	-	Х	-	Х	-
	Specialty occupational multifocal lens, per lens	Х	-	Х	-	Х	-
	Astigmatism correcting function of intraocular lens	Х	-	Х	-	Х	-
V2788	Presbyopia correcting function of intraocular lens	Х	-	Х	-	Х	-
	Vision supply, accessory and/or service component of another hcpcs vision code	Х	-	Х	-	Х	-
	Miscellaneous vision service	-	-	Х	-	-	-
	Assessment for hearing aid	Х	-	X	-	Х	-
	Hearing aid fitting/checking	Х	-	Х	-	Х	-
	Hearing aid repair/modifying	Х	-	Х	-	Х	-
	Conformity evaluation	X	-	X	-	X	-
	Body-worn hearing aid air	X	-	Х	-	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	Х	-	Х	-	X	-
	Hearing aid dispensing fee	X	-	X	-	X	-
	Semi-implantable middle ear hearing prosthesis	Х	-	X	-	X	=
	Body-worn bilat hearing aid	X	-	X	-	X	-
	Hearing aid dispensing fee	X	-	X	-	X	-
	Body-worn binaur hearing aid	X	-	Х	-	X	-
	In ear binaural hearing aid	X	-	X	-	X	-
	Behind ear binaur hearing ai	X	-	X	-	X	-

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As of: 0	3/22/24	Ļ
----------	---------	---

0		Large Employer		Individual 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	e coding lists d	o not reflect information re	garding immu	nizations, injectable drugs	s, or specialty med	lications and should be
	he Pharmacy link option within the website.						
	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	-
	Hearing aid, contralateral routing device, monaural, in the canal (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	-
	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	-	X	=
	Hearing aid, contralateral routing system, binaural, bte/bte	X	-	X	-	X	-
	Glasses bicros hearing aid	X	-	X	-	X	-
	Dispensing fee bicros	X	-	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	=
	Hearing aid, analog, monaural, itc (in the canal)	X	-	X	-	X	-
	Hearing aid, digitally programmable analog, monaural, cic	X	-	X	-	X	-
	Hearing aid, digitally programmable analog, monaural, itc	X	-	X	-	X	=
	Hearing aid, digitally programmable analog, monaural, ite (in the ear)	X	-	X	-	X	-
	Hearing aid, digitally programmable analog, monaural, bte (behind the ear)	X	-	X	-	X	<del>-</del>
	Hearing aid, analog, binaural, cic	X		X		X	
	Hearing aid, analog, binaural, itc		-	X	-		-
	Hearing aid, digitally programmable analog, binaural, cic	X	-		-	X	-
	Hearing aid, digitally programmable analog, binaural, itc Hearing aid, digitally programmable binaural, ite	X	-	X	-	X	-
			-		-		-
	Hearing aid, digitally programmable binaural, bte Hearing aid, digital, monaural, cic	X	-	X	-	X	-
	Hearing aid, digital, monaural, itc	X		X	-	X	-
	Hearing aid, digital, monaural, ite		-	X	-	X	-
		X	=	X	-		-
	Hearing aid, digital, monaural, bte	X	-	X	-	X	-
	Hearing aid, digital, binaural, cic	X	-	X	-	X	=
	Hearing aid, digital, binaural, itc	X	-		-		-
	Hearing aid, digital, binaural, ite	X	-	X	-	X	-
	Hearing aid, digital, binaural, bte	X	-	X	-	X	=
	Hearing aid, disposable, and type, monaural	X	-		-	X	<u>-</u>
	Hearing aid, disposable, and type, binaural	X	-	X		X	
	Battery for use in hearing device		-		-		-
	Hearing aid supplies/accessories  Assistive listening devices telephone amplifier any type	X	-	X	-	X	-
	Assistive listening device, telephone amplifier, any type	X	-	X	-	X	-
V5269	Assistive listening device, alerting, any type	λ	-	٨	-	۸	<u>-</u>

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.



As	of:	03/22/24

		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 the Pharmacy link option within the website.	coding lists d	o not reflect information re	egarding immu	nizations, injectable drugs	s, or specialty med	ications and should be
	Assistive listening device, television amplifier, any type	Х	_	Х		Х	-
	Assistive listening device, television caption decoder	X		X	<del>-</del>	X Y	
	Assistive listening device, television capiton decoder  Assistive listening device, tdd	X	<u>-</u>	X	<u> </u>	X	
_	Assistive listening device, to use with cochlear implant	X		X		X	
	Assistive listening devise, not otherwise specified	X	_	X		X	
	Ear impression, each	X		X		X	
	Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type	X	-	Х	-	Х	-
V5282	Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type	Х	-	Х	-	Х	-
V5283	Assistive listening device, personal fm/dm neck, loop induction receiver	Х	-	Х	=	Х	-
	Assistive listening device, personal fm/dm, ear level receiver	Х	-	Х	-	Х	-
	Assistive listening device, personal fm/dm, direct audio input receiver	Х	-	Χ	-	Х	-
	Assistive listening device, personal blue tooth fm/dm receiver	Χ	-	Χ	-	Х	-
V5287	Assistive listening device, personal fm/dm receiver, not otherwise specified	Х	-	Χ	-	Х	-
V5288	Assistive listening device, personal fm/dm transmitter assistive listening device	Χ	-	Χ	-	Х	-
V5289	Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type	Х	-	Х	-	Х	-
	Assistive listening device, transmitter microphone, any type	Χ	-	Χ	-	Х	-
	Hearing aid, not otherwise classified	Х	-	Χ	-	Х	-
V5336	Repair communication device	Х	-	Χ	-	Х	-
V5362	Speech screening	Χ	-	Χ	-	Х	
V5363	Language screening	Χ	-	Χ		Х	
	Dysphagia screening	Χ	-	Χ	=	Х	<u></u>
	END OF DATA						

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

<sup>\*\*</sup>Plan coverage limited to ACA 10 essential health benefits.