



## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |   |             |                           |
| 01999   | Unlisted anesth procedure   | -           | X                         |
| 11960   | Insert tissue expander(s)   | -           | X                         |
| 11970   | Replace tissue expander   | -           | X                         |
| 11971   | Remove tissue expander(s)   | -           | X                         |
| 15775   | Hair transplant punch grafts  | -           | X                         |
| 15776   | Hair transplant punch grafts  | -           | X                         |
| 15780   | Abrasion treatment of skin  | -           | X                         |
| 15781   | Abrasion treatment of skin  | -           | X                         |
| 15782   | Abrasion treatment of skin  | -           | X                         |
| 15783   | Abrasion treatment of skin  | -           | X                         |
| 15788   | Chemical peel, face, epiderm  | -           | X                         |
| 15789   | Chemical peel, face, dermal   | -           | X                         |
| 15792   | Chemical peel, nonfacial  | -           | X                         |
| 15793   | Chemical peel, nonfacial  | -           | X                         |
| 15820   | Revision of lower eyelid  | -           | X                         |
| 15821   | Revision of lower eyelid  | -           | X                         |
| 15822   | Revision of upper eyelid  | -           | X                         |
| 15823   | Revision of upper eyelid  | -           | X                         |
| 15824   | Removal of forehead wrinkles  | -           | X                         |
| 15825   | Removal of neck wrinkles  | -           | X                         |
| 15826   | Removal of brow wrinkles  | -           | X                         |
| 15828   | Removal of face wrinkles  | -           | X                         |
| 15829   | Removal of skin wrinkles  | -           | X                         |
| 15830   | Excision, excessive skin and subcutaneous tissue (includes lipectomy); abdomen, infraumbilical panniculectomy           | -           | X                         |
| 15832   | Excise excessive skin tissue  | -           | X                         |
| 15833   | Excise excessive skin tissue  | -           | X                         |
| 15834   | Excise excessive skin tissue  | -           | X                         |
| 15835   | Excise excessive skin tissue  | -           | X                         |
| 15836   | Excise excessive skin tissue  | -           | X                         |
| 15837   | Excise excessive skin tissue  | -           | X                         |
| 15838   | Excise excessive skin tissue  | -           | X                         |
| 15839   | Excise excessive skin tissue  | -           | X                         |
| 15847   | Excision, excessive skin and subcutaneous tissue (includes lipectomy), abdomen (eg, abdominoplasty) (includes umbilical | -           | X                         |
| 15876   | Suction assisted lipectomy  | -           | X                         |
| 15877   | Suction assisted lipectomy  | -           | X                         |
| 15878   | Suction assisted lipectomy  | -           | X                         |
| 15879   | Suction assisted lipectomy  | -           | X                         |

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| 15999   | Removal of pressure sore     | -           | X                         |
| 17106   | Destruction of skin lesions  | -           | X                         |
| 17107   | Destruction of skin lesions  | -           | X                         |
| 17108   | Destruction of skin lesions  | -           | X                         |
| 17360   | Skin peel therapy            | -           | X                         |
| 17380   | Hair removal by electrolysis | -           | X                         |
| 17999   | Skin tissue procedure        | -           | X                         |
| 19300   | Mastectomy for gynecomastia  | -           | X                         |
| 19316   | Suspension of breast         | -           | X                         |
| 19318   | Reduction of large breast    | -           | X                         |
| 19325   | Enlarge breast with implant  | -           | X                         |
| 19328   | Removal of breast implant    | -           | X                         |
| 19330   | Removal of implant material  | -           | X                         |
| 19340   | Immediate breast prosthesis  | -           | X                         |
| 19342   | Delayed breast prosthesis    | -           | X                         |
| 19350   | Nipple/areola reconstruction | -           | X                         |
| 19357   | Breast reconstruction        | -           | X                         |
| 19361   | Breast reconstruction        | -           | X                         |
| 19364   | Breast reconstruction        | -           | X                         |
| 19367   | Breast reconstruction        | -           | X                         |
| 19368   | Breast reconstruction        | -           | X                         |
| 19369   | Breast reconstruction        | -           | X                         |
| 19370   | Surgery of breast capsule    | -           | X                         |
| 19371   | Removal of breast capsule    | -           | X                         |
| 19380   | Revise breast reconstruction | -           | X                         |
| 19499   | Breast surgery procedure     | -           | X                         |
| 20560   | Ndl insj w/o njx 1 or 2 musc | X           | -                         |
| 20561   | Ndl insj w/o njx 3+ musc     | X           | -                         |
| 20974   | Electrical bone stimulation  | -           | X                         |
| 20975   | Electrical bone stimulation  | -           | X                         |
| 20999   | Musculoskeletal surgery      | -           | X                         |
| 21031   | Remove exostosis, mandible   | -           | X                         |
| 21032   | Remove exostosis, maxilla    | -           | X                         |
| 21076   | Prepare face/oral prosthesis | -           | X                         |
| 21077   | Prepare face/oral prosthesis | -           | X                         |
| 21081   | Prepare face/oral prosthesis | -           | X                         |
| 21082   | Prepare face/oral prosthesis | -           | X                         |
| 21083   | Prepare face/oral prosthesis | -           | X                         |
| 21084   | Prepare face/oral prosthesis | -           | X                         |

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| 21085   | Prepare face/oral prosthesis | -           | X                         |
| 21086   | Prepare face/oral prosthesis | -           | X                         |
| 21087   | Prepare face/oral prosthesis | -           | X                         |
| 21088   | Prepare face/oral prosthesis | -           | X                         |
| 21089   | Prepare face/oral prosthesis | -           | X                         |
| 21137   | Reduction of forehead        | -           | X                         |
| 21138   | Reduction of forehead        | -           | X                         |
| 21139   | Reduction of forehead        | -           | X                         |
| 21141   | Reconstruct midface, lefort  | -           | X                         |
| 21142   | Reconstruct midface, lefort  | -           | X                         |
| 21143   | Reconstruct midface, lefort  | -           | X                         |
| 21145   | Reconstruct midface, lefort  | -           | X                         |
| 21146   | Reconstruct midface, lefort  | -           | X                         |
| 21147   | Reconstruct midface, lefort  | -           | X                         |
| 21150   | Reconstruct midface, lefort  | -           | X                         |
| 21151   | Reconstruct midface, lefort  | -           | X                         |
| 21154   | Reconstruct midface, lefort  | -           | X                         |
| 21155   | Reconstruct midface, lefort  | -           | X                         |
| 21159   | Reconstruct midface, lefort  | -           | X                         |
| 21160   | Reconstruct midface, lefort  | -           | X                         |
| 21172   | Reconstruct orbit/forehead   | -           | X                         |
| 21175   | Reconstruct orbit/forehead   | -           | X                         |
| 21179   | Reconstruct entire forehead  | -           | X                         |
| 21180   | Reconstruct entire forehead  | -           | X                         |
| 21181   | Contour cranial bone lesion  | -           | X                         |
| 21182   | Reconstruct cranial bone     | -           | X                         |
| 21183   | Reconstruct cranial bone     | -           | X                         |
| 21184   | Reconstruct cranial bone     | -           | X                         |
| 21188   | Reconstruction of midface    | -           | X                         |
| 21193   | Reconst lwr jaw w/o graft    | -           | X                         |
| 21194   | Reconst lwr jaw w/graft      | -           | X                         |
| 21195   | Reconst lwr jaw w/o fixation | -           | X                         |
| 21196   | Reconst lwr jaw w/fixation   | -           | X                         |
| 21198   | Reconstr lwr jaw segment     | -           | X                         |
| 21199   | Reconstr lwr jaw w/advance   | -           | X                         |
| 21206   | Reconstruct upper jaw bone   | -           | X                         |
| 21208   | Augmentation of facial bones | -           | X                         |
| 21209   | Reduction of facial bones    | -           | X                         |
| 21210   | Face bone graft              | -           | X                         |

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| 21215   | Lower jaw bone graft   | -           | X                         |
| 21244   | Reconstruction of lower jaw  | -           | X                         |
| 21246   | Reconstruction of jaw  | -           | X                         |
| 21248   | Reconstruction of jaw  | -           | X                         |
| 21249   | Reconstruction of jaw  | -           | X                         |
| 21270   | Augmentation, cheek bone   | -           | X                         |
| 21299   | Cranio/maxillofacial surgery   | -           | X                         |
| 21499   | Head surgery procedure   | -           | X                         |
| 21740   | Reconstructive repair of pectus excavatum or carinatum; open   | -           | X                         |
| 21742   | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), without thoracosc  | -           | X                         |
| 21743   | Reconstructive repair of pectus excavatum or carinatum; minimally invasive approach (nuss procedure), with thoracoscopy  | -           | X                         |
| 21899   | Neck/chest surgery procedure   | -           | X                         |
| 22103   | Remove extra spine segment   | -           | X                         |
| 22116   | Remove extra spine segment   | -           | X                         |
| 22220   | Revision of neck spine   | -           | X                         |
| 22222   | Revision of thorax spine   | -           | X                         |
| 22224   | Revision of lumbar spine   | -           | X                         |
| 22226   | Revise, extra spine segment  | -           | X                         |
| 22510   | Perq cervicothoracic inject  | -           | X                         |
| 22511   | Perq lumbosacral injection   | -           | X                         |
| 22512   | Vertebroplasty addl inject   | -           | X                         |
| 22513   | Perq vertebral augmentation  | -           | X                         |
| 22514   | Perq vertebral augmentation  | -           | X                         |
| 22515   | Perq vertebral augmentation  | -           | X                         |
| 22526   | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le | X           | -                         |
| 22527   | Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; one or mo | X           | -                         |
| 22533   | Arthrodesis, lateral extracavitary technique, including minimal disectomy to prepare interspace; lumbar                  | -           | X                         |
| 22548   | Neck spine fusion  | -           | X                         |
| 22551   | Neck spine fuse&remove   | -           | X                         |
| 22552   | Neck spine fuse&remove addl  | -           | X                         |
| 22554   | Neck spine fusion  | -           | X                         |
| 22556   | Thorax spine fusion  | -           | X                         |
| 22558   | Lumbar spine fusion  | -           | X                         |
| 22585   | Additional spinal fusion   | -           | X                         |
| 22586   | Prescri fuse /w instr I5/1   | -           | X                         |

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| 22590   | Spine & skull spinal fusion  | -           | X                         |
| 22595   | Neck spinal fusion   | -           | X                         |
| 22600   | Neck spine fusion  | -           | X                         |
| 22612   | Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)   | -           | X                         |
| 22614   | Spine fusion, extra segment  | -           | X                         |
| 22630   | Lumbar spine fusion  | -           | X                         |
| 22632   | Spine fusion, extra segment  | -           | X                         |
| 22633   | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t  | -           | X                         |
| 22634   | Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace(other t  | -           | X                         |
| 22800   | Fusion of spine  | -           | X                         |
| 22802   | Fusion of spine  | -           | X                         |
| 22804   | Fusion of spine  | -           | X                         |
| 22808   | Fusion of spine  | -           | X                         |
| 22810   | Fusion of spine  | -           | X                         |
| 22812   | Fusion of spine  | -           | X                         |
| 22836   | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments   | -           | X                         |
| 22837   | Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments   | -           | X                         |
| 22838   | Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed  | -           | X                         |
| 22853   | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to  | -           | X                         |
| 22854   | Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to  | -           | X                         |
| 22856   | Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes  | -           | X                         |
| 22857   | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for   | -           | X                         |
| 22858   | Second level cer discectomy  | -           | X                         |
| 22859   | Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arth  | -           | X                         |
| 22860   | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (list separately in addition to code for primary procedure) | -           | X                         |

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| 22861   | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi  | -           | X                         |
| 22862   | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar   | X           | -                         |
| 22864   | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical  | -           | X                         |
| 22865   | Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar  | -           | X                         |
| 22867   | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sing                             | -           | X                         |
| 22868   | Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; seco                             | -           | X                         |
| 22869   | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single                              | -           | X                         |
| 22870   | Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second                              | -           | X                         |
| 22899   | Spine surgery procedure   | -           | X                         |
| 22999   | Abdomen surgery procedure   | -           | X                         |
| 23470   | Reconstruct shoulder joint  | -           | X                         |
| 23472   | Reconstruct shoulder joint  | -           | X                         |
| 23929   | Shoulder surgery procedure  | -           | X                         |
| 24999   | Upper arm/elbow surgery   | -           | X                         |
| 25999   | Forearm or wrist surgery  | -           | X                         |
| 26989   | Hand/finger surgery   | -           | X                         |
| 27130   | Total hip replacement   | -           | X                         |
| 27215   | Open treatment of iliac spine(s), tuberosity avulsion, or iliac wing fracture(s), unilateral, for pelvic bone fracture p  | X           | -                         |
| 27216   | Percutaneous skeletal fixation of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt   | X           | -                         |
| 27217   | Open treatment of anterior pelvic bone fracture and/or dislocation for fracture patterns that disrupt the pelvic ring, u  | X           | -                         |
| 27218   | Open treatment of posterior pelvic bone fracture and/or dislocation, for fracture patterns that disrupt the pelvic ring,  | X           | -                         |
| 27278   | Arthrodesis, sacroiliac joint, percutaneous, with image guidance, including placement of intra-articular implant(s) (eg, bone allograft[s], synthetic device[s]), without placement of transfixation device | -           | X                         |
| 27279   | Arthrodesis sacroiliac joint  | -           | X                         |
| 27299   | Pelvis/hip joint surgery  | -           | X                         |
| 27306   | Incision of thigh tendon  | -           | X                         |
| 27307   | Incision of thigh tendons   | -           | X                         |
| 27412   | Autologous chondrocyte implantation, knee   | -           | X                         |
| 27447   | Total knee replacement  | -           | X                         |

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| 27599   | Leg surgery procedure   | -           | X                         |
| 27700   | Revision of ankle joint   | -           | X                         |
| 27702   | Reconstruct ankle joint   | -           | X                         |
| 27899   | Leg/ankle surgery procedure   | -           | X                         |
| 28446   | Open osteochondral autograft, talus (includes obtaining graft[s])   | X           | -                         |
| 28899   | Foot/toes surgery procedure   | -           | X                         |
| 29799   | Casting/strapping procedure   | -           | X                         |
| 29868   | Arthroscopy, knee, surgical; meniscal transplantation (includes arthrotomy for meniscal insertion), medial or lateral   | -           | X                         |
| 29999   | Unlisted procedure, arthroscopy   | -           | X                         |
| 30400   | Reconstruction of nose  | -           | X                         |
| 30410   | Reconstruction of nose  | -           | X                         |
| 30420   | Reconstruction of nose  | -           | X                         |
| 30430   | Revision of nose  | -           | X                         |
| 30435   | Revision of nose  | -           | X                         |
| 30450   | Revision of nose  | -           | X                         |
| 30460   | Revision of nose  | -           | X                         |
| 30462   | Revision of nose  | -           | X                         |
| 30465   | Repair nasal stenosis   | -           | X                         |
| 30520   | Repair of nasal septum  | -           | X                         |
| 30999   | Nasal surgery procedure   | -           | X                         |
| 31299   | Sinus surgery procedure   | -           | X                         |
| 31599   | Larynx surgery procedure  | -           | X                         |
| 31647   | Bronchial valve init insert   | -           | X                         |
| 31660   | Bronch thermoplasty 1 lobe  | -           | X                         |
| 31661   | Bronch termoplasty 2/> lobes  | -           | X                         |
| 31899   | Airways surgical procedure  | -           | X                         |
| 32701   | Thorax stereo rad target w/tx   | -           | X                         |
| 32850   | Donor pneumonectomy   | -           | X                         |
| 32851   | Lung transplant, single   | -           | X                         |
| 32852   | Lung transplant with bypass   | -           | X                         |
| 32853   | Lung transplant, double   | -           | X                         |
| 32854   | Lung transplant with bypass   | -           | X                         |
| 32855   | Backbench standard preparation of cadaver donor lung allograft; unilateral  | -           | X                         |
| 32856   | Backbench standard preparation of cadaver donor lung allograft; bilateral   | -           | X                         |
| 32999   | Chest surgery procedure   | -           | X                         |
| 33274   | Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe | -           | X                         |
| 33275   | Transcatheter removal of permanent leadless pacemaker, right ventricular  | -           | X                         |

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| 33276   | Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial analysis with diagnostic mode activation, when performed | -           | X                         |
| 33277   | Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)   | -           | X                         |
| 33287   | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator  | -           | X                         |
| 33288   | Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sensing lead(s)                           | -           | X                         |
| 33340   | Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio  | -           | X                         |
| 33361   | Replace aortic valve preq  | -           | X                         |
| 33362   | Replace aortic valve open  | -           | X                         |
| 33363   | Replace aortic valve open  | -           | X                         |
| 33364   | Replace aortic valve open; open iliac artery approach  | -           | X                         |
| 33365   | Replace aortic valve open;transaortic approach   | -           | X                         |
| 33366   | Trcath replace aortic valve  | -           | X                         |
| 33367   | Replace aortic valce w/byp   | -           | X                         |
| 33368   | Replace aortic valve w/byp   | -           | X                         |
| 33369   | Replace aortic valve w/byp   | -           | X                         |
| 33418   | Repair tcac mitral valve   | -           | X                         |
| 33419   | Repair tcac mitral valve   | -           | X                         |
| 33440   | Replacement, aortic valve; by translocation of autologous pulmonary valve and transventricular aortic annulus enlargement of the left ventricular outflow tract with valved con  | -           | X                         |
| 33477   | Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed   | -           | X                         |
| 33927   | Implantation of a total replacement heart system (artificial heart) w/recipient cardiectomy  | -           | X                         |
| 33928   | Removal and replacement of total replacement heart system (artificial heart)   | -           | X                         |
| 33929   | Removal and replacement heart system (artificial heart) for transp   | -           | X                         |
| 33930   | Removal of donor heart/lung  | -           | X                         |
| 33933   | Backbench standard preparation of cadaver donor heart/lung allograft   | -           | X                         |
| 33935   | Transplantation, heart/lung  | -           | X                         |
| 33940   | Removal of donor heart   | -           | X                         |
| 33944   | Backbench standard preparation of cadaver donor heart allograft  | -           | X                         |
| 33945   | Transplantation of heart   | -           | X                         |
| 33995   | Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only   | -           | X                         |
| 33999   | Cardiac surgery procedure  | -           | X                         |
| 36299   | Vessel injection procedure   | -           | X                         |

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| 36465   | Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, single incompetent vein  | -           | X                         |
| 36466   | Inj of non-comp foam sclerosant w/ultrasound comp maneuvers, mult incompetent veins   | -           | X                         |
| 36468   | Injection(s), spider veins  | X           | -                         |
| 36470   | Injection therapy of vein   | -           | X                         |
| 36471   | Injection therapy of veins  | -           | X                         |
| 36473   | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated                 | -           | X                         |
| 36474   | Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si | -           | X                         |
| 36475   | Endovenous ablation therapy of incompetent vein, extremity, percutaneous, radiofrequency; first vein treated  | -           | X                         |
| 36476   | Endovenous ablation therapy incompetent vein, extremity, percut, radiofreq; 2nd & subsequent veins,same extrem,sep sites  | -           | X                         |
| 36478   | Endovenous ablation therapy of incompetent vein, extremity, percutaneous, laser; first vein treated   | -           | X                         |
| 36479   | Endovenous ablation therapy incompetent vein, extremity, percutaneous, laser; 2nd & subseq veins, same extrem, sep sites  | -           | X                         |
| 36482   | Endovenous ablation therapy of incompetent vein, extremity, percutaneous; first vein treated  | -           | X                         |
| 36483   | Endovenous ablation therapy of incompetent vein, extremity, percutaneous; sub vein treated  | -           | X                         |
| 37215   | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; with distal embolic protection  | -           | X                         |
| 37216   | Transcatheter placement of intravascular stent(s), cervical carotid artery, percutaneous; wo distal embolic protection  | X           | -                         |
| 37217   | Stent placemt retro carotid   | -           | X                         |
| 37218   | Stent placemt ante carotid  | -           | X                         |
| 37501   | Unlisted vascular endoscopy procedure   | -           | X                         |
| 37700   | Revise leg vein   | -           | X                         |
| 37718   | Ligation, division, and stripping, short saphenous vein   | -           | X                         |
| 37722   | Ligation, division, and stripping, long (greater) saphenous veins from saphenofemoral junction to knee or below   | -           | X                         |
| 37735   | Removal of leg veins/lesion   | -           | X                         |
| 37760   | Ligation of perforator veins, subfascial, radical (linton type), including skin graft, when performed, open,1 leg   | -           | X                         |
| 37761   | Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg  | -           | X                         |
| 37765   | Stab phlebectomy of varicose veins, one extremity; 10-20 stab incisions   | -           | X                         |
| 37766   | Stab phlebectomy of varicose veins, one extremity; more than 20 incisions   | -           | X                         |
| 37780   | Revision of leg vein  | -           | X                         |
| 37785   | Revise secondary varicosity   | -           | X                         |
| 37799   | Vascular surgery procedure  | -           | X                         |
| 38129   | Laparoscope proc, spleen  | -           | X                         |
| 38205   | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; allogenic   | -           | X                         |
| 38206   | Blood-derived hematopoietic progenitor cell harvesting for transplantation, per collection; autologous  | -           | X                         |

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| 38207   | Transplant preparation of hematopoietic progenitor cells; cryopreservation and storage   | X           | -                         |
| 38208   | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor   | X           | -                         |
| 38209   | Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor  | X           | -                         |
| 38210   | Transplant preparation of hematopoietic progenitor cells; specific cell depletion within harvest, t-cell depletion   | X           | -                         |
| 38211   | Transplant preparation of hematopoietic progenitor cells; tumor cell depletion   | X           | -                         |
| 38212   | Transplant preparation of hematopoietic progenitor cells; red blood cell removal   | X           | -                         |
| 38213   | Transplant preparation of hematopoietic progenitor cells; platelet depletion   | X           | -                         |
| 38214   | Transplant preparation of hematopoietic progenitor cells; plasma (volume) depletion  | X           | -                         |
| 38215   | Transplant preparation of hematopoietic progenitor cells; cell concentration in plasma, mononuclear, or buffy coat layer   | X           | -                         |
| 38230   | Bone marrow harvesting for transplantation; allogenic  | -           | X                         |
| 38232   | Bone marrow harvesting for transplantation; autologous   | -           | X                         |
| 38240   | Bone marrow/stem transplant  | -           | X                         |
| 38241   | Bone marrow/stem transplant  | -           | X                         |
| 38242   | Bone marrow or blood-derived peripheral stem cell transplantation; allogenic donor lymphocyte infusions  | -           | X                         |
| 38243   | Transplj hematopoietic boost   | -           | X                         |
| 38589   | Laparoscope proc, lymphatic  | -           | X                         |
| 38999   | Blood/lymph system procedure   | -           | X                         |
| 39499   | Chest procedure  | -           | X                         |
| 39599   | Diaphragm surgery procedure  | -           | X                         |
| 40702   | Repair cleft lip/nasal   | -           | X                         |
| 40799   | Lip surgery procedure  | -           | X                         |
| 40820   | Treatment of mouth lesion  | -           | X                         |
| 40899   | Mouth surgery procedure  | -           | X                         |
| 41599   | Tongue and mouth surgery   | -           | X                         |
| 41899   | Dental surgery procedure   | -           | X                         |
| 42299   | Palate/uvula surgery   | -           | X                         |
| 42699   | Salivary surgery procedure   | -           | X                         |
| 42999   | Throat surgery procedure   | -           | X                         |
| 43229   | Esophagoscopy lesion ablate  | -           | X                         |
| 43250   | Upper gi endoscopy/tumor   | -           | X                         |
| 43257   | Ugi endoscopy; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia   | X           | -                         |
| 43284   | Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed | X           | -                         |
| 43285   | Removal of esophageal sphincter augmentation device  | X           | -                         |
| 43289   | Laparoscope proc, esoph  | -           | X                         |

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| 43290   | Esophagogastroduodenoscopy, flexible, transoral; with deployment of intragastric bariatric balloon                         | X           | -                         |
| 43291   | Esophagogastroduodenoscopy, flexible, transoral; with removal of intragastric bariatric balloon(s)                         | -           | X                         |
| 43631   | Removal of stomach, partial  | -           | X                         |
| 43644   | Laparoscopy, surg, gastric restrictive procedure; w gastric bypass and roux-en-y gastroenterostomy (roux limb <= 150 cm)   | -           | X                         |
| 43645   | Laparoscopy, surgical, gastric restrictive procedure; with gastric bypass and small intestine reconstruction               | -           | X                         |
| 43647   | Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum                           | -           | X                         |
| 43648   | Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum                                   | -           | X                         |
| 43659   | Laparoscopy proc, stom   | -           | X                         |
| 43770   | Laparoscopy, surgical, gastric restrictive procedure; placement of adjustable gastric band (gastric band and subcutaneous) | -           | X                         |
| 43771   | Laparoscopy, surgical, gastric restrictive procedure; revision of adjustable gastric band component only                   | -           | X                         |
| 43772   | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band component only                    | -           | X                         |
| 43773   | Laparoscopy, surgical, gastric restrictive procedure; removal and replacement of adjustable gastric band component only    | -           | X                         |
| 43774   | Laparoscopy, surgical, gastric restrictive procedure; removal of adjustable gastric band and subcutaneous port component   | -           | X                         |
| 43775   | Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)                    | -           | X                         |
| 43842   | Gastroplasty for obesity   | X           | -                         |
| 43843   | Gastroplasty for obesity   | -           | X                         |
| 43845   | Gastric revision for obesity   | -           | X                         |
| 43846   | Gastric bypass for obesity   | -           | X                         |
| 43847   | Gastric bypass for obesity   | -           | X                         |
| 43848   | Revision gastroplasty  | -           | X                         |
| 43881   | Implantation or replacement of gastric neurostimulator electrodes, antrum, open  | -           | X                         |
| 43882   | Revision or removal of gastric neurostimulator electrodes, antrum, open  | -           | X                         |
| 43886   | Gastric restrictive procedure, open; revision of subcutaneous port component only  | -           | X                         |
| 43887   | Gastric restrictive procedure, open; removal of subcutaneous port component only   | -           | X                         |
| 43888   | Gastric restrictive procedure, open; removal and replacement of subcutaneous port component only                           | -           | X                         |
| 43999   | Stomach surgery procedure  | -           | X                         |
| 44132   | Enterectomy, cadaver donor   | -           | X                         |
| 44133   | Enterectomy, live donor  | -           | X                         |
| 44135   | Intestine transplant, cadaver  | -           | X                         |
| 44136   | Intestine transplant, live   | -           | X                         |
| 44137   | Removal of transplanted intestinal allograft, complete   | -           | X                         |
| 44238   | Unlisted laparoscopy procedure, intestine (except rectum)  | -           | X                         |
| 44705   | Prepare fecal microbiota   | X           | -                         |
| 44715   | Backbench standard preparation of cadaver or living donor intestine allograft  | -           | X                         |
| 44720   | Backbench reconstruction of cadaver or living donor intestine allograft; venous anastomosis, each                          | -           | X                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 44721   | Backbench reconstruction of cadaver or living donor intestine allograft; arterial anastomosis, each                    | -           | X                         |
| 44799   | Intestine surgery procedure  | -           | X                         |
| 44899   | Bowel surgery procedure  | -           | X                         |
| 44979   | Laparoscope proc, app  | -           | X                         |
| 45399   | Unlisted procedure colon   | -           | X                         |
| 45499   | Unlisted laparoscopy procedure, rectum   | -           | X                         |
| 45999   | Rectum surgery procedure   | -           | X                         |
| 46707   | Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [sis])                                    | X           | -                         |
| 46999   | Anus surgery procedure   | -           | X                         |
| 47133   | Removal of donor liver   | -           | X                         |
| 47135   | Transplantation of liver   | -           | X                         |
| 47140   | Donor hepatectomy, with preparation and maintenance of allograft, living donor; left lateral segment only              | -           | X                         |
| 47141   | Donor hepatectomy, with preparation and maintenance of allograft, living donor; total left lobectomy                   | -           | X                         |
| 47142   | Donor hepatectomy, with preparation and maintenance of allograft, living donor; total right lobectomy                  | -           | X                         |
| 47143   | Backbench standard preparation of cadaver donor whole liver graft; without trisegment or lobe split                    | -           | X                         |
| 47144   | Backbench standard preparation of cadaver donor whole liver graft; w trisegment split of graft into two partial grafts | -           | X                         |
| 47145   | Backbench standard preparation of cadaver donor whole liver graft; with lobe split of graft into two partial grafts    | -           | X                         |
| 47379   | Laparoscope procedure, liver   | -           | X                         |
| 47383   | Perq abltj lvr cryoablation  | -           | X                         |
| 47399   | Liver surgery procedure  | -           | X                         |
| 47579   | Laparoscope proc, biliary  | -           | X                         |
| 47999   | Bile tract surgery procedure   | -           | X                         |
| 48160   | Pancreas removal/transplant  | X           | -                         |
| 48550   | Donor pancreatectomy   | -           | X                         |
| 48551   | Backbench standard preparation of cadaver donor pancreas allograft   | -           | X                         |
| 48554   | Transpl allograft pancreas   | -           | X                         |
| 48556   | Removal, allograft pancreas  | -           | X                         |
| 48999   | Pancreas surgery procedure   | -           | X                         |
| 49329   | Laparo proc, abdm/per/oment  | -           | X                         |
| 49659   | Laparo proc, hernia repair   | -           | X                         |
| 49999   | Abdomen surgery procedure  | -           | X                         |
| 50300   | Removal of donor kidney  | -           | X                         |
| 50320   | Removal of donor kidney  | -           | X                         |
| 50323   | Backbench standard preparation of cadaver donor renal allograft  | -           | X                         |
| 50325   | Backbench standard preparation of living donor renal allograft (open or laparoscopic)                                  | -           | X                         |
| 50340   | Removal of kidney  | -           | X                         |
| 50360   | Transplantation of kidney  | -           | X                         |

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| 50365   | Transplantation of kidney   | -           | X                         |
| 50370   | Remove transplanted kidney  | -           | X                         |
| 50380   | Reimplantation of kidney  | -           | X                         |
| 50547   | Laparo removal donor kidney   | -           | X                         |
| 50549   | Laparoscope proc, renal   | -           | X                         |
| 50949   | Laparoscope proc, ureter  | -           | X                         |
| 51925   | Hysterectomy/bladder repair   | -           | X                         |
| 51999   | Unlisted laparoscopy procedure, bladder   | -           | X                         |
| 52441   | Cystourethro w/implant  | -           | X                         |
| 52442   | Cystourethro w/addl implant   | -           | X                         |
| 53451   | Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance  | X           | -                         |
| 53452   | Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance | X           | -                         |
| 53453   | Periurethral transperineal adjustable balloon continence device; removal, each balloon  | X           | -                         |
| 53454   | Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume                     | X           | -                         |
| 53899   | Urology surgery procedure   | -           | X                         |
| 54120   | Partial removal of penis  | -           | X                         |
| 54125   | Removal of penis  | -           | X                         |
| 54130   | Remove penis & nodes  | -           | X                         |
| 54135   | Remove penis & nodes  | -           | X                         |
| 54400   | Insert semi-rigid prosthesis  | -           | X                         |
| 54401   | Insert self-contd prosthesis  | -           | X                         |
| 54405   | Insert multi-comp prosthesis  | -           | X                         |
| 54406   | Removal of all components of a multi-component, inflatable penile prosthesis without replacement of prosthesis                          | -           | X                         |
| 54408   | Repair of component(s) of a multi-component, inflatable penile prosthesis   | -           | X                         |
| 54410   | Removal and replacement of all component(s) of a multi-component, inflatable penile prosthesis, same operative session                  | -           | X                         |
| 54411   | Removal and replacement multi-component inflatable penile prosthesis, infected field, same op sess, w irrig & debridemnt                | -           | X                         |
| 54415   | Removal of non-inflatable or inflatable (self-contained) penile prosthesis, wo replacement of prosthesis                                | -           | X                         |
| 54416   | Removal and replacement of non-inflatable or inflatable (self-contained) penile prosthesis, same operative session                      | -           | X                         |
| 54417   | Removal and replacement of inflat/non-inflatable penile prosthesis, infected field, same op sess, w irrig & debridement                 | -           | X                         |
| 54660   | Revision of testis  | -           | X                         |
| 54699   | Laparoscope proc, testis  | -           | X                         |

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| 55559   | Laparo proc, spermatic cord   | -           | X                         |
| 55899   | Genital surgery procedure   | -           | X                         |
| 55970   | Sex transformation, m to f  | -           | X                         |
| 55980   | Sex transformation, f to m  | -           | X                         |
| 57295   | Revision (including removal) of prosthetic vaginal graft, vaginal approach  | -           | X                         |
| 57296   | Revision (including removal) of prosthetic vaginal graft; open abdominal approach   | -           | X                         |
| 58150   | Total hysterectomy  | -           | X                         |
| 58152   | Total hysterectomy  | -           | X                         |
| 58180   | Partial hysterectomy  | -           | X                         |
| 58200   | Extensive hysterectomy  | -           | X                         |
| 58260   | Vaginal hysterectomy, for uterus 250 grams or less;   | -           | X                         |
| 58262   | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s)                              | -           | X                         |
| 58263   | Vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s), and/or ovary(s), with repair of enterocele   | -           | X                         |
| 58267   | Vaginal hysterectomy, for uterus 250 grams or less; with colpo-urethrocystopexy (marshall-marchetti-krantz type, pereyra  | -           | X                         |
| 58270   | Vaginal hysterectomy, for uterus 250 grams or less; with repair of enterocele   | -           | X                         |
| 58275   | Hysterectomy/revise vagina  | -           | X                         |
| 58280   | Hysterectomy/revise vagina  | -           | X                         |
| 58290   | Vaginal hysterectomy, for uterus greater than 250 grams;  | -           | X                         |
| 58291   | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s)                          | -           | X                         |
| 58292   | Vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovary(s), with repair of enteroc  | -           | X                         |
| 58294   | Vaginal hysterectomy, for uterus greater than 250 grams; with repair of enterocele  | -           | X                         |
| 58300   | Insert intrauterine device  | X           | -                         |
| 58541   | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;  | -           | X                         |
| 58542   | Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)      | -           | X                         |
| 58543   | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;   | -           | X                         |
| 58544   | Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s) | -           | X                         |
| 58550   | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less;  | -           | X                         |
| 58552   | Laparoscopy surgical, with vaginal hysterectomy, for uterus 250 grams or less; with removal of tube(s) and/or ovary(s)    | -           | X                         |
| 58553   | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams;                                      | -           | X                         |
| 58554   | Laparoscopy, surgical, with vaginal hysterectomy, for uterus greater than 250 grams; with removal of tube(s) and/or ovar  | -           | X                         |
| 58570   | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less;   | -           | X                         |

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| 58571   | Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)  | -           | X                         |
| 58572   | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g;   | -           | X                         |
| 58573   | Laparoscopy, surgical, with total hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)   | -           | X                         |
| 58575   | Laparoscopy, surgical, total hysterectomy for resect of malignancy, uni/bilateral  | -           | X                         |
| 58578   | Laparo proc, uterus  | -           | X                         |
| 58579   | Hysteroscope procedure   | -           | X                         |
| 58679   | Laparo proc, oviduct-ovary   | -           | X                         |
| 58970   | Retrieval of oocyte  | -           | X                         |
| 58974   | Transfer of embryo   | -           | X                         |
| 58976   | Transfer of embryo   | -           | X                         |
| 58999   | Genital surgery procedure  | -           | X                         |
| 59812   | Treatment of miscarriage   | -           | X                         |
| 59820   | Care of miscarriage  | -           | X                         |
| 59821   | Treatment of miscarriage   | -           | X                         |
| 59840   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59841   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59850   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59851   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59852   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59855   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59856   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59857   | Procedure associated with miscarriage or terminated pregnancy  | -           | X                         |
| 59866   | Abortion (mpr)   | -           | X                         |
| 59897   | Unlisted fetal invasive procedure, including ultrasound guidance, when performed   | -           | X                         |
| 59898   | Laparo proc, ob care/deliver   | -           | X                         |
| 59899   | Maternity care procedure   | -           | X                         |
| 60659   | Laparo proc, endocrine   | -           | X                         |
| 60699   | Endocrine surgery procedure  | -           | X                         |
| 61640   | Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel   | X           | -                         |
| 61641   | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular family (list separat   | X           | -                         |
| 61642   | Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular family (list se   | X           | -                         |
| 61715   | Magnetic resonance image guided high intensity focused ultrasound (MRgFUS), stereotactic ablation of target, intracranial, including stereotactic navigation and frame placement, when performed | -           | X                         |
| 61720   | Incise skull/brain surgery   | -           | X                         |
| 61735   | Incise skull/brain surgery   | -           | X                         |

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| 61736   | Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; single trajectory for 1 simple lesion  | X           | -                         |
| 61737   | Laser interstitial thermal therapy (litt) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for multiple or complex lesion(s)                              | X           | -                         |
| 61760   | Implant brain electrodes  | -           | X                         |
| 61770   | Incise skull for treatment  | -           | X                         |
| 61790   | Treat trigeminal nerve  | -           | X                         |
| 61791   | Treat trigeminal tract  | -           | X                         |
| 61796   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion  | -           | X                         |
| 61797   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (lis  | -           | X                         |
| 61798   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion   | -           | X                         |
| 61799   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (li  | -           | X                         |
| 61800   | Application of stereotactic headframe for stereotactic radiosurgery (list separately in addition to code for primary pro  | -           | X                         |
| 61867   | Burr hole craniotomy with implantation of subcortical electrode array, w intraop microelectrode recording; first array  | -           | X                         |
| 61868   | Burr hole craniotomy w implantation of subcortical electrode array, w intraop microelectrode recording; ea addl array   | -           | X                         |
| 61889   | Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with connection to depth and/or cortical strip electrode array(s) | -           | X                         |
| 61891   | Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)  | -           | X                         |
| 62263   | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e  | X           | -                         |
| 62264   | Percutaneous lysis of epidural adhesions using solution injection (eg, hypertonic saline, enzyme) or mechanical means (e  | X           | -                         |
| 62287   | Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imagi   | X           | -                         |
| 62292   | Injection into disk lesion  | -           | X                         |
| 62350   | Implant spinal canal cath   | -           | X                         |
| 62351   | Implant spinal canal cath   | -           | X                         |
| 62360   | Insert spine infusion device  | -           | X                         |
| 62361   | Implant spine infusion pump   | -           | X                         |
| 62362   | Implant spine infusion pump   | -           | X                         |
| 62380   | Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1   | -           | X                         |

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\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| 63015   | Removal of spinal lamina   | -           | X                         |
| 63020   | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,   | -           | X                         |
| 63030   | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,   | -           | X                         |
| 63035   | Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona  | -           | X                         |
| 63040   | Laminotomy, single cervical  | -           | X                         |
| 63042   | Laminotomy, single lumbar  | -           | X                         |
| 63043   | Laminotomy, addl cervical  | -           | X                         |
| 63044   | Laminotomy, addl lumbar  | -           | X                         |
| 63050   | Laminoplasty, cervical, with decompression of the spinal cord, two or more vertebral segments;   | -           | X                         |
| 63051   | Laminoplasty, cerv, w decompression of spinal cord, 2 or > verteb segments; w reconstruction of posterior bony elements  | -           | X                         |
| 63052   | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; single vertebral segment (list separately in addition to code for primary procedure) | -           | X                         |
| 63053   | Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]), during posterior interbody arthrodesis, lumbar; each additional segment (list separately in addition to code for primary procedure)  | -           | X                         |
| 63055   | Decompress spinal cord   | -           | X                         |
| 63056   | Decompress spinal cord   | -           | X                         |
| 63057   | Decompress spine cord add-on   | -           | X                         |
| 63064   | Decompress spinal cord   | -           | X                         |
| 63066   | Decompress spine cord add-on   | -           | X                         |
| 63075   | Neck spine disk surgery  | -           | X                         |
| 63076   | Neck spine disk surgery  | -           | X                         |
| 63077   | Spine disk surgery, thorax   | -           | X                         |
| 63078   | Spine disk surgery, thorax   | -           | X                         |
| 63085   | Removal of vertebral body  | -           | X                         |
| 63086   | Remove vertebral body add-on   | -           | X                         |
| 63091   | Remove vertebral body add-on   | -           | X                         |
| 63170   | Incise spinal cord tract(s)  | -           | X                         |
| 63173   | Drainage of spinal cyst  | -           | X                         |
| 63250   | Revise spinal cord vessels   | -           | X                         |
| 63251   | Revise spinal cord vessels   | -           | X                         |
| 63252   | Revise spinal cord vessels   | -           | X                         |
| 63265   | Excise intraspinal lesion  | -           | X                         |
| 63266   | Excise intraspinal lesion  | -           | X                         |

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| 63268   | Excise intraspinal lesion   | -           | X                         |
| 63270   | Excise intraspinal lesion   | -           | X                         |
| 63273   | Excise intraspinal lesion   | -           | X                         |
| 63295   | Osteoplastic reconstruction of dorsal spinal elements, following primary intraspinal procedure (list sep)   | -           | X                         |
| 63301   | Removal of vertebral body   | -           | X                         |
| 63302   | Removal of vertebral body   | -           | X                         |
| 63303   | Removal of vertebral body   | -           | X                         |
| 63305   | Removal of vertebral body   | -           | X                         |
| 63306   | Removal of vertebral body   | -           | X                         |
| 63307   | Removal of vertebral body   | -           | X                         |
| 63308   | Remove vertebral body add-on  | -           | X                         |
| 63600   | Remove spinal cord lesion   | -           | X                         |
| 63610   | Stimulation of spinal cord  | -           | X                         |
| 63620   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion  | -           | X                         |
| 63621   | Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (list separat  | -           | X                         |
| 63650   | Implant neuroelectrodes   | -           | X                         |
| 63685   | Implant neuroreceiver   | -           | X                         |
| 64451   | Njx aa&/strd nrv nrvtg si jt  | -           | X                         |
| 64461   | Paravertebral block (pvb)(paraspinous block), thoracic; single injection site (includes imaging guidance, when performed)   | -           | X                         |
| 64462   | Paravertebral block (pvb)(paraspinous block), thoracic; second and any additional injection site(s) (includes imaging guidance, when performed) (list separately in addition to | -           | X                         |
| 64463   | Paravertebral block (pvb)(paraspinous block), thoracic; continuous infusion by catheter (includes imaging guidance, when performed)   | -           | X                         |
| 64490   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64491   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64492   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64493   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64494   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64495   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | -           | X                         |
| 64505   | Injection for nerve block   | -           | X                         |
| 64553   | Percutaneous implantation of neurostimulator electrode array; cranial nerve   | -           | X                         |

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| 64555   | Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  | -           | X                         |
| 64561   | Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)   | -           | X                         |
| 64566   | Neuroeltrd stim post tibial   | -           | X                         |
| 64568   | Inc for vagus n elect impl  | -           | X                         |
| 64569   | Revise/repl vagus n eltrd   | -           | X                         |
| 64570   | Remove vagus n eltrd  | -           | X                         |
| 64575   | Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)  | -           | X                         |
| 64580   | Incision for implantation of neurostimulator electrode array; neuromuscular   | -           | X                         |
| 64581   | Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)   | -           | X                         |
| 64582   | Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array   | -           | X                         |
| 64583   | Revision or replacement of hypoglossal nerve neurostimulator array and distal respiratory sensor electrode or electrode array, including connection to existing pulse generator                       | -           | X                         |
| 64584   | Removal of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array   | -           | X                         |
| 64585   | Revision or removal of peripheral neurostimulator electrode array   | -           | X                         |
| 64590   | Implant neuroreceiver   | -           | X                         |
| 64595   | Revise/remove neuroreceiver   | -           | X                         |
| 64596   | Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode array                      | -           | X                         |
| 64624   | Dstrj nulyt agt gncr nrv  | -           | X                         |
| 64625   | Rf abltj nrv nrvtg si jt  | X           | -                         |
| 64628   | Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral   | -           | X                         |
| 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) | -           | X                         |
| 64630   | Injection treatment of nerve  | -           | X                         |
| 64633   | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); cervical or thoracic, single facet joint  | -           | X                         |
| 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                       | -           | X                         |
| 64635   | Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or ct); lumbar or sacral, single facet joint  | -           | X                         |
| 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                        | -           | X                         |
| 64640   | Injection treatment of nerve  | -           | X                         |
| 64999   | Nervous system surgery  | -           | X                         |
| 65760   | Revision of cornea  | X           | -                         |
| 65765   | Revision of cornea  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 65767   | Corneal tissue transplant   | X           | -                         |
| 65771   | Radial keratotomy   | X           | -                         |
| 66985   | Insert lens prosthesis  | -           | X                         |
| 66989   | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification), complex, requiring devices or techniques not generally used in routine cataract surgery (eg, iris expansion device, suture support for intraocular lens, or primary posterior capsulorrhexis) or performed on patients in the amblyogenic developmental stage; with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more | -           | X                         |
| 66991   | Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsification); with insertion of intraocular (eg, trabecular meshwork, supraciliary, suprachoroidal) anterior segment aqueous drainage device, without extraocular reservoir, internal approach, one or more  | -           | X                         |
| 66999   | Eye surgery procedure   | -           | X                         |
| 67027   | Implant eye drug system   | -           | X                         |
| 67299   | Eye surgery procedure   | -           | X                         |
| 67399   | Eye muscle surgery procedure  | -           | X                         |
| 67599   | Orbit surgery procedure   | -           | X                         |
| 67900   | Repair brow defect  | -           | X                         |
| 67901   | Repair eyelid defect  | -           | X                         |
| 67902   | Repair eyelid defect  | -           | X                         |
| 67903   | Repair eyelid defect  | -           | X                         |
| 67904   | Repair eyelid defect  | -           | X                         |
| 67906   | Repair eyelid defect  | -           | X                         |
| 67908   | Repair eyelid defect  | -           | X                         |
| 67909   | Revise eyelid defect  | -           | X                         |
| 67911   | Revise eyelid defect  | -           | X                         |
| 67912   | Correction of lagophthalmos, with implantation of upper eyelid lid load (eg, gold weight)   | -           | X                         |
| 67930   | Repair eyelid wound   | -           | X                         |
| 67973   | Reconstruction of eyelid  | -           | X                         |
| 67974   | Reconstruction of eyelid  | -           | X                         |
| 67975   | Reconstruction of eyelid  | -           | X                         |
| 67999   | Revision of eyelid  | -           | X                         |
| 68399   | Eyelid lining surgery   | -           | X                         |
| 68841   | Insertion of drug-eluting implant, including punctal dilation when performed, into lacrimal canaliculus, each   | X           | -                         |
| 68899   | Tear duct system surgery  | -           | X                         |
| 69090   | Pierce earlobes   | X           | -                         |
| 69399   | Outer ear surgery procedure   | -           | X                         |
| 69710   | Implant/replace hearing aid   | X           | -                         |

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| 69711   | Remove/repair hearing aid   | -           | X                         |
| 69714   | Implant temple bone w/stimul  | -           | X                         |
| 69715   | Temple bone implant w/stimulat  | -           | X                         |
| 69716   | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor  | -           | X                         |
| 69717   | Revision/replacement of implant per esp   | -           | X                         |
| 69719   | Revision or replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor  | -           | X                         |
| 69726   | Removal, osseointegrated implant, skull; with percutaneous attachment to external speech processor  | -           | X                         |
| 69727   | Removal, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor   | -           | X                         |
| 69728   | Removal, entire osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex  | -           | X                         |
| 69729   | Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex   | -           | X                         |
| 69730   | Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid and involving a bony defect greater than or equal to 100 sq mm surface area of bone deep to the outer cranial cortex  | -           | X                         |
| 69949   | Inner ear surgery procedure   | -           | X                         |
| 69979   | Temporal bone surgery   | -           | X                         |
| 74261   | Computed tomographic (ct) colonography, diagnostic, including image postprocessing; without contrast material   | -           | X                         |
| 74262   | Computed tomographic (ct) colonography, diagnostic, including image postprocessing; with contrast material(s) including   | -           | X                         |
| 74263   | Computed tomographic (ct) colonography, screening, including image postprocessing   | X           | -                         |
| 75580   | Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, with interpretation and report by a physician or other qualified health care professional   | -           | X                         |
| 76014   | MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; initial 15 minutes | X           | -                         |

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| 76015   | MR safety implant and/or foreign body assessment by trained clinical staff, including identification and verification of implant components from appropriate sources (eg, surgical reports, imaging reports, medical device databases, device vendors, review of prior imaging), analyzing current MR conditional status of individual components and systems, and consulting published professional guidance with written report; each additional 30 minutes (List separately in addition to code for primary procedure) | X           | -                         |
| 76016   | MR safety determination by a physician or other qualified health care professional responsible for the safety of the MR procedure, including review of implant MR conditions for indicated MR examination, analysis of risk vs clinical benefit of performing MR examination, and determination of MR equipment, accessory equipment, and expertise required to perform examination, with written report  | X           | -                         |
| 76017   | MR safety medical physics examination customization, planning and performance monitoring by medical physicist or MR safety expert, with review and analysis by physician or other qualified health care professional to prioritize and select views and imaging sequences, to tailor MR acquisition specific to restrictive requirements or artifacts associated with MR conditional implants or to mitigate risk of non-conditional implants or foreign bodies, with written report                                      | X           | -                         |
| 76018   | MR safety implant electronics preparation under supervision of physician or other qualified health care professional, including MR-specific programming of pulse generator and/or transmitter to verify device integrity, protection of device internal circuitry from MR electromagnetic fields, and protection of patient from risks of unintended stimulation or heating while in the MR room, with written report   | X           | -                         |
| 76019   | MR safety implant positioning and/or immobilization under supervision of physician or other qualified health care professional, including application of physical protections to secure implanted medical device from MR-induced translational or vibrational forces, magnetically induced functional changes, and/or prevention of radiofrequency burns from inadvertent tissue contact while in the MR room, with written report  | X           | -                         |
| 76140   | X-ray consultation  | X           | -                         |
| 76390   | Mr spectroscopy   | X           | -                         |
| 76391   | Magnetic resonance (eg, vibration) elastography   | -           | X                         |
| 76496   | Unlisted fluoroscopic procedure (eg, diagnostic, interventional)  | -           | X                         |
| 76497   | Unlisted computed tomography procedure (eg, diagnostic, interventional)   | -           | X                         |
| 76498   | Unlisted magnetic resonance procedure (eg, diagnostic, interventional)  | -           | X                         |
| 76499   | Unlisted diagnostic radiographic procedure  | -           | X                         |
| 76948   | Echo guide, ova aspiration  | -           | X                         |
| 76999   | Unlisted ultrasound procedure (eg, diagnostic, interventional)  | -           | X                         |
| 77061   | Breast tomosynthesis uni  | X           | -                         |
| 77062   | Breast tomosynthesis bi   | X           | -                         |
| 77299   | Radiation therapy planning  | -           | X                         |
| 77371   | Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis  | -           | X                         |
| 77372   | Radiation treatment delivery, stereotactic radiosurgery (srs), complete course of treatment of cerebral lesion(s) consis  | -           | X                         |

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| 77373   | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en | -           | X                         |
| 77387   | Guidance for radiaj tx dlvr  | X           | -                         |
| 77399   | External radiation dosimetry   | -           | X                         |
| 77402   | Radiation treatment delivery   | X           | -                         |
| 77407   | Radiation treatment delivery   | X           | -                         |
| 77432   | Stereotactic radiation trmt  | -           | X                         |
| 77435   | Stereotactic body radiation therapy, treatment management, per treatment course, to one or more lesions, including image | -           | X                         |
| 77499   | Radiation therapy management   | -           | X                         |
| 77520   | Proton trmt, simple w/o comp   | -           | X                         |
| 77522   | Proton trmt, simple w/comp   | -           | X                         |
| 77523   | Proton trmt, intermediate  | -           | X                         |
| 77525   | Proton treatment, complex  | -           | X                         |
| 77799   | Radium/radioisotope therapy  | -           | X                         |
| 78099   | Endocrine nuclear procedure  | -           | X                         |
| 78199   | Blood/lymph nuclear exam   | -           | X                         |
| 78299   | Gi nuclear procedure   | -           | X                         |
| 78350   | Bone mineral, single photon  | X           | -                         |
| 78351   | Bone mineral, dual photon  | X           | -                         |
| 78399   | Musculoskeletal nuclear exam   | -           | X                         |
| 78499   | Cardiovascular nuclear exam  | -           | X                         |
| 78599   | Respiratory nuclear exam   | -           | X                         |
| 78608   | Brain imaging (pet)  | -           | X                         |
| 78609   | Brain imaging (pet)  | X           | -                         |
| 78699   | Nervous system nuclear exam  | -           | X                         |
| 78799   | Genitourinary nuclear exam   | -           | X                         |
| 78811   | Tumor imaging, positron emission tomography (pet); limited area (eg, chest, head/neck)                                   | -           | X                         |
| 78999   | Nuclear diagnostic exam  | -           | X                         |
| 79999   | Nuclear medicine therapy   | -           | X                         |
| 80050   | General health panel   | X           | -                         |
| 80299   | Quantitative assay, drug   | -           | X                         |
| 80320   | Alcohols   | X           | -                         |
| 80321   | Alcohol biomarkers; 1 or 2   | X           | -                         |
| 80322   | Alcohol biomarkers; 3 or more  | X           | -                         |
| 80323   | Alkaloids, not otherwise specified   | X           | -                         |
| 80324   | Amphetamines; 1 or 2   | X           | -                         |
| 80325   | Amphetamines; 3 or 4   | X           | -                         |
| 80326   | Amphetamines; 5 or more  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| 80327   | Anabolic steroids; 1 or 2                                | X           | -                         |
| 80328   | Anabolic steroids; 3 or more                             | X           | -                         |
| 80329   | Analgesics, non-opioid; 1 or 2                           | X           | -                         |
| 80330   | Analgesics, non-opioid; 3-5                              | X           | -                         |
| 80331   | Analgesics, non-opioid; 6 or more                        | X           | -                         |
| 80332   | Antidepressants, serotonergic class; 1 or 2              | X           | -                         |
| 80333   | Antidepressants, serotonergic class; 3-5                 | X           | -                         |
| 80334   | Antidepressants, serotonergic class; 6 or more           | X           | -                         |
| 80335   | Antidepressants, tricyclic and other cyclical; 1 or 2    | X           | -                         |
| 80336   | Antidepressants, tricyclic and other cyclical; 3-5       | X           | -                         |
| 80337   | Antidepressants, tricyclic and other cyclical; 6 or more | X           | -                         |
| 80338   | Antidepressants, not otherwise specified                 | X           | -                         |
| 80339   | Antiepileptics, not otherwise specified; 1-3             | X           | -                         |
| 80340   | Antiepileptics, not otherwise specified; 4-6             | X           | -                         |
| 80341   | Antiepileptics, not otherwise specified; 7 or more       | X           | -                         |
| 80342   | Antipsychotics, not otherwise specified; 1-3             | X           | -                         |
| 80343   | Antipsychotics, not otherwise specified; 4-6             | X           | -                         |
| 80344   | Antipsychotics, not otherwise specified; 7 or more       | X           | -                         |
| 80345   | Barbiturates   | X           | -                         |
| 80346   | Benzodiazepines; 1-12                                    | X           | -                         |
| 80347   | Benzodiazepines; 13 or more                              | X           | -                         |
| 80348   | Buprenorphine  | X           | -                         |
| 80349   | Cannabinoids, natural                                    | X           | -                         |
| 80350   | Cannabinoids, synthetic; 1-3                             | X           | -                         |
| 80351   | Cannabinoids, synthetic; 4-6                             | X           | -                         |
| 80352   | Cannabinoids, synthetic; 7 or more                       | X           | -                         |
| 80353   | Cocaine  | X           | -                         |
| 80354   | Fentanyl   | X           | -                         |
| 80355   | Gabapentin, non-blood                                    | X           | -                         |
| 80356   | Heroin metabolite  | X           | -                         |
| 80357   | Ketamine and norketamine                                 | X           | -                         |
| 80358   | Methadone  | X           | -                         |
| 80359   | Methylenedioxymphetamines (mda, mdea, mdma)              | X           | -                         |
| 80360   | Methylphenidate  | X           | -                         |
| 80361   | Opiates, 1 or more                                       | X           | -                         |
| 80362   | Opioids and opiate analogs; 1 or 2                       | X           | -                         |
| 80363   | Opioids and opiate analogs; 3 or 4                       | X           | -                         |
| 80364   | Opioids and opiate analogs; 5 or more                    | X           | -                         |
| 80365   | Oxycodone  | X           | -                         |

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| 80366   | Pregabalin  | X           | -                         |
| 80367   | Propoxyphene  | X           | -                         |
| 80368   | Sedative hypnotics (non-benzodiazepines)  | X           | -                         |
| 80369   | Skeletal muscle relaxants; 1 or 2   | X           | -                         |
| 80370   | Skeletal muscle relaxants; 3 or more  | X           | -                         |
| 80371   | Stimulants, synthetic   | X           | -                         |
| 80372   | Tapentadol  | X           | -                         |
| 80373   | Tramadol  | X           | -                         |
| 80374   | Stereoisomer anal single drug class   | X           | -                         |
| 80375   | Drug(s) definitive, qual or quant nos 1-3   | X           | -                         |
| 80376   | Drug(s) definitive, qual or quant unlisted 4-6  | X           | -                         |
| 80377   | Drug(s) definitive, qual or quant nos 7 or more   | X           | -                         |
| 81099   | Urinalysis test procedure   | -           | X                         |
| 81105   | Hpa-1, itgb3, antigen cd61, gene analysis, common variant   | X           | -                         |
| 81106   | Hpa-2, gp1ba, gplba, gene analysis, common variant  | X           | -                         |
| 81107   | Hpa-3, itga2b, gplba, gene analysis, common variant   | X           | -                         |
| 81108   | Hpa-4, itgb3, cd61, gene analysis, common variant   | X           | -                         |
| 81109   | Hpa-5, itga2, gene analysis, common variant   | X           | -                         |
| 81110   | Hpa-6, itgb3, cd61, gene analysis, common variant   | X           | -                         |
| 81111   | Hpa-9, itga2b, gene analysis, common variant  | X           | -                         |
| 81112   | Hpa-15, cd109, gene analysis, common variant  | X           | -                         |
| 81120   | Idh1 (isocitrate dehydrogenase 1, soluble) (eg, glioma), common variants  | -           | X                         |
| 81121   | Idh1 (isocitrate dehydrogenase 1, mitochondrial) (eg, glioma), common variants  | -           | X                         |
| 81162   | Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis                    | -           | X                         |
| 81163   | Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis                     | -           | X                         |
| 81164   | Brca1 (brca1, dna repair associated), brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, de | -           | X                         |
| 81165   | Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis   | -           | X                         |
| 81166   | Brca1 (brca1, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)  | -           | X                         |
| 81167   | Brca2 (brca2, dna repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)  | -           | X                         |
| 81168   | Ccnd1/igh (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed  | -           | X                         |
| 81170   | Abl1 (abl proto-oncogene 1 non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain             | -           | X                         |

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| 81171   | Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                   | -           | X                         |
| 81172   | Aff2 (af4/fmr2 family, member 2 [fmr2]) (eg, fragile x mental retardation 2 [fraxe]) gene analysis; characterization of alleles (eg, expanded size and methylation status) | -           | X                         |
| 81173   | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; full gene sequence                              | -           | X                         |
| 81174   | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; known familial variant                          | -           | X                         |
| 81175   | Asxl1, (myelod syndr, myeloproliferative neoplasm, cml) gene analysis; full gene seq   | -           | X                         |
| 81176   | Asxl1, (myelod syndr, myeloproliferative neoplasm, cml) gene analysis; targeted seq analy  | -           | X                         |
| 81177   | Atn1 (atrophy 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81178   | Atxn1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81179   | Atxn2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81180   | Atxn3 (ataxin 3) (eg, spinocerebellar ataxia, machado-joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                                  | -           | X                         |
| 81181   | Atxn7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81182   | Atxn8os (ataxin8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                    | -           | X                         |
| 81183   | Atxn10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81184   | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                  | -           | X                         |
| 81185   | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; full gene sequence  | -           | X                         |
| 81186   | Cacna1a (calcium voltage-gated channel subunit alpha1 a) (eg, spinocerebellar ataxia) gene analysis; known familial variant  | -           | X                         |
| 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                         |
| 81188   | Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles  | -           | X                         |
| 81189   | Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; full gene sequence  | -           | X                         |
| 81190   | Cstb (cystatin b) (eg, unverricht-lundborg disease) gene analysis; known familial variant(s)   | -           | X                         |
| 81191   | Ntrk1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis  | -           | X                         |
| 81192   | Ntrk2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis  | -           | X                         |
| 81193   | Ntrk3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis  | -           | X                         |

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| 81194   | Ntrk (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis  | -           | X                         |
| 81195   | Cytogenomic (genome-wide) analysis, hematologic malignancy, structural variants and copy number variants, optical genome mapping (OGM)  | -           | X                         |
| 81200   | Aspa (aspartoacylase) (eg, canavan disease) gene analysis, common variants (eg, e285a, y231x)   | X           | -                         |
| 81201   | Apc gene analysis; full sequence  | -           | X                         |
| 81202   | Apc gene analysis; known fam variants   | -           | X                         |
| 81203   | Apc gene analysis; duplication/deletion variants  | -           | X                         |
| 81204   | Ar (androgen receptor) (eg, spinal and bulbar muscular atrophy, kennedy disease, x chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me | -           | X                         |
| 81205   | Bckdhd (branched-chain keto acid dehydrogenase e1, beta polypeptide) (eg, maple syrup urine disease) gene analysis, common variants (eg, r183p, g278s, e422x)                   | X           | -                         |
| 81209   | Blm (bloom syndrome, recq helicase-like) (eg, bloom syndrome) gene analysis, 2281del6ins7 variant   | -           | X                         |
| 81212   | Brca1, brca2 (breast cancer 1 and 2) (eg, hereditary breast and ovarian cancer) gene analysis; 185delag, 5385insc, 6174delt variants  | -           | X                         |
| 81215   | Brca1 (breast cancer 1) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant  | -           | X                         |
| 81216   | Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis  | -           | X                         |
| 81217   | Brca2 (breast cancer 2) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant  | -           | X                         |
| 81218   | Cebpa (ccaat/enhancer binding protein [c/ebp], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence   | -           | X                         |
| 81219   | Calr (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9  | -           | X                         |
| 81220   | Cftr (cystic fibrosis transmembrane conductance regulator) (eg, cystic fibrosis) gene analysis; common variants (eg, acmg/acog guidelines)                                      | -           | X                         |
| 81225   | Cyp2c19 (cytochrome p450, family 2, subfamily c, polypeptide 19) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *8, *17)                                | -           | X                         |
| 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, | -           | X                         |
| 81227   | Cyp2c9 (cytochrome p450, family 2, subfamily c, polypeptide 9) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *5, *6)                                       | -           | X                         |
| 81228   | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number variants (eg, bacterial artificial chromosome [bac] or oligo-bas | -           | X                         |
| 81229   | Cytogenomic constitutional (genome-wide) microarray analysis; interrogation of genomic regions for copy number and single nucleotide polymorphism (snp) variants for chromosoma | -           | X                         |
| 81230   | Cyp3a4, gene analysis, common variant(s)  | -           | X                         |
| 81231   | Cyp3a5, gene analysis, common variants  | -           | X                         |
| 81232   | Dpyd, gene analysis, common variant(s)  | -           | X                         |
| 81233   | Btk (bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, c481s, c481r, c481f)  | -           | X                         |
| 81234   | Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles   | -           | X                         |

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| 81235   | Egfr gene analysis; common variants   | -           | X                         |
| 81236   | Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence                 | -           | X                         |
| 81237   | Ezh2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large b-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)                           | -           | X                         |
| 81238   | F9 (coagulation factor ix) (eg, hemophilia b), full gene seq  | -           | X                         |
| 81239   | Dmpk (dm1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)  | -           | X                         |
| 81240   | F2 (prothrombin, coagulation factor ii) (eg, hereditary hypercoagulability) gene analysis, 20210g>a variant   | X           | -                         |
| 81241   | F5 (coagulation factor v) (eg, hereditary hypercoagulability) gene analysis, leiden variant   | X           | -                         |
| 81242   | Fancc (fanconi anemia, complementation group c) (eg, fanconi anemia, type c) gene analysis, common variant (eg, ivs4+4a>t)  | -           | X                         |
| 81243   | Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; evaluation to detect abnormal (eg, expanded) alleles                                    | X           | -                         |
| 81244   | Fmr1 (fragile x mental retardation 1) (eg, fragile x mental retardation) gene analysis; characterization of alleles (eg, expanded size and methylation status)                  | X           | -                         |
| 81247   | G6pd, gene analysis; common variant(s)  | -           | X                         |
| 81248   | G6pd, gene analysis; known familial variant(s)  | -           | X                         |
| 81249   | G6pd, gene analysis; full gene seq  | -           | X                         |
| 81250   | G6pc (glucose-6-phosphatase, catalytic subunit) (eg, glycogen storage disease, type 1a, von gierke disease) gene analysis, common variants (eg, r83c, q347x)                    | -           | X                         |
| 81251   | Gba (glucosidase, beta, acid) (eg, gaucher disease) gene analysis, common variants (eg, n370s, 84gg, l444p, ivs2+1g>a)  | X           | -                         |
| 81252   | Gjb2 gene full sequence   | -           | X                         |
| 81253   | Gjb2 gene known fam variants  | -           | X                         |
| 81254   | Gjb6 gene com variants  | -           | X                         |
| 81255   | Hexa (hexosaminidase a [alpha polypeptide]) (eg, tay-sachs disease) gene analysis, common variants (eg, 1278instatc, 1421+1g>c, g269s)  | X           | -                         |
| 81256   | Hfe (hemochromatosis) (eg, hereditary hemochromatosis) gene analysis, common variants (eg, c282y, h63d)   | -           | X                         |
| 81257   | Hba1/hba2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, hb bart hydrops fetalis syndrome, hbh disease), gene analysis, for common deletions or variant (eg, south | -           | X                         |
| 81258   | Hba1/hba2, gene analysis, known familial variant  | -           | X                         |
| 81259   | Hba1/hba2, gene analysis, full gene seq   | -           | X                         |
| 81260   | Ikbkap (inhibitor of kappa light polypeptide gene enhancer in b-cells, kinase complex-associated protein) (eg, familial dysautonomia) gene analysis, common variants (eg,2507+6 | X           | -                         |
| 81261   | Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); amplified methodology (eg,  | -           | X                         |
| 81262   | Igh@ (immunoglobulin heavy chain locus) (eg, leukemias and lymphomas, b-cell), gene rearrangement analysis to detect abnormal clonal population(s); direct probe methodology (e | -           | X                         |

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| 81263   | Igh@ (immunoglobulin heavy chain locus) (eg, leukemia and lymphoma, b-cell), variable region somatic mutation analysis  | -           | X                         |
| 81264   | Igk@ (immunoglobulin kappa light chain locus) (eg, leukemia and lymphoma, b-cell), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)              | -           | X                         |
| 81265   | Comparative analysis using short tandem repeat (str) markers; patient and comparative specimen (eg, pre-transplant recipient and donor germline testing, post-transplant non-he | -           | X                         |
| 81266   | Comparative analysis using short tandem repeat (str) markers; each additional specimen (eg, additional cord blood donor, additional fetal samples from different cultures, or a | -           | X                         |
| 81269   | Hba1/hba2, gene analysis, duplication/deletion variants   | -           | X                         |
| 81270   | Jak2 (janus kinase 2) (eg, myeloproliferative disorder) gene analysis, p.val617phe (v617f) variant  | -           | X                         |
| 81271   | Htt (huntingtin) (eg, huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles   | -           | X                         |
| 81272   | Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [gist], acute myeloid leukemia, melanoma), gene analysis, targeted sequ | -           | X                         |
| 81273   | Kit (v-kit hardy-zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, d816 variant(s)  | -           | X                         |
| 81274   | Htt (huntingtin) (eg, huntington disease) gene analysis; characterization of alleles (eg, expanded size)  | -           | X                         |
| 81277   | Cytogenomic neo microra alysis  | -           | X                         |
| 81278   | Igh@/bcl2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (mbr) and minor cluster region (mcr) breakpoints, qualitative or quantitative    | -           | X                         |
| 81279   | Jak2 (janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)  | -           | X                         |
| 81283   | Ifnl3, gene analysis, rs12979860 variant  | -           | X                         |
| 81284   | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles  | -           | X                         |
| 81285   | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)   | -           | X                         |
| 81286   | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; full gene sequence  | -           | X                         |
| 81287   | Mgmt gene methylation anal  | -           | X                         |
| 81288   | Mlh1 gene methylation anal  | -           | X                         |
| 81289   | Fxn (frataxin) (eg, friedreich ataxia) gene analysis; known familial variant(s)   | -           | X                         |
| 81290   | Mcoln1 (mucolipin 1) (eg, mucopolipidosis, type iv) gene analysis, common variants (eg, ivs3-2a>g, del6.4kb)  | -           | X                         |
| 81291   | Mthfr (5,10-methylenetetrahydrofolate reductase) (eg, hereditary hypercoagulability) gene analysis, common variants (eg, 677t, 1298c)   | X           | -                         |
| 81292   | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis                 | -           | X                         |
| 81293   | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants                | -           | X                         |
| 81294   | Mlh1 (mutl homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants          | -           | X                         |
| 81295   | Msh2 (mutl homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis                 | -           | X                         |

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| 81296   | Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants                 | -           | X                         |
| 81297   | Msh2 (mut homolog 2, colon cancer, nonpolyposis type 1) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants           | -           | X                         |
| 81298   | Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis   | -           | X                         |
| 81299   | Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants  | -           | X                         |
| 81300   | Msh6 (mut homolog 6 [e. coli]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants                                    | -           | X                         |
| 81301   | Microsatellite instability analysis (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) of markers for mismatch repair deficiency (eg, bat25, bat26), includes com | -           | X                         |
| 81302   | Mecp2 (methyl cp binding protein 2) (eg, rett syndrome) gene analysis; full sequence analysis   | -           | X                         |
| 81303   | Mecp2 (methyl cp binding protein 2) (eg, rett syndrome) gene analysis; known familial variant   | -           | X                         |
| 81304   | Mecp2 (methyl cp binding protein 2) (eg, rett syndrome) gene analysis; duplication/deletion variants  | -           | X                         |
| 81305   | Myd88 (myeloid differentiation primary response 88) (eg, waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.leu265pro (l265p) variant                | -           | X                         |
| 81307   | Palb2 gene full gene seq  | -           | X                         |
| 81308   | Palb2 gene known famil vrnt   | -           | X                         |
| 81309   | Pik3ca gene trgt seq alys   | -           | X                         |
| 81310   | Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, exon 12 variants   | -           | X                         |
| 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)             | -           | X                         |
| 81312   | Pabpn1 (poly[a] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                         | -           | X                         |
| 81313   | Pca3 klk3   | -           | X                         |
| 81314   | Pdgfra (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [gist]), gene analysis, targeted sequence analysis (eg, exons 12, 18)   | -           | X                         |
| 81316   | Pml/raralpha, (t(15;17)), (promyelocytic leukemia/retinoic acid receptor alpha) (eg, promyelocytic leukemia) translocation analysis; single breakpoint (eg, intron 3, intron 6) | -           | X                         |
| 81317   | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; full sequence analysis               | -           | X                         |
| 81318   | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; known familial variants              | -           | X                         |
| 81319   | Pms2 (postmeiotic segregation increased 2 [s. cerevisiae]) (eg, hereditary non-polyposis colorectal cancer, lynch syndrome) gene analysis; duplication/deletion variants        | -           | X                         |
| 81320   | Plcg2 (phospholipase c gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, r665w, s707f, l845f)   | -           | X                         |
| 81321   | Pten gene analysis;full seq analysis  | -           | X                         |

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| 81322   | Pten gene analysis; fam variant   | -           | X                         |
| 81323   | Pten gene analysis; duplication/deletion variant  | -           | X                         |
| 81324   | Pmp22 gene analysis; dup/deletion analysis  | -           | X                         |
| 81325   | Pmp22 gene analysis; full seq analysis  | -           | X                         |
| 81326   | Pmp22 (peripheral myelin protein 22) gene analysis; known fam variant   | -           | X                         |
| 81328   | Slc01b1, gene analysis, common variant(s)   | -           | X                         |
| 81330   | Smpd1(sphingomyelin phosphodiesterase 1, acid lysosomal) (eg, niemann-pick disease, type a) gene analysis, common variants (eg, r496l, l302p, fsp330)                           | -           | X                         |
| 81331   | Snrpn/ube3a (small nuclear ribonucleoprotein polypeptide n and ubiquitin protein ligase e3a) (eg, prader-willi syndrome and/or angelman syndrome), methylation analysis         | -           | X                         |
| 81332   | Serpina1 (serpin peptidase inhibitor, clade a, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *s and  | -           | X                         |
| 81333   | Tgfb1 (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, r124h, r124c, r124l, r555w, r555q)                                  | -           | X                         |
| 81334   | Runx1, gene analysis, targeted seq analysis   | -           | X                         |
| 81336   | Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence  | -           | X                         |
| 81337   | Smn1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)  | -           | X                         |
| 81338   | Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, w515a, w515k, w515l, w515r)                             | -           | X                         |
| 81339   | Mpl (mpl proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10   | -           | X                         |
| 81340   | Trb@ (t cell antigen receptor, beta) (eg, leukemia and lymphoma), gene rearrangement analysis to detect abnormal clonal population(s); using amplification methodology (eg, pol | -           | X                         |
| 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 | -           | X                         |
| 81342   | Trg@ (t cell antigen receptor, gamma) (eg, leukemia and lymphoma), gene rearrangement analysis, evaluation to detect abnormal clonal population(s)                              | -           | X                         |
| 81343   | Ppp2r2b (protein phosphatase 2 regulatory subunit bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles                       | -           | X                         |
| 81344   | Tbp (tata box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles   | -           | X                         |
| 81345   | Tert (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)                        | -           | X                         |
| 81346   | Tyms, gene analysis, common variant(s)  | -           | X                         |
| 81347   | Sf3b1 (splicing factor [3b] subunit b1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, a672t, e622d, l833f, r625c, r625l)            | -           | X                         |
| 81348   | Srsf2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, p95h, p95l)                       | -           | X                         |

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| 81349   | Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass sequencing analysis | -           | X                         |
| 81350   | Ugt1a1 (udp glucuronosyltransferase 1 family, polypeptide a1) (eg, irinotecan metabolism), gene analysis, common variants (eg, *28, *36, *37)   | -           | X                         |
| 81351   | Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; full gene sequence  | -           | X                         |
| 81352   | Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)   | -           | X                         |
| 81353   | Tp53 (tumor protein 53) (eg, li-fraumeni syndrome) gene analysis; known familial variant  | -           | X                         |
| 81355   | Vkorc1 (vitamin k epoxide reductase complex, subunit 1) (eg, warfarin metabolism), gene analysis, common variants (eg, -1639/3673)  | X           | -                         |
| 81357   | U2af1 (u2 small nuclear rna auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, s34f, s34y, q157r, q157p)                                | -           | X                         |
| 81360   | Zrsr2 (zinc finger ccoch-type, rna binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, e65fs, e122fs, r448fs)    | -           | X                         |
| 81361   | Hbb (hemoglobin, subunit beta), common variant(s)   | -           | X                         |
| 81362   | Hbb (hemoglobin, subunit beta), known familial variant(s)   | -           | X                         |
| 81363   | Hbb (hemoglobin, subunit beta), duplication/deletion variant(s)   | -           | X                         |
| 81364   | Hbb (hemoglobin, subunit beta), full gene seq   | -           | X                         |
| 81370   | Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, -c, -drb1/3/4/5, and -dqb1  | -           | X                         |
| 81371   | Hla class i and ii typing, low resolution (eg, antigen equivalents); hla-a, -b, and -drb1/3/4/5 (eg, verification typing)   | -           | X                         |
| 81372   | Hla class i typing, low resolution (eg, antigen equivalents); complete (ie, hla-a, -b, and -c)  | -           | X                         |
| 81373   | Hla class i typing, low resolution (eg, antigen equivalents); one locus (eg, hla-a, -b, or -c), each  | -           | X                         |
| 81374   | Hla class i typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, b*27), each   | -           | X                         |
| 81375   | Hla class ii typing, low resolution (eg, antigen equivalents); hla-drb1/3/4/5 and -dqb1   | -           | X                         |
| 81376   | Hla class ii typing, low resolution (eg, antigen equivalents); one locus (eg, hla-drb1/3/4/5, -dqb1, -dqa1, -dpb1, or -dpa1), each  | -           | X                         |
| 81377   | Hla class ii typing, low resolution (eg, antigen equivalents); one antigen equivalent, each   | -           | X                         |
| 81378   | Hla class i and ii typing, high resolution (ie, alleles or allele groups), hla-a, -b, -c, and -drb1   | -           | X                         |
| 81379   | Hla class i typing, high resolution (ie, alleles or allele groups); complete (ie, hla-a, -b, and -c)  | -           | X                         |
| 81380   | Hla class i typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-a, -b, or -c), each  | -           | X                         |
| 81381   | Hla class i typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, b*57:01p), each   | -           | X                         |
| 81382   | Hla class ii typing, high resolution (ie, alleles or allele groups); one locus (eg, hla-drb1, -drb3, -drb4, -drb5, -dqb1, -dqa1, -dpb1, or -dpa1), each   | -           | X                         |
| 81383   | Hla class ii typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, hla-dqb1*06:02p), each   | -           | X                         |
| 81400   | Molecular pathology procedure, level 1 (eg, identification of single germline variant [eg, snp] by techniques such as restriction enzyme digestion or melt curve analysis)acadm                     | -           | X                         |

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| 81401   | Molecular pathology procedure, level 2 (eg, 2-10 snps, 1 methylated variant, or 1 somatic variant [typically using nonsequencing target variant analysis], or detection of a dy   | -           | X                         |
| 81402   | Molecular pathology procedure, level 3 (eg, >10 snps, 2-10 methylated variants, or 2-10 somatic variants [typically using non-sequencing target variant analysis], immunoglobul   | -           | X                         |
| 81403   | Molecular pathology procedure, level 4 (eg, analysis of single exon by dna sequence analysis, analysis of >10 amplicons using multiplex pcr in 2 or more independent reactions,   | -           | X                         |
| 81404   | Molecular pathology procedure, level 5 (eg, analysis of 2-5 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 6-10 exons, or characterizati   | -           | X                         |
| 81405   | Molecular pathology procedure, level 6 (eg, analysis of 6-10 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 11-25 exons) cyp21a2 (cytoch   | -           | X                         |
| 81406   | Molecular pathology procedure, level 7 (eg, analysis of 11-25 exons by dna sequence analysis, mutation scanning or duplication/deletion variants of 26-50 exons, cytogenomic ar   | -           | X                         |
| 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   | -           | X                         |
| 81408   | Molecular pathology procedure, level 9 (eg, analysis of >50 exons in a single gene by dna sequence analysis) fbn1 (fibrillin 1) (eg, marfan syndrome), full gene sequence nf1 (   | -           | X                         |
| 81410   | Gsps for aortic dysfnc or dilat   | -           | X                         |
| 81411   | Gsps for aortic dysfnc or dilat dupe delete anal  | -           | X                         |
| 81412   | Ashkenazi jewish associated disorders (eg, bloom syndrome, canavan disease, cystic fibrosis, familial dysautonomia faconi anemia group c. gaucher disease, tay-sachs disease),  | -           | X                         |
| 81413   | Cardiac ion channelopathies (eg, brgada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,   | -           | X                         |
| 81414   | Cardiac ion channelopathies (eg. brugada syndrome, long qt syndrome, short qt syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication deletion gene analy   | -           | X                         |
| 81415   | Exome sequence anal   | -           | X                         |
| 81416   | Exome sequence anal ea add  | -           | X                         |
| 81417   | Exome sequence anal re-eval   | -           | X                         |
| 81418   | 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                         |
| 81419   | Epilepsy genomic sequence analysis panel, must include analyses for aldh7a1, cacna1a, cdkl5, chd2, gabrg2, grin2a, kcnq2, mecp2, pcdh19, polg, prrt2, scn1a, scn1b, scn2a, scn8a, slc2a1, slc9a6, stxbp1, syngap1, tcf4, tpp1, tsc1, tsc2, and zeb2 | -           | X                         |
| 81425   | Gsps for unex constitut heritable ds  | -           | X                         |
| 81426   | Gsps for unex constitut heritable ds ea add   | -           | X                         |
| 81427   | Gsps for unex constitut heritable ds re-eval  | -           | X                         |
| 81430   | Gsps for hearing loss   | -           | X                         |
| 81431   | Gsps for hearing loss dupe delete anal  | -           | X                         |
| 81432   | Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); must include genomic sequencing of at least 14 genes: atm brca1 brca2 bri1 cdh  | -           | X                         |

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| 81433   | Hereditary breast cancer-related disorders (eg, hereditary breast, ovarian endometrial cancer); duplication/deletion analysis panel, must include analyses for brca1 brca2 mlh1   | -           | X                         |
| 81434   | Hereditary retinal disorders (eg, retinitis pigmentosa, leber congenital amaurosis, cone-rod dystrophy); must inc genomic sequencing 15 genes: abca4 cnga1 crb1 eys pde6a pde6b   | -           | X                         |
| 81435   | Gsps for colon ca   | -           | X                         |
| 81436   | Gsps for colon ca dupe delete anal  | -           | X                         |
| 81437   | Hereditary neuroendocrine tumor disorders (eg, medullary throid or parathyroid cancer, malignant pheochromocytoma or paragangliom); must incl genomic sequencing 6 genes: max s   | -           | X                         |
| 81438   | Hereditary neuroendocrine tumor disorders; duplication/deletion analysis panel, must include analyses for sdhb sdhc sdhd vhl  | -           | X                         |
| 81439   | Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must inclu   | -           | X                         |
| 81440   | Gsps nuclear encod mitochondrial genes  | -           | 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, bri1, dkc1, fanca, fancb, fancc, fancd2, fance, fancf, fancg, fanci, fancj, gata1, gata2, mpl, nhp2, nop10, palb2, rad51c, rpl11, rpl35a, rpl5, rps10, rps19, rps24, rps26, rps7, sbds, tert, and tinf2 | -           | X                         |
| 81442   | Noonan spectrum disorders (eg, noonan syndrome, cardio-facio-cutaneous syndrome, costello syndrome leopard syndrome, noonan-like syndrome); must incl genomic sequencing 12 ge  | -           | X                         |
| 81443   | Genetic testing for severe inherited conditions (eg, cystic fibrosis, ashkenazi jewish-associated disorders [eg, bloom syndrome, canavan disease, fanconi anemia type c, mucoli   | -           | X                         |
| 81445   | Gsps for solid organ neoplasm   | -           | X                         |
| 81448   | Hereditary peripheral neuropathies, gene seq analysis panel   | -           | X                         |
| 81449   | Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, alk, braf, cdkn2a, egfr, erbb2, kit, kras, met, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, if performed; rna analysis   | -           | X                         |
| 81450   | Gsps hematolymphoid neo 5-50 genes  | -           | X                         |
| 81451   | Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, braf, cebpa, dnmt3a, ezh2, flt3, idh1, idh2, jak2, kit, kras, mll, notch1, npm1, nras), interrogation for sequence variants, and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis   | -           | X                         |
| 81455   | Gsps hematolymphoid neo =>51 genes  | -           | X                         |
| 81456   | Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, alk, braf, cdkn2a, cebpa, dnmt3a, egfr, erbb2, ezh2, flt3, idh1, idh2, jak2, kit, kras, met, mll, notch1, npm1, nras, pdgfra, pdgfrb, pgr, pik3ca, pten, ret), interrogation for sequence variants and copy number variants or rearrangements, or isoform expression or mrna expression levels, if performed; rna analysis   | -           | X                         |

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| 81457   | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability  | -           | X                         |
| 81458   | Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability   | -           | X                         |
| 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                                      | -           | X                         |
| 81460   | Gsps for whole mitochondrial genome   | -           | X                         |
| 81462   | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants and rearrangements   | -           | X                         |
| 81463   | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and microsatellite instability   | -           | X                         |
| 81464   | Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite instability, tumor mutation burden, and rearrangements | -           | X                         |
| 81465   | Gsps for whole mitochondrial genome lg delete anal  | -           | X                         |
| 81470   | Gsps for xlid at least 60 genes   | -           | X                         |
| 81471   | Gsps for xlid at least 60 genes   | -           | X                         |
| 81479   | Unlisted molecular pathology  | -           | X                         |
| 81490   | Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score   | -           | X                         |
| 81493   | Coronary artery disease, mrna, gene expression profiling by real-time rt-pcr of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score  | X           | -                         |
| 81500   | Maaa 2 serum proteins   | -           | X                         |
| 81503   | Maaa 2 serum proteins   | -           | X                         |
| 81504   | Oncology tissue of origin   | -           | X                         |
| 81506   | Maaa 7 serum/plasma analytes  | -           | X                         |
| 81507   | Fetal aneuploidy trisom risk  | -           | X                         |
| 81508   | Maaa 2 maternal serum proteins  | -           | X                         |
| 81509   | Maaa 3 maternal serum proteins  | -           | X                         |
| 81510   | Maaa 3 maternal serum analytess   | -           | X                         |
| 81511   | Maaa 4 maternal serum analytess   | -           | X                         |
| 81512   | Maaa 5 maternal serum analytess   | -           | X                         |
| 81518   | Oncology (breast), mrna, gene expression profiling by real-time rt-pcr of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm   | -           | X                         |
| 81519   | Gsps onco (brst) 21 genes   | -           | X                         |
| 81520   | Oncology (breast), mrna gene exp profil by hybrid cap of 58 genes   | -           | X                         |
| 81521   | Oncology (breast), mrna microarray gene exp profil of 70 cont genes & 465 housekeep genes   | -           | X                         |

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| 81522   | Onc breast mrna 12 genes  | -           | X                         |
| 81523   | Oncology (breast), mrna, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as index related to risk to distant metastasis   | -           | X                         |
| 81525   | Oncology (colon), mrna, gene expression profiling by real-time rt-pcr of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin embedded tissue, algorithm  | -           | X                         |
| 81529   | Oncology (cutaneous melanoma), mrna, gene expression profiling by real-time rt-pcr of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis  | -           | X                         |
| 81535   | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; first singl   | -           | X                         |
| 81536   | Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by dapi stain and morphology, predictive algorithm reported as a drug response score; each additi   | -           | X                         |
| 81538   | Oncology (lung), mass spectrometric 8-protein signature, including amyloid a, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva   | -           | X                         |
| 81539   | Oncology (high-grade prostate cancer), biochemical assay of four proteins (total psa, free psa, intact psa and human kallikrein-2 [hk2]) utilizing plasma or serum, prognostic  | X           | -                         |
| 81540   | Oncology (tumor of unknown origin), mrna, gene expression profiling by real-time rt-pcr of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and   | -           | X                         |
| 81541   | Oncology (prostate), mrna gene exp profil by real-time rt-pcr of 46 genes   | -           | X                         |
| 81542   | Onc prostate mrna 22 cnt gen  | -           | X                         |
| 81546   | Oncology (thyroid), mrna, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)   | -           | X                         |
| 81551   | Oncology (prostate), promoter methylation profil by real-time pcr of 3 genes  | -           | X                         |
| 81552   | Onc breast mrna 12 genes  | -           | 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])  | -           | X                         |
| 81558   | Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling by quantitative polymerase chain reaction (qPCR) of 139 genes, utilizing whole blood, algorithm reported as a binary categorization as transplant excellence, which indicates immune quiescence, or not transplant excellence, indicating subclinical rejection | -           | X                         |
| 81560   | Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced cd154+t-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score  | X           | -                         |
| 81595   | Cardiology (heart transplant), mrna, gene expression profiling by real-time quantitative pcr of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b   | -           | X                         |
| 81599   | Unlisted maaa   | -           | X                         |
| 83009   | Helicobacter pylori, blood test analysis for urease activity, non-radioactive isotope (eg, c-13)  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 83519   | Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoas | X           | -                         |
| 83987   | Ph; exhaled breath condensate  | X           | -                         |
| 83992   | Assay for phencyclidine  | X           | -                         |
| 84378   | Sugars single quant  | X           | -                         |
| 84431   | Thromboxane metabolite(s), including thromboxane if performed, urine   | X           | -                         |
| 84999   | Clinical chemistry test  | -           | X                         |
| 85999   | Hematology procedure   | -           | X                         |
| 86152   | Cell enumeration   | X           | -                         |
| 86153   | Cell enumeration phys interp   | X           | -                         |
| 86305   | Human epididymis protein 4 (he4)   | X           | -                         |
| 86318   | Immunoassay,infectious agent   | X           | -                         |
| 86677   | Helicobacter pylori  | X           | -                         |
| 86829   | Antibody to hla class i/ii antigen   | -           | X                         |
| 86830   | Antibody id by hla phnotyp class i   | -           | X                         |
| 86831   | Antibody id by hla phnotyp class ii  | -           | X                         |
| 86834   | Semi-quant panel hla class i   | -           | X                         |
| 86835   | Semi-quant panel hla class ii  | -           | X                         |
| 86849   | Immunology procedure   | -           | X                         |
| 86910   | Blood typing, paternity test   | X           | -                         |
| 86911   | Blood typing, antigen system   | X           | -                         |
| 86999   | Transfusion procedure  | -           | X                         |
| 87999   | Microbiology procedure   | -           | X                         |
| 88000   | Autopsy (necropsy), gross  | X           | -                         |
| 88005   | Autopsy (necropsy), gross  | X           | -                         |
| 88007   | Autopsy (necropsy), gross  | X           | -                         |
| 88012   | Autopsy (necropsy), gross  | X           | -                         |
| 88014   | Autopsy (necropsy), gross  | X           | -                         |
| 88016   | Autopsy (necropsy), gross  | X           | -                         |
| 88020   | Autopsy (necropsy), complete   | X           | -                         |
| 88025   | Autopsy (necropsy), complete   | X           | -                         |
| 88027   | Autopsy (necropsy), complete   | X           | -                         |
| 88028   | Autopsy (necropsy), complete   | X           | -                         |
| 88029   | Autopsy (necropsy), complete   | X           | -                         |
| 88036   | Limited autopsy  | X           | -                         |
| 88037   | Limited autopsy  | X           | -                         |
| 88040   | Forensic autopsy (necropsy)  | X           | -                         |
| 88045   | Coroner's autopsy (necropsy)   | X           | -                         |
| 88099   | Necropsy (autopsy) procedure   | X           | -                         |

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

\*\*Preauth after 3rd rental month when criteria not met

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| Codes   | Description   | Not Covered | Preauthorization Required |
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| 88199   | Cytopathology procedure   | -           | X                         |
| 88245   | Chromosome analysis, 20-25  | -           | X                         |
| 88248   | Chromosome analysis, 50-100   | -           | X                         |
| 88249   | Chromosome analysis, 100  | -           | X                         |
| 88261   | Chromosome analysis, 5  | -           | X                         |
| 88262   | Chromosome analysis, 15-20  | -           | X                         |
| 88263   | Chromosome analysis, 45   | -           | X                         |
| 88264   | Chromosome analysis, 20-25  | -           | X                         |
| 88267   | Chromosome analys, placenta   | -           | X                         |
| 88269   | Chromosome analys, amniotic   | -           | X                         |
| 88271   | Cytogenetics, dna probe   | -           | X                         |
| 88272   | Cytogenetics, 3-5   | -           | X                         |
| 88273   | Cytogenetics, 10-30   | -           | X                         |
| 88274   | Cytogenetics, 25-99   | -           | X                         |
| 88275   | Cytogenetics, 100-300   | -           | X                         |
| 88280   | Chromosome karyotype study  | -           | X                         |
| 88283   | Chromosome banding study  | -           | X                         |
| 88285   | Chromosome count, additional  | -           | X                         |
| 88289   | Chromosome study, additional  | -           | X                         |
| 88291   | Cyto/molecular report   | -           | X                         |
| 88299   | Cytogenetic study   | -           | X                         |
| 88399   | Surgical pathology procedure  | -           | X                         |
| 88749   | In vivo lab service   | -           | X                         |
| 89240   | Unlisted miscellaneous pathology test   | -           | X                         |
| 89250   | Fertilization of oocyte   | -           | X                         |
| 89254   | Oocyte identification   | -           | X                         |
| 89255   | Prepare embryo for transfer   | -           | X                         |
| 89259   | Cryopreservation, sperm   | -           | X                         |
| 89280   | Assisted oocyte fertilization, microtechnique; less than or equal to 10 oocytes                 | -           | X                         |
| 89281   | Assisted oocyte fertilization, microtechnique; greater than 10 oocytes                          | -           | X                         |
| 89290   | Biopsy, oocyte polar body or embryo blastomere, microtechnique; less than or equal to 5 embryos | -           | X                         |
| 89337   | Cryopreservation, mature oocyte(s)  | -           | X                         |
| 89398   | Unlisted reproductive medicine laboratory procedure   | -           | X                         |
| 90281   | Human ig, im  | X           | -                         |
| 90283   | Human ig, iv  | X           | -                         |
| 90287   | Botulinum antitoxin   | X           | -                         |
| 90288   | Botulism ig, iv   | X           | -                         |
| 90291   | Cmv ig, iv  | X           | -                         |
| 90384   | Rh ig, full-dose, im  | X           | -                         |

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| 90386   | Rh ig, iv  | X           | -                         |
| 90389   | Tetanus ig, im   | X           | -                         |
| 90399   | Immune globulin  | -           | X                         |
| 90658   | Flu vaccine, 3 yrs, im   | X           | -                         |
| 90723   | Dtap-hep b-ipv vaccine, im   | X           | -                         |
| 90738   | Japanese encephalitis virus vaccine, inactivated, for intramuscular use  | X           | -                         |
| 90748   | Hep b/hib vaccine, im  | X           | -                         |
| 90749   | Vaccine toxoid   | -           | X                         |
| 90863   | Pharmacologic mgmt w/psytch  | X           | -                         |
| 90875   | Psychophysiological therapy  | X           | -                         |
| 90876   | Psychophysiological therapy  | X           | -                         |
| 90882   | Environmental manipulation   | X           | -                         |
| 90901   | Biofeedback train, any meth  | -           | X                         |
| 90912   | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qualified health care professional contact with the patient   | -           | X*                        |
| 90913   | Biofeedback training, perineal muscles, anorectal or urethral sphincter, including emg and/or manometry, when performed; each additional 15 minutes of one-on-one physician or other qualified health care professional contact with the patient (list separately in addition to code for primary procedure) | -           | X*                        |
| 91113   | Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report  | -           | X                         |
| 91132   | Electrogastrography  | X           | -                         |
| 91133   | Electrogastrography w/test   | X           | -                         |
| 91299   | Gastroenterology procedure   | -           | X                         |
| 92145   | Corneal hysteresis deter   | X           | -                         |
| 92310   | Contact lens fitting   | X           | -                         |
| 92314   | Prescription of contact lens   | X           | -                         |
| 92340   | Fitting of spectacles  | X           | -                         |
| 92341   | Fitting of spectacles  | X           | -                         |
| 92342   | Fitting of spectacles  | X           | -                         |
| 92352   | Special spectacles fitting   | -           | X                         |
| 92353   | Special spectacles fitting   | -           | X                         |
| 92358   | Eye prosthesis service   | -           | X                         |
| 92370   | Repair & adjust spectacles   | X           | -                         |
| 92371   | Repair & adjust spectacles   | -           | X                         |
| 92499   | Eye service or procedure   | -           | X                         |
| 92507   | Speech/hearing therapy   | -           | X*                        |
| 92508   | Speech/hearing therapy   | -           | X*                        |
| 92526   | Oral function therapy  | -           | X*                        |
| 92551   | Pure tone hearing test, air  | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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|---|--|-------------|---------------------------|
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| 92590   | Hearing aid exam, one ear  | X           | -                         |
| 92591   | Hearing aid exam, both ears  | X           | -                         |
| 92592   | Hearing aid check, one ear   | X           | -                         |
| 92593   | Hearing aid check, both ears   | X           | -                         |
| 92594   | Electro hearing aid test, one  | X           | -                         |
| 92595   | Electro hearing aid test, both   | X           | -                         |
| 92607   | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t   | -           | X*                        |
| 92608   | Evaluation for prescription for speech-generating augmentative and alternative communication device, face-to-face with t   | -           | X*                        |
| 92609   | Therapeutic services for the use of speech-generating device, including programming and modification   | -           | X*                        |
| 92626   | Evaluation of auditory rehabilitation status; first hour   | -           | X                         |
| 92627   | Evaluation of auditory rehabilitation status; each additional 15 minutes (list separately in addition to code for primary)   | -           | X                         |
| 92630   | Auditory rehabilitation; pre-lingual hearing loss  | X           | -                         |
| 92633   | Auditory rehabilitation; post-lingual hearing loss   | X           | -                         |
| 92650   | Auditory evoked potentials; screening of auditory potential with broadband stimuli, automated analysis   | X           | -                         |
| 92700   | Unlisted otorhinolaryngological service or procedure   | -           | X                         |
| 93580   | Percutaneous transcatheter closure of congenital interatrial communication (ie, fontan fenestration, atrial septal defect)   | -           | X                         |
| 93702   | Bis xtracell fluid analysis  | -           | X                         |
| 93799   | Cardiovascular procedure   | -           | X                         |
| 93895   | Carotid intima atheroma eval   | X           | -                         |
| 93998   | Unlisted noninvasive vascular diagnostic study   | -           | X                         |
| 94799   | Pulmonary service/procedure  | -           | X                         |
| 95120   | Immunotherapy, one injection   | X           | -                         |
| 95125   | Immunotherapy, many antigens   | X           | -                         |
| 95130   | Immunotherapy, insect venom  | X           | -                         |
| 95131   | Immunotherapy, insect venoms   | X           | -                         |
| 95132   | Immunotherapy, insect venoms   | X           | -                         |
| 95133   | Immunotherapy, insect venoms   | X           | -                         |
| 95134   | Immunotherapy, insect venoms   | X           | -                         |
| 95199   | Allergy immunology services  | -           | X                         |
| 95941   | Cont intraop neurophys mntr  | X           | -                         |
| 95999   | Neurological procedure   | -           | X                         |
| 96110   | Developmental screening, with interpretation and report, per standardized instrument form  | X           | -                         |
| 96170   | Health behavior intervention, family (without the patient present), face-to-face; initial 30 minutes   | X           | -                         |
| 96171   | Health behavior intervention, family (without the patient present), face-to-face; each additional 15 minutes (list separately in addition to code for primary service) | X           | -                         |

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| Codes   | Description   | Not Covered | Preauthorization Required |
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| 96379   | Unlisted therapeutic, prophylactic, or diagnostic intravenous or intra-arterial injection or infusion   | -           | X                         |
| 96549   | Chemotherapy, unspecified   | -           | X                         |
| 96999   | Dermatological procedure  | -           | X                         |
| 97010   | Hot or cold packs therapy   | -           | X*                        |
| 97012   | Mechanical traction therapy   | -           | X*                        |
| 97014   | Electric stimulation therapy  | X           | -                         |
| 97016   | Vasopneumatic device therapy  | -           | X*                        |
| 97018   | Paraffin bath therapy   | -           | X*                        |
| 97022   | Whirlpool therapy   | -           | X*                        |
| 97024   | Diathermy treatment   | -           | X*                        |
| 97026   | Infrared therapy  | X           | -                         |
| 97028   | Ultraviolet therapy   | -           | X*                        |
| 97032   | Electrical stimulation  | -           | X*                        |
| 97033   | Electric current therapy  | X           | -                         |
| 97034   | Contrast bath therapy   | -           | X*                        |
| 97035   | Ultrasound therapy  | -           | X*                        |
| 97036   | Hydrotherapy  | -           | X*                        |
| 97037   | Application of a modality to 1 or more areas; low-level laser therapy (ie, nonthermal and non-ablative) for post-operative pain reduction   | X           | -                         |
| 97039   | Physical therapy treatment  | -           | X*                        |
| 97110   | Therapeutic exercises   | -           | X*                        |
| 97112   | Neuromuscular reeducation   | -           | X*                        |
| 97113   | Aquatic therapy/exercises   | -           | X*                        |
| 97116   | Gait training therapy   | -           | X*                        |
| 97124   | Massage therapy   | -           | 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   | -           | X*                        |
| 97130   | 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*                        |
| 97139   | Physical medicine procedure   | -           | X*                        |
| 97140   | Manual therapy  | -           | X*                        |
| 97150   | Group therapeutic procedures  | -           | X*                        |
| 97151   | Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care  | X           | -                         |

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| 97152   | Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with | X           | -                         |
| 97153   | Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patie | X           | -                         |
| 97154   | Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two | X           | -                         |
| 97155   | Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech | X           | -                         |
| 97156   | Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with gua | X           | -                         |
| 97157   | Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face w | X           | -                         |
| 97158   | Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each  | X           | -                         |
| 97161   | Physical therapy evaluation: low complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination o | -           | X*                        |
| 97162   | Physical therapy evaluation: moderate complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examin   | -           | X*                        |
| 97163   | Physical therapy evaluation: high complexity, requiring these components: a history with no personal factors and/or comorbidities that impact the plan of care; an examination  | -           | X*                        |
| 97164   | Re-evaluation of physical therapy, established plan of care, requiring these components: an examination, including a review of history and use of standardized tests and measur | -           | X*                        |
| 97165   | Occupational therapy evaluation, low complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history includin   | -           | X*                        |
| 97166   | Occupational therapy evaluation, moderate complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history incl  | -           | X*                        |
| 97167   | Occupational therapy evaluation, high complexity, requiring these components: an occupational profile and medical and therapy history, which includes a brief history includin  | -           | X*                        |
| 97168   | Reevaluation of occupational therapy established plan of care, requiring these components: an assessment of changes in patient functional or medical status with revised plan   | -           | X*                        |
| 97169   | Athletic training evaluation, low complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; an ex     | X           | -                         |
| 97170   | Athletic training evaluation, moderate complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; a    | X           | -                         |
| 97171   | Athletic training evaluation, high complexity, requiring these components: a history and physical activity profile with no comorbidities that affect phsical activity; an e     | X           | -                         |
| 97172   | Reevaluation of athletic training established plan of care, requiring these components: an assessment of patient's current functional status when there is a documented chang   | X           | -                         |
| 97530   | Therapeutic activities  | -           | X*                        |

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\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
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| 97533   | Sensory integration   | -           | X*                        |
| 97537   | Community/work reintegration  | -           | X*                        |
| 97542   | Wheelchair mngment training   | -           | X*                        |
| 97545   | Work hardening  | X           | -                         |
| 97546   | Work hardening add-on   | X           | -                         |
| 97799   | Physical medicine procedure   | -           | X                         |
| 97810   | Acupuncture, one or more needles, without electrical stimulation; init 15 min personal contact with the patient   | X           | -                         |
| 97811   | Acupuncture, one or more needles, without electrical stimulation; ea addl 15 min, w re-insertion of needle(s)   | X           | -                         |
| 97813   | Acupuncture, one or more needles, w electrical stimulation; initial 15 min of personal contact w the patient  | X           | -                         |
| 97814   | Acupuncture, one or more needles, w electrical stimulation; ea addl 15 min, w re-insertion of needle(s)   | X           | -                         |
| 98000   | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded.   | X           | -                         |
| 98001   | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.   | X           | -                         |
| 98002   | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.  | X           | -                         |
| 98003   | Synchronous audio-video visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.  | X           | -                         |
| 98004   | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and straightforward medical decision making. When using total time on the date of the encounter for code selection, 10 minutes must be met or exceeded.                                    | X           | -                         |
| 98005   | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and low medical decision making. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.  | X           | -                         |
| 98006   | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and moderate medical decision making. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.   | X           | -                         |
| 98007   | Synchronous audio-video visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination and high medical decision making. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.   | X           | -                         |
| 98008   | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 15 minutes must be met or exceeded. | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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|---|---|-------------|---------------------------|
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| 98009   | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded.               | X           | -                         |
| 98010   | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 45 minutes must be met or exceeded.          | X           | -                         |
| 98011   | Synchronous audio-only visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 60 minutes must be met or exceeded.              | X           | -                         |
| 98012   | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, straightforward medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 10 minutes must be exceeded. | X           | -                         |
| 98013   | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, low medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 20 minutes must be met or exceeded.      | X           | -                         |
| 98014   | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, moderate medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 30 minutes must be met or exceeded. | X           | -                         |
| 98015   | Synchronous audio-only visit for the evaluation and management of an established patient, which requires a medically appropriate history and/or examination, high medical decision making, and more than 10 minutes of medical discussion. When using total time on the date of the encounter for code selection, 40 minutes must be met or exceeded.     | X           | -                         |
| 98940   | Chiropractic manipulation   | -           | X*                        |
| 98941   | Chiropractic manipulation   | -           | X*                        |
| 98942   | Chiropractic manipulation   | -           | X*                        |
| 98943   | Chiropractic manipulation   | X           | -                         |
| 98966   | Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis  | X           | -                         |
| 98967   | Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis  | X           | -                         |
| 98968   | Telephone assessment and management service provided by a qualified nonphysician health care professional to an establis  | X           | -                         |
| 99026   | Hospital mandated on call service; in-hospital, each hour   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 99027   | Hospital mandated on call service; out-of-hospital, each hour   | X           | -                         |
| 99075   | Medical testimony   | X           | -                         |
| 99172   | Ocular function screen  | X           | -                         |
| 99173   | Visual acuity screen  | X           | -                         |
| 99174   | Ocular photoscreening with interpretation and report, bilateral   | X           | -                         |
| 99177   | Instrument-based ocular screening (eg, photoscreening, automated-refraction), bilateral; with on-site analysis  | X           | -                         |
| 99183   | Hyperbaric oxygen therapy   | -           | X                         |
| 99188   | App topical fluoride varnish  | X           | -                         |
| 99199   | Special service/proc/report   | -           | X                         |
| 99241   | Office consultation   | X           | -                         |
| 99242   | Office consultation   | X           | -                         |
| 99243   | Office consultation   | X           | -                         |
| 99244   | Office consultation   | X           | -                         |
| 99245   | Office consultation   | X           | -                         |
| 99251   | Initial inpatient consult   | X           | -                         |
| 99252   | Initial inpatient consult   | X           | -                         |
| 99253   | Initial inpatient consult   | X           | -                         |
| 99254   | Initial inpatient consult   | X           | -                         |
| 99255   | Initial inpatient consult   | X           | -                         |
| 99358   | Prolonged evaluation and management service before and/or after direct patient care; first hour   | X           | -                         |
| 99359   | Prolonged evaluation and management service before and/or after direct patient care; each additional 30 minutes (list separately in addition to code for prolonged service)   | X           | -                         |
| 99375   | Home health care supervision  | X           | -                         |
| 99378   | Hospice care supervision  | X           | -                         |
| 99401   | Preventive counseling, indiv  | X           | -                         |
| 99402   | Preventive counseling, indiv  | X           | -                         |
| 99403   | Preventive counseling, indiv  | X           | -                         |
| 99404   | Preventive counseling, indiv  | X           | -                         |
| 99408   | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)  | X           | -                         |
| 99409   | Alcohol and/or substance (other than tobacco) abuse structured screening (eg, audit, dast), and brief intervention (sbi)  | X           | -                         |
| 99411   | Preventive counseling, group  | X           | -                         |
| 99412   | Preventive counseling, group  | X           | -                         |
| 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) | X           | -                         |

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| 99418   | Prolonged inpatient or observation evaluation and management service(s) time with or without direct patient contact beyond the required time of the primary service when the primary service level has been selected using total time, each 15 minutes of total time (list separately in addition to the code of the inpatient and observation evaluation and management service) | X           | -                         |
| 99429   | Unlisted preventive service   | X           | -                         |
| 99441   | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o  | X           | -                         |
| 99442   | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o  | X           | -                         |
| 99443   | Telephone evaluation and management service provided by a physician to an established patient, parent, or guardian not o  | X           | -                         |
| 99450   | Life/disability evaluation  | X           | -                         |
| 99499   | Unlisted e&m service  | -           | X                         |
| 99500   | Home visit for prenatal assessment inc fetal heart rate, non-stress test, uterine monitoring, and diabetes monitoring   | X           | -                         |
| 99501   | Home visit for postnatal assessment and follow-up care  | X           | -                         |
| 99502   | Home visit for newborn care and assessment  | X           | -                         |
| 99503   | Home visit for respiratory therapy care (eg, bronchodilator, oxygen therapy, respiratory assessment, apnea evaluation)  | X           | -                         |
| 99504   | Home visit for mechanical ventilation care  | X           | -                         |
| 99505   | Home visit for stoma care and maintenance including colostomy and cystostomy  | X           | -                         |
| 99506   | Home visit for intramuscular injections   | X           | -                         |
| 99507   | Home visit for care and maintenance of catheter(s) (eg, urinary, drainage, and enteral)   | X           | -                         |
| 99509   | Home visit for assistance with activities of daily living and personal care   | X           | -                         |
| 99510   | Home visit for individual, family, or marriage counseling   | X           | -                         |
| 99511   | Home visit for fecal impaction management and enema administration  | X           | -                         |
| 99512   | Home visit for hemodialysis, per diem   | X           | -                         |
| 99600   | Unlisted home visit service or procedure  | X           | -                         |
| 99605   | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen  | X           | -                         |
| 99606   | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen  | X           | -                         |
| 99607   | Medication therapy management service(s) provided by a pharmacist, individual, face-to-face with patient, with assessmen  | X           | -                         |
| 0001A   | Adm sarscov2 30mcg/0.3ml 1st  | X           | -                         |
| 0001F   | Heart failure assessed (includes assessment of all the following components) (cad)  | X           | -                         |
| 0001U   | Rbc dna hea 35 ag 11 bld grp whl bld cmn allel  | -           | X                         |
| 0002A   | Adm sarscov2 30mcg/0.3ml 2nd  | X           | -                         |
| 0002M   | Liver disease, 10 biochem assays  | -           | X                         |

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| 0003A   | Adm sarscov2 30mcg/0.3ml 3rd   | X           | -                         |
| 0003M   | Liver disease, 10 biochem assays   | -           | X                         |
| 0003U   | Onc ovarian assay 5 proteins serum alg scor  | -           | X                         |
| 0004A   | Adm sarscov2 30mcg/0.3ml bst   | X           | -                         |
| 0005F   | Osteoarthritis assessed (oa)   | X           | -                         |
| 0005U   | Onco prst8 3 gene ur alg   | -           | X                         |
| 0008U   | Helicobacter pylori detection and antibiotic resistance, dna, 16s and 23s rna, gyra, pbp1, rdx and rpoB, next generation sequencing, formalin-fixed paraffin-embedded or fres                                  | X           | -                         |
| 0009U   | Oncology (breast cancer), erbb2 (her2) copy number by fish, tumor cells from formalin-fixed paraffin-embedded tissue isolated using image-based dielectrophoresis (dep) sorting                                | -           | X                         |
| 0010U   | Infectious disease (bacterial), strain typing by whole genome sequencing, phylogenetic-based report of strain relatedness, per submitted isolate   | -           | X                         |
| 0011A   | Adm sarscov2 100mcg/0.5ml1st   | X           | -                         |
| 0011M   | Onc prst8 ca mrna 12 genes bld plsm &/ur alg   | -           | X                         |
| 0012A   | Adm sarscov2 100mcg/0.5ml2nd   | X           | -                         |
| 0012F   | Community acquired bacterial pneumonia assessed (cap)  | X           | -                         |
| 0012M   | Onc mrna 5 genes ur alg risk urothelial cancer   | -           | X                         |
| 0012U   | Germline disorders, gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood, report of specific gene rearrangement(s)  | -           | X                         |
| 0013A   | Adm sarscov2 100mcg/0.5ml3rd   | X           | -                         |
| 0013M   | Onc mrna 5 genes ur alg risk recr urothelial ca  | -           | X                         |
| 0013U   | 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                                | -           | X                         |
| 0014F   | Comprehensive preoperative assessment performed for cataract surgery with intraocular lens (iol) placement (includes ass   | X           | -                         |
| 0014U   | Hematology (hematolymphoid neoplasia), gene rearrangement detection by whole genome next-generation sequencing, dna, whole blood or bone marrow, report of specific gene rearra                                | -           | X                         |
| 0015F   | Melanoma follow up completed (includes assessment of all of the following components) (ml)5: history obtained regarding  | X           | -                         |
| 0016M   | Onc bladder mrna 219 gen alg   | -           | X                         |
| 0016U   | Oncology (hematolymphoid neoplasia), rna, bcr/abl1 major and minor breakpoint fusion transcripts, quantitative pcr amplification, blood or bone marrow, report of fusion not                                   | -           | X                         |
| 0017M   | Oncology (diffuse large b-cell lymphoma [dlbcl]), mrna, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffinembedded tissue, algorithm reported as cell of origin | -           | X                         |
| 0017U   | Oncology (hematolymphoid neoplasia), jak2 mutation, dna, pcr amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of jak2 mutation not detected or                                 | -           | X                         |
| 0018M   | Trnsplj rnl meas cd154+cil   | X           | -                         |
| 0019M   | Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer-based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations                              | X           | -                         |

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| 0018U   | 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   | -           | X                         |
| 0019U   | Oncology, rna, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential   | -           | X                         |
| 0020M   | Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as probability of matching a reference tumor subclass | -           | X                         |
| 0021U   | Oncology (prostate), detection of 8 autoantibodies (arf 6, nkx3-1, 5 $\beta$ -utr-bmi1, cep 164, 3 $\beta$ -utr-ropporin, desmocollin, aurkaip-1, csnk2a2), multiplexed immunoassay and flow                                   | -           | X                         |
| 0023U   | Oncology (acute myelogenous leukemia), dna, genotyping of internal tandem duplication, p.d835, p.i836, using mononuclear cells, reported as detection or non-detection of flt3   | -           | X                         |
| 0026U   | Onc thyr dna&mrna 112 genes fna ndul alg alys  | -           | X                         |
| 0027U   | Jak2 gene analysis trgt seq alys exons 12-15   | -           | X                         |
| 0029U   | Rx metab advrs rx rxn & rspse trgt seq alys  | -           | X                         |
| 0030U   | Rx metab warfarin rx response trgt seq alys  | -           | X                         |
| 0031U   | Cyp1a2 gene analysis common variants   | -           | X                         |
| 0032U   | Comt gene analysis c.472g>a variant  | -           | X                         |
| 0033U   | Htr2a htr2c gene analysis common variants  | -           | X                         |
| 0034U   | Tpmt nudt15 gene analysis common variants  | -           | X                         |
| 0036U   | Exome (i.e., somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses   | -           | X                         |
| 0037U   | Trgt gen seq alys sld orgn neo dna 324 genes   | -           | X                         |
| 0040U   | Bcr/abl1 (t (9;22)) (e.g., chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative  | -           | X                         |
| 0045U   | Onc brst dux carc is mrna 12 genes alg rsk scor  | -           | X                         |
| 0046U   | Flt3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (itd) variants, quantitative   | -           | X                         |
| 0047U   | Onc prst8 mrna gen xprs prfl 17 gen alg rsk scor   | -           | X                         |
| 0048U   | Onc sld org neo dna 468 cancer associated genes  | -           | X                         |
| 0049U   | Npm1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative  | -           | X                         |
| 0050U   | Targeted genomic sequence analysis panel, acute myelogenous leukemia, dna analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements   | -           | X                         |
| 0051A   | Adm sarscv2 30mcg trs-sucr 1   | X           | -                         |
| 0052A   | Adm sarscv2 30mcg trs-sucr 2   | X           | -                         |
| 0053A   | Adm sarscv2 30mcg trs-sucr 3   | X           | -                         |
| 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  | -           | X                         |
| 0054A   | Adm sarscv2 30mcg trs-sucr b   | X           | -                         |

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| 0054T   | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on fluoroscopic   | X           | -                         |
| 0055T   | Computer-assisted musculoskeletal surgical navigational orthopedic procedure, with image-guidance based on ct/mri images  | X           | -                         |
| 0055U   | Cardiology (heart transplant), cell-free dna, pcr assay of 96 dna target sequences (94 single nucleotide polymorphism targets and two control targets), plasma                  | -           | X                         |
| 0056U   | Hem aml dna gene rearrangement blood/bone marrow  | -           | X                         |
| 0060U   | Twin zygosity, genomic targeted sequence analysis of chromosome 2, using circulating cell-free fetal dna in maternal blood  | X           | -                         |
| 0064A   | Adm sarscov2 50mcg/0.25mlbst  | X           | -                         |
| 0070U   | Cyp2d6 gen com&slct rar vnt   | -           | X                         |
| 0071A   | Adm sarscv2 10mcg trs-sucr 1  | X           | -                         |
| 0071T   | Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of   | X           | -                         |
| 0071U   | Cyp2d6 full gene sequence   | -           | X                         |
| 0072A   | Adm sarscv2 10mcg trs-sucr 2  | X           | -                         |
| 0072T   | Focused ultrasound ablation of uterine leiomyomata, including mr guidance: total leiomyomata volume less than 200 cc of   | X           | -                         |
| 0072U   | Cyp2d6 gen cyp2d6-2d7 hybrid  | -           | X                         |
| 0073A   | Adm sarscv2 10mcg trs-sucr 3  | X           | -                         |
| 0073U   | Cyp2d6 gen cyp2d7-2d6 hybrid  | -           | X                         |
| 0074A   | Adm sarscv2 10mcg trs-sucr b  | X           | -                         |
| 0074U   | Cyp2d6 nonduplicated gene   | -           | X                         |
| 0075U   | Cyp2d6 5' gene dup/mlt  | -           | X                         |
| 0076U   | Cyp2d6 3' gene dup/mlt  | -           | X                         |
| 0079U   | Comparative dna analysis using multiple selected single-nucleotide polymorphisms (snps), urine and buccal dna, for specimen identity verification                               | -           | X                         |
| 0081A   | Adm sarscv2 3mcg trs-sucr 1   | X           | -                         |
| 0082A   | Adm sarscv2 3mcg trs-sucr 2   | X           | -                         |
| 0083A   | Adm sarscv2 3mcg trs-sucr 3   | X           | -                         |
| 0084U   | Red blood cell antigen typing, dna, genotyping of 10 blood groups with phenotype prediction of 37 red blood cell antigens   | -           | X                         |
| 0087U   | Cardiology (heart transplant), mrna gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro | -           | X                         |
| 0088U   | Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probabil | -           | X                         |
| 0089U   | Oncology (melanoma), gene expression profiling by rtqpcr, prame and linc00518, superficial collection using adhesive patch(es)  | -           | X                         |

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| 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 | -           | X                         |
| 0091A   | Adm sarscov2 50 mcg/.5 ml1st  | X           | -                         |
| 0092A   | Adm sarscov2 50 mcg/.5 ml2nd  | X           | -                         |
| 0093A   | Adm sarscov2 50 mcg/.5 ml3rd  | X           | -                         |
| 0094A   | Adm sarscov2 50 mcg/.5 mlbst  | X           | -                         |
| 0094U   | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis  | -           | X                         |
| 0095T   | Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (list sepa  | -           | X                         |
| 0098T   | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa  | X           | -                         |
| 0100T   | Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retina   | X           | -                         |
| 0101T   | Extracorporeal shock wave involving musculoskeletal system, not otherwise specified; high energy  | X           | -                         |
| 0101U   | Hereditary colon cancer disorders (eg, lynch syndrome, pten hamartoma syndrome, cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a  | -           | X                         |
| 0102T   | Extracorporeal shock wave, high energy, performed by a physician, requiring anesthesia other than local, involving later  | X           | -                         |
| 0102U   | Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing  | -           | X                         |
| 0103U   | Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of ngs, sanger, mlpa, and arr | -           | X                         |
| 0105U   | Neph ckd mult eclia tum nec   | -           | X                         |
| 0106T   | Quantitative sensory testing (qst), testing and interpretation per extremity; using touch pressure stimuli to assess lar  | X           | -                         |
| 0107T   | Quantitative sensory testing (qst), testing and interpretation per extremity; using vibration stimuli to assess large di  | X           | -                         |
| 0108T   | Quantitative sensory testing (qst), testing and interpretation per extremity; using cooling stimuli to assess small nerv  | X           | -                         |
| 0109T   | Quantitative sensory testing (qst), testing and interpretation per extremity; using heat-pain stimuli to assess small n   | X           | -                         |
| 0110T   | Quantitative sensory testing (qst), testing and interpretation per extremity; using other stimuli to assess sensation   | X           | -                         |
| 0111A   | Adm sarscov2 25mcg/0.25ml1st  | X           | -                         |
| 0111U   | Onc colon ca kras&nras alys   | -           | X                         |
| 0112A   | Adm sarscov2 25mcg/0.25ml2nd  | X           | -                         |
| 0112U   | ladi 16s&18s rna genes  | -           | X                         |
| 0113A   | Adm sarscov2 25mcg/0.25ml3rd  | X           | -                         |
| 0113U   | Onc prst8 pca3&tprss2- erg  | -           | X                         |

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| 0114U   | Gi barretts esoph vim&ccna1  | X           | -                         |
| 0115U   | Respir iadna 18 viral&2 bact   | -           | X                         |
| 0118U   | Trnsply don-drv cll-fr dna   | -           | X                         |
| 0120U   | Onc b cll lymphm mrna 58 gen   | -           | X                         |
| 0129U   | Hered brst ca rlted do panel   | -           | X                         |
| 0130U   | Hered colon ca do mrna pnl   | -           | X                         |
| 0131U   | Hered brst ca rlted do pnl 13  | -           | X                         |
| 0132U   | Hered ova ca rlted do pnl 17   | -           | X                         |
| 0133U   | Hered prst8 ca rlted do 11   | -           | X                         |
| 0134U   | Hered pan ca mrna pnl 18 gen   | -           | X                         |
| 0135U   | Hered gyn ca mrna pnl 12 gen   | -           | X                         |
| 0136U   | Atm mrna seq alys  | -           | X                         |
| 0137U   | Palb2 mrna seq alys  | -           | X                         |
| 0138U   | Brca1 brca2 mrna seq alys  | -           | X                         |
| 0153U   | Onc breast mrna 101 genes  | -           | X                         |
| 0154U   | Fgfr3 gene analysis  | -           | X                         |
| 0155U   | Pik3ca gene analysis   | -           | X                         |
| 0157U   | Apc mrna seq alys  | -           | X                         |
| 0158U   | Mlh1 mrna seq alys   | -           | X                         |
| 0159U   | Msh2 mrna seq alys   | -           | X                         |
| 0160U   | Msh6 mrna seq alys   | -           | X                         |
| 0161U   | Pms2 mrna seq alys   | -           | X                         |
| 0162U   | Hered colon ca trgt mrna pnl   | -           | X                         |
| 0163T   | Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for | X           | -                         |
| 0164T   | Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (list separ | -           | X                         |
| 0165T   | Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa | X           | -                         |
| 0171U   | Trgt gen seq alys pnl dna 23   | -           | X                         |
| 0172U   | Onc sld tum alys brca1 brca2   | -           | X                         |
| 0174U   | Onc solid tumor 30 prtn trgt   | -           | X                         |
| 0177U   | Onc brst ca dna pik3ca 11  | -           | X                         |
| 0178U   | Peanut allg asmt epi clin rx   | -           | X                         |
| 0179U   | Onc nonsm cll lng ca alys 23   | X           | -                         |
| 0180U   | Abo gnotyp abo 7 exons   | X           | -                         |
| 0181U   | Co gnotyp aqp1 exon 1  | X           | -                         |
| 0182U   | Crom gnotyp cd55 exons 1-10  | X           | -                         |
| 0183U   | Di gnotyp slc4a1 exon 19   | X           | -                         |

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| 0184U   | Do gnotyp art4 exon 2   | X           | -                         |
| 0185U   | Fut1 gnotyp fut1 exon 4   | X           | -                         |
| 0186U   | Fut2 gnotyp fut2 exon 2   | X           | -                         |
| 0187U   | Fy gnotyp ackr1 exons 1-2   | X           | -                         |
| 0188U   | Ge gnotyp gypc exons 1-4  | X           | -                         |
| 0189U   | Gypa gnotyp ntrns 1 5 exon 2  | X           | -                         |
| 0190U   | Gypb gnotyp ntrns 1 5 seux 3  | X           | -                         |
| 0191U   | In gnotyp cd44 exons 2 3 6  | X           | -                         |
| 0192U   | Jk gnotyp slc14a1 exon 9  | X           | -                         |
| 0193U   | Jr gnotyp abcg2 exons 2-26  | X           | -                         |
| 0194U   | Kel gnotyp kel exon 8   | X           | -                         |
| 0195U   | Klf1 targeted sequencing  | X           | -                         |
| 0196U   | Lu gnotyp bcam exon 3   | X           | -                         |
| 0197U   | Lw gnotyp icam4 exon 1  | X           | -                         |
| 0198T   | Measurement of ocular blood flow by repetitive intraocular pressure sampling, with interpretation and report  | X           | -                         |
| 0198U   | Rhd&rhce gntyp rhd1-10&rhce5  | X           | -                         |
| 0199U   | Sc gnotyp ermap exons 4 12  | X           | -                         |
| 0200T   | Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical de  | X           | -                         |
| 0200U   | Xk gnotyp xk exons 1-3  | X           | -                         |
| 0201T   | Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical devic  | X           | -                         |
| 0201U   | Yt gnotyp ache exon 2   | X           | -                         |
| 0202T   | Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin  | X           | -                         |
| 0202U   | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected. | X           | -                         |
| 0204U   | Onc thyr mrna xprsn alys 593  | -           | X                         |
| 0205U   | Oph amd alys 3 gene variants  | -           | X                         |
| 0207T   | Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral   | X           | -                         |
| 0209U   | Cytog const alys interrog   | -           | X                         |
| 0211U   | Onc pan-tum dna&rna gnrj seq  | -           | X                         |
| 0212U   | Rare ds gen dna alys proband  | -           | X                         |
| 0213T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | X           | -                         |
| 0213U   | Rare ds gen dna alys ea comp  | -           | X                         |
| 0214T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi  | X           | -                         |

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| 0214U   | Rare ds xom dna alys proband   | -           | X                         |
| 0215T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   | X           | -                         |
| 0215U   | Rare ds xom dna alys ea comp   | -           | X                         |
| 0216T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   | X           | -                         |
| 0216U   | Neuro inh ataxia dna 12 com  | -           | X                         |
| 0217T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   | X           | -                         |
| 0217U   | Neuro inh ataxia dna 51 gene   | -           | X                         |
| 0218T   | Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi   | X           | -                         |
| 0218U   | Neuro musc dys dmd seq alys  | -           | X                         |
| 0219T   | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)  | X           | -                         |
| 0220T   | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)  | X           | -                         |
| 0221T   | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)  | X           | -                         |
| 0221U   | Abo gnotyp next gnrj seq abo   | -           | X                         |
| 0222T   | Placement of posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)  | X           | -                         |
| 0222U   | Rhd&rhce gntyp next gnrj seq   | -           | X                         |
| 0223U   | Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected.                              | X           | -                         |
| 0225U   | Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected | X           | -                         |
| 0227U   | Rx asy prsmv 30+rx/metablt   | X           | -                         |
| 0228U   | Onc prst8 ma molec prfl alg  | -           | X                         |
| 0229U   | Bcat1 promoter mthyltn alys  | -           | X                         |
| 0230U   | Ar full sequence analysis  | -           | X                         |
| 0231U   | Cacna1a full gene analysis   | -           | X                         |
| 0232T   | Injection(s), platelet rich plasma, any tissue, including image guidance, harvesting and preparation when performed  | X           | -                         |
| 0232U   | Cstb full gene analysis  | -           | X                         |
| 0233U   | Fxn gene analysis  | -           | X                         |
| 0234T   | Trluml perip athrc renal art   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 0234U   | Mecp2 full gene analysis  | -           | X                         |
| 0235T   | Trlum1 perip athrc visceral   | X           | -                         |
| 0235U   | Pten full gene analysis   | -           | X                         |
| 0236T   | Trlum1 perip athrc abd aorta  | X           | -                         |
| 0236U   | Smn1&smn2 full gene analysis  | -           | X                         |
| 0237T   | Trlum1 perip athrc brchiocph  | X           | -                         |
| 0237U   | Car ion chnlpthy gen seq pnl  | -           | X                         |
| 0238T   | Trlum1 perip athrc iliac art  | X           | -                         |
| 0238U   | Onc Inch syn gen dna seq aly  | -           | X                         |
| 0239U   | Trgt gen seq alys pnl 311+  | -           | X                         |
| 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  | -           | X                         |
| 0244U   | Oncology (solid organ), dna, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffinembedded tumor tissue | -           | X                         |
| 0245U   | Oncology (thyroid), mutation analysis of 10 genes and 37 rna fusions and expression of 4 mrna markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage   | -           | X                         |
| 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   | -           | X                         |
| 0250U   | Onc sld org neo dna 505 gene  | -           | X                         |
| 0252U   | Ftl aneuploidy str alys dna   | -           | X                         |
| 0253T   | Insert aqueous drain device   | X           | -                         |
| 0253U   | Rprdtve med rna gen prfl 238  | -           | X                         |
| 0254U   | Reprdtve med alys 24 chrmsm   | -           | X                         |
| 0256U   | Tma/tmao prfl ms/ms ur alg  | X           | -                         |
| 0257U   | Vl cad leuk nzm actv whl bld  | X           | -                         |
| 0259U   | Neph ckd nuc mrs meas gfr   | X           | -                         |
| 0260U   | Rare ds id opt genome mapg  | -           | X                         |
| 0261U   | Onc clrcr ca img alys w/ai  | X           | -                         |
| 0262U   | Onc sld tum rtPCR 7 gen   | -           | X                         |
| 0263T   | Im autol b1 mrw cel ther 1 leg compl incl hrvt  | X           | -                         |
| 0263U   | Neuro asd meas 16 c metblt  | X           | -                         |
| 0264T   | Im autol b1 mrw cel ther 1 leg compl xcl hrvt   | X           | -                         |
| 0264U   | Rare ds id opt genome mapg  | -           | X                         |
| 0265T   | Im autol b1 mrw cel ther uni/bi hrvt only   | X           | -                         |
| 0265U   | Rar do whl gn&mtcdrl dna als  | -           | X                         |
| 0266T   | Impltj/rplcmt crtd sns brorflx actv dev tot sys   | X           | -                         |
| 0266U   | Unxpl cnst hrtbl do gn xprsn  | -           | X                         |

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| 0267T   | Impltj/rplcmt crtd sns brorflx actv dev lead uni   | X           | -                         |
| 0267U   | Rare do id opt gen mapg&seq  | -           | X                         |
| 0268T   | Impltj/rplcmt crtd sns brorflx actv dev pls gen  | X           | -                         |
| 0268U   | Hem ahus gen seq alys 15 gen   | -           | X                         |
| 0269U   | Hem aut dm cgen trmbctpna 14   | -           | X                         |
| 0270U   | Hem cgen coagj do 20 genes   | -           | X                         |
| 0271U   | Hem cgen neutropenia 23 gen  | -           | X                         |
| 0272T   | Interrogation eval crtd sns brorflx actv sys   | X           | -                         |
| 0272U   | Hem genetic bld do 51 genes  | -           | X                         |
| 0273T   | Interrogation eval crtd sns brorflx w/progrmg  | X           | -                         |
| 0273U   | Hem gen hyprfibrnlysis 8 gen   | -           | X                         |
| 0274T   | Perq lamot/lam any meth single/mlt lvl crv/thrc  | X           | -                         |
| 0274U   | Hem gen plltl do 43 genes  | -           | X                         |
| 0275T   | Perq lamot/lam any meth single/mlt lvl lumbar  | -           | X                         |
| 0275U   | Hem heprn nduc trmbctpna srm   | X           | -                         |
| 0276U   | Hem inh thrombocytopenia 23  | -           | X                         |
| 0277U   | Hem gen plltl funcj do 31  | -           | X                         |
| 0278T   | Transcutaneous electrical modulation pain reprocessing (eg, scrambler therapy), each treatment session (includes placement of electrodes). | X           | -                         |
| 0278U   | Hem gen thrombosis 12 genes  | -           | X                         |
| 0279U   | Hem vw factor&clgn iii bndg  | X           | -                         |
| 0280U   | Hem vw factor&clgn iv bndg   | X           | -                         |
| 0281U   | Hem vwd propeptide ag lvl  | X           | -                         |
| 0282U   | Rbc dna gntyp 12 bld grp gen   | X           | -                         |
| 0283U   | Vw factor type 2b eval plsm  | X           | -                         |
| 0284U   | Vw factor type 2n eval plsm  | X           | -                         |
| 0285U   | Onc rsps radj cll fr dna tox   | -           | X                         |
| 0286U   | Cep72 nudt15&tpmt gene alys  | -           | X                         |
| 0287U   | Onc thyr dna&mrna 112 genes  | -           | X                         |
| 0288U   | Onc lung mrna quan pcr 11&3  | -           | X                         |
| 0295U   | Onc brst dux carc 7 proteins   | X           | -                         |
| 0296U   | Onc orl&/orop ca 20 mlc feat   | -           | X                         |
| 0297U   | Onc pan tum whl gen seq dna  | -           | X                         |
| 0298U   | Onc pan tum whl trns seq rna   | -           | X                         |
| 0299U   | Onc pan tum whl gen opt mapg   | -           | X                         |
| 0300U   | Onc pan tum whl gen seq&opt  | -           | X                         |
| 0301U   | Adna bartonella ddpcr  | X           | -                         |
| 0302U   | Adna brtnla ddpcr flwg liq   | X           | -                         |
| 0303U   | Hem rbc ads whl bld hypoxic  | X           | -                         |

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| 0304U   | Hem rbc ads whl bld normoxic   | X           | -                         |
| 0305U   | Hem rbc fnclty&dfrm shr strs   | X           | -                         |
| 0306U   | Onc mrd nxt-gnrj alys 1st  | -           | X                         |
| 0307U   | Onc mrd nxt-gnrj alys sbsq   | -           | X                         |
| 0308U   | Crđ cad alys 3 prtn plsm alg   | X           | -                         |
| 0309U   | Crđ cv ds aly 4 prtn plm alg   | X           | -                         |
| 0310U   | Ped vsclts kd alys 3 bmrks   | X           | -                         |
| 0311U   | Nfct ds bct quan antmcrb sc  | X           | -                         |
| 0312T   | Laps impltj nstim vagus  | X           | -                         |
| 0312U   | Ai ds sle alys 8 igg autoant   | X           | -                         |
| 0313T   | Vagus nerve blocking therapy (morbid obesity); laparoscopic removal of vagal trunk neurostimulator electrode array and pulse generator | X           | -                         |
| 0313U   | Onc pncrs dna&mrna seq 74  | -           | X                         |
| 0314U   | Onc cutan mlnma mrna 35 gene   | -           | X                         |
| 0315U   | Onc cutan sq cll ca mrna 40  | X           | -                         |
| 0316T   | Replc vagus nerve pls gen  | X           | -                         |
| 0316U   | B brgdrferi lyme ds ospa evl   | X           | -                         |
| 0317T   | Elec analysis vagus nerve pls gen  | X           | -                         |
| 0317U   | Onc lung ca 4-prb fish assay   | -           | X                         |
| 0318U   | Ped whl gen mthyltn alys 50+   | -           | X                         |
| 0319U   | Neph rna pretrnspl perph bld   | -           | X                         |
| 0320U   | Neph rna psttrnspl perph bld   | -           | X                         |
| 0321U   | Iadna gu pthgn 20bct&fng org   | X           | -                         |
| 0322U   | Neuro asd meas 14 acyl carn  | X           | -                         |
| 0323U   | Iadna cns pthgn next gen seq   | X           | -                         |
| 0324U   | Onc ovar sphrd cell 4 rx pnl   | X           | -                         |
| 0325U   | Onc ovar sphrd cell parp   | X           | -                         |
| 0326U   | Trgt gen seq alys pnl 83+  | -           | X                         |
| 0328U   | Drug assay 120+ rx&metablt   | X           | -                         |
| 0329T   | Mntr io press 24hrs/> uni/bi   | X           | -                         |
| 0329U   | Onc neo xome&trns seq alys   | -           | X                         |
| 0330T   | Tear film img uni/bi w/i&r   | X           | -                         |
| 0330U   | Iadna vag pthgn panel 27 org   | X           | -                         |
| 0331T   | Heart symp image plnr  | X           | -                         |
| 0331U   | Onc hl neo opt gen mapping   | -           | X                         |
| 0332T   | Heart symp image plnr spect  | X           | -                         |
| 0332U   | Onc pan tum gen prflg 8 dna  | -           | X                         |
| 0333T   | Visual ep acuity screen auto   | X           | -                         |
| 0333U   | Onc lvr surveilanc hcc cfdna   | -           | X                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| 0334U   | Onc sld orgn tgsa dna 84/+     | -           | X                         |
| 0335T   | Extraosseous joint stblzation  | X           | -                         |
| 0335U   | Rare ds whl gen seq fetal      | -           | X                         |
| 0336U   | Rare ds whl gen seq bld/slv    | -           | X                         |
| 0337U   | Onc plsm cell do & myeloma id  | X           | -                         |
| 0338T   | Trnscth renal symp denrv unl   | X           | -                         |
| 0338U   | Onc sld tum crcg tum cl slct   | X           | -                         |
| 0339T   | Trnscth renal symp denrv bil   | X           | -                         |
| 0339U   | Onc prst8 mrna hoxc6 & dlx1    | -           | X                         |
| 0340U   | Onc pan ca alys mrd plasma     | -           | X                         |
| 0341U   | Ftl aneup dna seq cmpr alys    | -           | X                         |
| 0342T   | Thxp apheresis w/hdl delip     | X           | -                         |
| 0342U   | Onc pncrtc ca mult ia eclia    | X           | -                         |
| 0343U   | Onc prst8 xom aly 442 snrna    | -           | X                         |
| 0344U   | Hep nafld semiq evl 28 lipid   | X           | -                         |
| 0346U   | Beta amyl aβ40 & aβ42 lc-ms/ms | X           | -                         |
| 0347T   | Ins bone device for rsa        | X           | -                         |
| 0348T   | Rsa spine exam                 | X           | -                         |
| 0349T   | Rsa upper extr exam            | X           | -                         |
| 0350T   | Rsa lower extr exam            | X           | -                         |
| 0351T   | Intraop oct brst/node spec     | X           | -                         |
| 0351U   | Nfct ds bct/viral trail ip10   | X           | -                         |
| 0352T   | Oct brst/node i&r per spec     | X           | -                         |
| 0353T   | Intraop oct breast cavity      | X           | -                         |
| 0353U   | Iadna chlmyd & gonorr amp prb  | X           | -                         |
| 0354T   | Oct breast surg cavity i&r     | X           | -                         |
| 0354U   | Hpv hi rsk qual mrna e6/e7     | X           | -                         |
| 0355U   | Apol1 risk variants            | -           | X                         |
| 0356U   | Onc orop 17 dna ddpccr alg     | -           | X                         |
| 0357U   | Onc mlnma ai quan alys 142     | X           | -                         |
| 0358T   | Bia whole body                 | X           | -                         |
| 0358U   | Neuro alys β-amyl 1-42&1-40    | X           | -                         |
| 0359U   | Onc prst8 ca alys all psa      | X           | -                         |
| 0361U   | Neurflmnt lt chn dig ia quan   | X           | -                         |
| 0362T   | Expose behav assessment        | X           | -                         |
| 0362U   | Onc pap thyr ca rna 82&10      | -           | X                         |
| 0363U   | Onc urthl mrna 5 gen alg       | -           | X                         |
| 0364U   | Onc hl neo gen seq alys alg    | -           | X                         |
| 0368U   | Onc clrct ca mut&mthyltn mrk   | -           | X                         |

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| 0369U   | Iadna gi pthgn 31 org&21 arg   | -           | X                         |
| 0370U   | Iadna surg wnd pthgn 34&21   | -           | X                         |
| 0371U   | Iadna gu pthgn semiq dna16&1   | -           | X                         |
| 0372U   | Nfct ds gu pthgn arg detcj   | -           | X                         |
| 0373T   | Exposure behavior treatment  | X           | -                         |
| 0373U   | Iadna rsp tr nfct 17 8 13&16   | -           | X                         |
| 0374U   | Iadna gu pthgn 21 org&21arg  | -           | X                         |
| 0375U   | Onc ovrn bchm asy 7 prtn alg   | -           | X                         |
| 0376U   | Onc prst8 ca img alys 128  | X           | -                         |
| 0377U   | Cv ds quan advsrm/plsm lprtn   | -           | X                         |
| 0378T   | Visual field assmnt rev/rprt   | X           | -                         |
| 0378U   | Rfc1 repeat xpnsj vrnt alys  | -           | X                         |
| 0379T   | Vis field assmnt tech suppt  | X           | -                         |
| 0379U   | Tgsap sl or neo dna523&rna55   | -           | X                         |
| 0380U   | Rx metb advrs trgt sq aly 20   | -           | X                         |
| 0381U   | Maple syrup ur ds mntr quan  | X           | -                         |
| 0382U   | Hyprphenylalninmia mntr quan   | X           | -                         |
| 0383U   | Tyrosinemia typ i mntr quan  | X           | -                         |
| 0384U   | Neph ckd rsk hi stg kdn ds   | X           | -                         |
| 0385U   | Neph ckd alg rsk dbtc kdn ds   | X           | -                         |
| 0386U   | Gi barrett esoph mthyltn aly   | X           | -                         |
| 0387U   | Onc mlnma ambra1&amlo  | X           | -                         |
| 0388U   | Onc nonsm cll lng ca 37 gen  | X           | -                         |
| 0389U   | Ped fbrl kd ifi27&mcemp1 rna   | X           | -                         |
| 0390U   | Ob pe kdr eng&rpb4 ia alg  | X           | -                         |
| 0391U   | Onc sld tum dna&rna 437 gen  | -           | X                         |
| 0392U   | Rx metab genrx ia 16 genes   | -           | X                         |
| 0393U   | Neu prksn msfl α-syncln prtn   | X           | -                         |
| 0394U   | Pfas 16 pfas compnd lc ms/ms   | X           | -                         |
| 0395U   | Onc lng multiomics plsm alg  | X           | -                         |
| 0396U   | Ob preimptlj tst 300000 dna  | X           | -                         |
| 0397T   | Endoscopic retrograde cholangiopancreatography (ercp), with optical endomicroscopy (list separately in addition to code for primary procedure)                                 | X           | -                         |
| 0398T   | Magnetic resonance image guided high intensity focused ultrasound (mrgfus), stereotactic ablation lesion, intracranial for movement disorder including stereotactic navigation | -           | X                         |
| 0398U   | Gi baret esph dna mthyltn aly  | X           | -                         |
| 0400U   | Ob xpnd car scr 145 genes  | -           | X                         |
| 0401U   | Crd c hrt ds 9 gen 12 vrnts  | X           | -                         |

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| 0409U   | Oncology (solid tumor), dna (80 genes) and rna (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number alterations, microsatellite instability, and fusions, report showing identified mutations with clinical actionability   | -           | X                         |
| 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   | -           | X                         |
| 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-11, if performed, formalin-fixed paraffinembedded (ffpe) tissue, reported as positive or negative for each biomarker  | -           | X                         |
| 0417U   | Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene analysis of 335 nuclear genes, including sequence changes, deletions, insertions, and copy number variants analysis, blood or saliva, identification and categorization of mitochondrial disorder-associated genetic variants | -           | X                         |
| 0419U   | Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype  | -           | X                         |
| 0403T   | Preventive behavior change, intensive program of prevention of diabetes using a standardized diabetes prevention program curriculum, provided to individuals in a group setting   | X           | -                         |
| 0408T   | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa   | X           | -                         |
| 0409T   | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa   | X           | -                         |
| 0410T   | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa   | X           | -                         |
| 0411T   | Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa   | X           | -                         |
| 0411U   | Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication analysis of CYP2D6  | -           | X                         |
| 0412T   | Removal of permanent cardiac contractility modulation system; pulse generator only  | X           | -                         |
| 0413T   | Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)   | X           | -                         |
| 0414T   | Removal and replacement of permanent cardiac contractility modulation system pulse generator only   | X           | -                         |
| 0415T   | Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)  | X           | -                         |
| 0416T   | Relocation of skin pocket for implanted cardiac contractility modulation pulse generator  | X           | -                         |
| 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   | X           | -                         |
| 0418T   | Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter; implantable cardiac contr   | X           | -                         |
| 0419T   | Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); face, head and neck, greater than 50 neurofibromata   | X           | -                         |

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| 0420T   | Destruction neurofibromata, extensive, (cutaneous, dermal extending into subcutaneous); trunk and extremities, extensive, greater than 100 neurofibromata   | X           | -                         |
| 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  | -           | X                         |
| 0421U   | Oncology (colorectal) screening, quantitative real-time target and signal amplification of 8 RNA markers (GAPDH, SMAD4, ACY1, AREG, CDH1, KRAS, TNFRSF10B, EGLN2) and fecal hemoglobin, algorithm reported as a positive or negative for colorectal cancer risk   | X           | -                         |
| 0422T   | Tactile breast imaging by computer-aided tactile sensors, unilateral or bilateral   | X           | -                         |
| 0422U   | Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment cell-free circulating DNA analysis using next-generation sequencing, algorithm reported as a quantitative change from baseline, including specific alterations, if appropriate | -           | X                         |
| 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   | -           | X                         |
| 0424T   | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; complete system (transvenous placement of right or left stimulation lead, sensing lead)  | X           | -                         |
| 0424U   | Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as no molecular evidence, low-, moderate- or elevated-risk of prostate cancer   | X           | -                         |
| 0425T   | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; sensing lead only  | X           | -                         |
| 0425U   | Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)  | -           | X                         |
| 0426T   | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; stimulation lead only  | X           | -                         |
| 0426U   | Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis  | -           | X                         |
| 0427T   | Insertion or replacement of neurostimulator system for treatment of central sleep apnea; pulse generator only   | X           | -                         |
| 0427U   | Monocyte distribution width, whole blood (List separately in addition to code for primary procedure)  | X           | -                         |
| 0428T   | Removal of neurostimulator system for treatment of central sleep apnea; pulse generator only  | X           | -                         |
| 0428U   | Oncology (breast), targeted hybrid-capture genomic sequence analysis panel, circulating tumor DNA (ctDNA) analysis of 56 or more genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements, microsatellite instability, and tumor mutation burden  | -           | X                         |
| 0429T   | Removal of neurostimulator system for treatment of central sleep apnea; sensing lead only   | X           | -                         |
| 0430T   | Removal of neurostimulator system for treatment of central sleep apnea; stimulation lead only   | X           | -                         |
| 0431T   | Removal and replacement of neurostimulator system for treatment of central sleep apnea, pulse generator only  | X           | -                         |
| 0431U   | Glycine receptor alpha1 IgG, serum or cerebrospinal fluid (CSF), live cell-binding assay (LCBA), qualitative  | X           | -                         |
| 0432T   | Repositioning of neurostimulator system for treatment of central sleep apnea; stimulation lead only   | X           | -                         |

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| 0432U   | Kelch-like protein 11 (KLHL11) antibody, serum or cerebrospinal fluid (CSF), cell-binding assay, qualitative  | X           | -                         |
| 0433T   | Repositioning of neurostimulator system for treatment of central sleep apnea; sensing lead only   | X           | -                         |
| 0433U   | Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer  | X           | -                         |
| 0434T   | Interrogation device evaluation implanted neurostimulator pulse generator system for central sleep apnea  | X           | -                         |
| 0434U   | Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes   | -           | X                         |
| 0435T   | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; single session   | X           | -                         |
| 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  | X           | -                         |
| 0436T   | Programming device evaluation of implanted neurostimulator pulse generator system for central sleep apnea; during sleep study   | X           | -                         |
| 0436U   | Oncology (lung), plasma analysis of 388 proteins, using aptamer-based proteomics technology, predictive algorithm reported as clinical benefit from immune checkpoint inhibitor therapy   | X           | -                         |
| 0437T   | Impltj synth rnfcmf abdl wal  | X           | -                         |
| 0437U   | Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score  | X           | -                         |
| 0438U   | Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of CYP2D6, including reported phenotypes and impacted gene-drug interactions   | X           | -                         |
| 0439U   | Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC107986769], rs6820447 [intergenic], and rs9638144 [ESYT2]) and 3 DNA methylation markers (cg00300879 [transcription start site {TSS200} of CNKSR1], cg09552548 [intergenic], and cg14789911 [body of SPATC1L]), qPCR and digital PCR, whole blood, algorithm reported as a 4-tiered risk score for a 3-year risk of symptomatic CHD  | X           | -                         |
| 0439T   | Myocrd contrast prfuj echo  | X           | -                         |
| 0440T   | Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve  | X           | -                         |
| 0440U   | Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942317 [KTN1-AS1], rs1441433 [PPP3CA], rs2869675 [PREX1], rs4639796 [ZBTB41], rs4376434 [LINC00972], rs12714414 [TMEM18], and rs7585056 [TMEM18]) and 6 DNA methylation markers (cg03725309 [SARS1], cg12586707 [CXCL1], cg04988978 [MPO], cg17901584 [DHCR24-DT], cg21161138 [AHRR], and cg12655112 [EHD4]), qPCR and digital PCR, whole blood, algorithm reported as detected or not detected for | X           | -                         |
| 0441T   | CHD   | X           | -                         |
| 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   | X           | -                         |

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| 0442T   | Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)  | X           | -                         |
| 0442U   | Infectious disease (respiratory infection), Myxovirus resistance protein A (MxA) and C-reactive protein (CRP), fingerstick whole blood specimen, each biomarker reported as present or absent   | X           | -                         |
| 0443T   | Real time spectral analysis of prostate tissue by fluorescence spectroscopy   | X           | -                         |
| 0443U   | Neurofilament light chain (NfL), ultra-sensitive immunoassay, serum or cerebrospinal fluid  | X           | -                         |
| 0444T   | Initial placement of a drug-eluting ocular insert under one or more eyelids, including fitting, training, and insertion, unilateral or bilateral  | X           | -                         |
| 0444U   | Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA from formalin-fixed paraffin-embedded (FFPE) tumor tissue, report of clinically significant variant(s)                                    | -           | X                         |
| 0445T   | Subsequent placement of a drug-eluting ocular insert under one or more eyelids, including re-training, and removal of existing insert, unilateral or bilateral  | X           | -                         |
| 0445U   | β-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | X           | -                         |
| 0446U   | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 10 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic risk score for current disease activity  | X           | -                         |
| 0447U   | Autoimmune diseases (systemic lupus erythematosus [SLE]), analysis of 11 cytokine soluble mediator biomarkers by immunoassay, plasma, individual components reported with an algorithmic prognostic risk score for developing a clinical flare  | X           | -                         |
| 0448U   | Oncology (lung and colon cancer), DNA, qualitative, nextgeneration sequencing detection of single-nucleotide variants and deletions in EGFR and KRAS genes, formalin-fixed paraffinembedded (FFPE) solid tumor samples, reported as presence or absence of targeted mutation(s), with recommended therapeutic options | -           | X                         |
| 0449T   | Insj aqueous drain dev w/o eo rsrv initial dev  | -           | X                         |
| 0449U   | 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 | X           | -                         |
| 0450T   | Insj aqueous drain dev w/o eo rsrv ea addl dev  | X           | -                         |
| 0450U   | Oncology (multiple myeloma), liquid chromatography with tandem mass spectrometry (LCMS/MS), monoclonal paraprotein sequencing analysis, serum, results reported as baseline presence or absence of detectable clonotypic peptides   | X           | -                         |
| 0451U   | Oncology (multiple myeloma), LCMS/MS, peptide ion quantification, serum, results compared with baseline to determine monoclonal paraprotein abundance   | X           | -                         |
| 0452U   | Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of bladder cancer   | X           | -                         |

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| 0453U   | Oncology (colorectal cancer), cellfree DNA (cfDNA), methylationbased quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or absence of circulating tumor DNA (ctDNA)  | -           | X                         |
| 0454U   | Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical genome mapping (For additional PLA codes with identical clinical descriptor, see 0260U, 0264U. See Appendix O or the most current listing on the AMA CPT website to determine appropriate code assignment) | X           | -                         |
| 0456U   | Autoimmune (rheumatoid arthritis), next-generation sequencing (NGS), gene expression testing of 19 genes, whole blood, with analysis of anticyclic citrullinated peptides (CCP) levels, combined with sex, patient global assessment, and body mass index (BMI), algorithm reported as a score that predicts nonresponse to tumor necrosis factor inhibitor (TNFi) therapy                | X           | -                         |
| 0457U   | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative   | X           | -                         |
| 0458U   | Oncology (breast cancer), S100A8 and S100A9, by enzyme linked immunosorbent assay (ELISA), tear fluid with age, algorithm reported as a risk score  | X           | -                         |
| 0459U   | β-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology  | X           | -                         |
| 0460U   | Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes  | X           | -                         |
| 0461U   | Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, including impacted gene-drug interactions and reported phenotypes  | X           | -                         |
| 0462U   | Melatonin levels test, sleep study, 7 or 9 sample melatonin profile (cortisol optional), enzyme-linked immunosorbent assay (ELISA), saliva, screening/preliminary   | X           | -                         |
| 0463U   | Oncology (cervix), mRNA gene expression profiling of 14 biomarkers (E6 and E7 of the highest-risk human papillomavirus [HPV] types 16, 18, 31, 33, 45, 52, 58), by real-time nucleic acid sequence-based amplification (NASBA), exo- or endocervical epithelial cells, algorithm reported as positive or negative for increased risk of cervical dysplasia or cancer for each biomarker   | X           | -                         |
| 0464U   | Oncology (colorectal) screening, quantitative real-time target and signal amplification, methylated DNA markers, including LASS4, LRRC4 and PPP2R5C, a reference marker ZDHHC1, and a protein marker (fecal hemoglobin), utilizing stool, algorithm reported as a positive ornegative result  | X           | -                         |
| 0465U   | Oncology (urothelial carcinoma), DNA, quantitative methylationspecific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative   | -           | X                         |
| 0466U   | Cardiology (coronary artery disease [CAD]), DNA, genomewide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle and clinical data, buccal swab, algorithm reported as polygenic risk to acquired heart disease  | X           | -                         |
| 0467U   | Oncology (bladder), DNA, nextgeneration sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive or negative and quantitative disease burden  | X           | -                         |

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| 0468U   | Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activity and fibrosis  | X           | -                         |
| 0469T   | Rta polarize scan oc scr bi   | X           | -                         |
| 0469U   | Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unbalanced translocations, regions of homozygosity (ROH), inheritance pattern that indicate uniparental disomy (UPD), and aneuploidy, fetal sample (amniotic fluid, chorionic villus sample, or products of conception), identification and categorization of genetic variants, diagnostic report of fetal results based on phenotype with maternal sample and paternal sample, if performed, as comparators and/or maternal cell contamination | -           | X                         |
| 0470T   | Oct skn img acquisj i&r 1st   | X           | -                         |
| 0470U   | Oncology (oropharyngeal), detection of minimal residual disease by next-generation sequencing (NGS) based quantitative evaluation of 8 DNA targets, cell-free HPV 16 and 18 DNA from plasma   | X           | -                         |
| 0471T   | Oct skn img acquisj i&r addl  | X           | -                         |
| 0471U   | Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identification of detected mutations  | -           | X                         |
| 0472T   | Prgrmg io rta eltrd ra  | X           | -                         |
| 0472U   | Carbonic anhydrase VI (CA VI), parotid specific/secretory protein (PSP) and salivary protein (SP1) IgG, IgM, and IgA antibodies, enzyme-linked immunosorbent assay (ELISA), semiquantitative, blood, reported as predictive evidence of early Sjögren syndrome  | X           | -                         |
| 0473T   | Reprgrmg io rta eltrd ra  | X           | -                         |
| 0473U   | Oncology (solid tumor), nextgeneration sequencing (NGS) of DNA from formalin-fixed paraffinembedded (FFPE) tissue with comparative sequence analysis from a matched normal specimen (blood or saliva), 648 genes, interrogation for sequence variants, insertion and deletion alterations, copy number variants, rearrangements, microsatellite instability, and tumor-mutation burden  | -           | X                         |
| 0474T   | Insj aqueous drg dev io rsvr  | X           | -                         |
| 0474U   | Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel of 88 genes with 20 duplications/deletions using nextgeneration sequencing (NGS), Sanger sequencing, blood or saliva, reported as positive or negative for germline variants, each gene  | -           | X                         |
| 0475T   | Rec ftl car sgl 3 ch i&r  | X           | -                         |
| 0475U   | Hereditary prostate cancerrelated disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amplification (MLPA), and array comparative genomic hybridization (CGH), evaluation of 23 genes and duplications/deletions when indicated, pathologic mutations reported with a genetic risk score for prostate cancer   | -           | X                         |
| 0476T   | Rec ftl car sgl elec tr data  | X           | -                         |
| 0476U   | Rx metab psyc 14gen&cyp2d6  |             |                           |
| 0477T   | Rec ftl car sgl xrtj alys   | X           | -                         |
| 0477U   | Rx metab psy 14&cyp2d6 gn-rx  | X           | -                         |
| 0478T   | Rec ftl car 3 ch rev i&r  | X           | -                         |

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| 0478U   | Onc nslcl dna&rna dpcr 9gens                       | -           | X                         |
| 0479T   | Fractional abl lsr fenestration first 100 sqcm     | X           | -                         |
| 0479U   | Tau phosphorylated ptau217                         | X           | -                         |
| 0480T   | Fractional abl lsr fenestration ea addl 100 sqcm   | X           | -                         |
| 0480U   | Nfct ds csf metag ngs alys                         | X           | -                         |
| 0481T   | Njx autol wbc concentr inc img gdn hrv & prep      | X           | -                         |
| 0481U   | Idh1 idh2&tert promoter ngs                        | -           | X                         |
| 0482U   | Ob pe biochem asy sflt1&plgf                       | X           | -                         |
| 0483T   | Tmvi w/prosthetic valve percutaneous approach      | X           | -                         |
| 0483U   | Nfct ds ng gyra s91f pt mut                        | X           | -                         |
| 0484T   | Tmvi w/prosthetic valve transthoracic exposure     | X           | -                         |
| 0484U   | Nfct ds mgen 23s rna pt mut                        | X           | -                         |
| 0485T   | Oct middle ear with i&r unilateral                 | X           | -                         |
| 0485U   | Onc sol tum cfdna&rna ngs gm j                     | -           | X                         |
| 0486T   | Oct middle ear with i&r bilateral                  | X           | -                         |
| 0486U   | Onc pan sol tum ngs cfctdn                         | X           | -                         |
| 0487T   | Transvaginal biomechanical mapping w/report        | X           | -                         |
| 0487U   | Onc sol tum cfdna tgsap 84                         | X           | -                         |
| 0488T   | Diabetes prev online/electronic prgrm pr 30 days   | X           | -                         |
| 0488U   | Ob fetal ag nipt cfdna alys                        | -           | X                         |
| 0489T   | Autol regn cell tx scleroderma hands               | X           | -                         |
| 0489U   | Ob sgript cfdna seq alys 1+                        | -           | X                         |
| 0490T   | Autol regn cell tx scldr mlt inj one or both hands | X           | -                         |
| 0490U   | Onc cutan/uveal mlnma cd146                        | X           | -                         |
| 0491T   | Abl laser tx open wnd pr day 1st 20 sqcm or less   | X           | -                         |
| 0491U   | Onc sol tum ctc slct er prtn                       | X           | -                         |
| 0492T   | Abl laser tx open wnd pr day addl 20 sqcm          | X           | -                         |
| 0492U   | Onc sol tum ctc slctn pd-l1                        | X           | -                         |
| 0493T   | Near infrared spectroscopy studies low ext wounds  | X           | -                         |
| 0493U   | Trnspl med quan dd-cfdna ngs                       | -           | X                         |
| 0494T   | Prep & cannulj cdvr don lng orgn prfuj sys         | X           | -                         |
| 0494U   | Rbc ag ftl rhd gene alys ngs                       | -           | X                         |
| 0495T   | Init & mntr cdvr don lng orgn prfuj sys 1st 2 hr   | X           | -                         |
| 0495U   | Onc prst8 alys crcg plsm prt                       | X           | -                         |
| 0496T   | Mntr cdvr don lng orgn prfuj sys ea addl hr        | X           | -                         |
| 0496U   | Onc clrct cfdna 8/7 genes                          | X           | -                         |
| 0497T   | Xtrnl pt act ecg w/o attn mntr in-office conn      | X           | -                         |
| 0497U   | Onc prst8 mrna rt-pcr 6genes                       | -           | X                         |
| 0498T   | Xtrnl pt act ecg w/o attn mntr r&i pr 30 days      | X           | -                         |

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| 0498U   | Onc clrc ngs mut detc 43gen  | -           | X                         |
| 0499T   | Cysto w/dil & urtl rx del f/urtl strix/stenosis                          | X           | -                         |
| 0499U   | Onc clrc&lng dna ngs 8genes  | -           | X                         |
| 0500U   | Autoinflam ds vexas synd dna   | X           | -                         |
| 0501U   | Onc clrc bld quan meas cfdna   | X           | -                         |
| 0502U   | Hpv e6/e7 mrk hirsk typ crv  | X           | -                         |
| 0503U   | Neuro alz ds βamyl&tau prtn  | X           | -                         |
| 0504U   | Nfct ds uti id 17 path orgs  | X           | -                         |
| 0505U   | Nfct ds vag infctj id 32orgs   | X           | -                         |
| 0506U   | Gi barretts esophgl cell 89  | X           | -                         |
| 0507U   | Onc ovr dna whole gen w/5hmc   | X           | -                         |
| 0508U   | Trnsplj med ddcfdna 40 snps  | -           | X                         |
| 0509U   | Trnsplj med ddcfdna  | -           | X                         |
| 0510U   | Onc pncrtc ca alg alys 16gen   | X           | -                         |
| 0511U   | Onc sol tum 3dmicroenvir 36+   | X           | -                         |
| 0512U   | Onc prst8 alys dgtz img msi  | X           | -                         |
| 0513U   | Onc prst8 alg alys msi&hrd   | X           | -                         |
| 0514U   | Gi ibd ia quan deter adl lvl   | X           | -                         |
| 0515U   | Gi ibd ia quan deter ifx lvl   | X           | -                         |
| 0516U   | Rx metab rxgenomic gnotyp 40   | X           | -                         |
| 0517U   | Ther rx mntr 80+ psyactiv rx   | X           | -                         |
| 0518U   | Ther rx mntr 90+ pn&mtl hlth   | X           | -                         |
| 0519U   | Ther rx mntr meds p/d/a 110+   | X           | -                         |
| 0520U   | Ther rx mntr 200+ rx/sbsts   | X           | -                         |
| 0500F   | Initial prenatal care visit  | X           | -                         |
| 0501F   | Prenatal flow sheet documented in medical record by first prenatal visit | X           | -                         |
| 0501T   | Cor ffr derived cta data assess cor art disease                          | -           | X                         |
| 0502F   | Subsequent prenatal care visit   | X           | -                         |
| 0502T   | Cor ffr derived cta data prep & transmis                                 | -           | X                         |
| 0503F   | Postpartum care visit2   | X           | -                         |
| 0503T   | Cor ffr cta data alys & gnrj estimated ffr model                         | -           | X                         |
| 0504T   | Cor ffr cta data review w/interpj & final report                         | -           | X                         |
| 0505F   | Hemodialysis plan of care documented (esrd)                              | X           | -                         |
| 0505T   | Ev fempop artl revsc tcat plmt iv st grf & clsr                          | X           | -                         |
| 0506T   | Mac pgmt optical dns meas hfp uni/bi w/i&r                               | X           | -                         |
| 0507F   | Peritoneal dialysis plan of care documented (esrd)                       | X           | -                         |
| 0508T   | Pls echo us b1 dns meas indic axl b1 min dns tib                         | X           | -                         |
| 0509F   | Urinary incontinence plan of care documented (ger)                       | X           | -                         |
| 0510T   | Removal of sinus tarsi implant   | X           | -                         |

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| 0511T   | Removal and reinsertion of sinus tarsi implant  | X           | -                         |
| 0512T   | Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; initial wound  | X           | -                         |
| 0513F   | Elevated blood pressure plan of care documented (ckd)1  | X           | -                         |
| 0513T   | Esw integ wnd hlg ea addl   | X           | -                         |
| 0514F   | Plan of care for elevated hemoglobin level documented for patient receiving erythropoiesis-stimulating agent (esa) thera  | X           | -                         |
| 0514T   | Intraoperative visual axis identification using patient fixation (list separately in addition to code for primary procedure)  | X           | -                         |
| 0515T   | Insj wcs lv compl sys   | X           | -                         |
| 0516F   | Anemia plan of care documented (esrd)1  | X           | -                         |
| 0516T   | Insj wcs lv eltrd only  | X           | -                         |
| 0517F   | Glaucoma plan of care documented (ec)5  | X           | -                         |
| 0517T   | Insj wcs lv pg compnt   | X           | -                         |
| 0518F   | Falls plan of care documented (ger)5  | X           | -                         |
| 0518T   | Removal of only pulse generator component(s) (battery and/or transmitter) of wireless cardiac stimulator for left ventricular pacing  | X           | -                         |
| 0519F   | Planned chemotherapy regimen, including at a minimum: drug(s) prescribed, dose, and duration, documented prior to initia  | X           | -                         |
| 0519T   | Removal and replacement of wireless cardiac stimulator for left ventricular pacing; pulse generator component(s) (battery and/or transmitter)   | X           | -                         |
| 0520F   | Normal tissue dose constraints established within five treatment days from the initiation of a course of 3d conformal ra  | X           | -                         |
| 0520T   | Rmvl&rplcmt pg wcs new eltrd  | X           | -                         |
| 0521F   | Plan of care to address pain documented (onc)1  | X           | -                         |
| 0521T   | Interrog dev eval wcs ip  | X           | -                         |
| 0521U   | Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood   | X           | -                         |
| 0522T   | Prgmg dev eval wcs ip   | X           | -                         |
| 0522U   | Carbonic anhydrase VI, parotid specific/secretory protein and salivary protein 1 (SP1), IgG, IgM, and IgA antibodies, chemiluminescence, semiquantitative, blood  | X           | -                         |
| 0523T   | Ntrapx c ffr w/3d funcjl map  | X           | -                         |
| 0523U   | Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed paraffinembedded tissue, reported as presence or absence of mutation(s), location of mutation(s), nucleotide change, and amino acid change | -           | X                         |
| 0524T   | Ev cath dir chem abltj w/img  | X           | -                         |
| 0524U   | Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value  | X           | -                         |
| 0525F   | Initial visit for episode (bkp)2  | X           | -                         |
| 0525T   | Insj/rplcmt compl ims   | X           | -                         |

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| 0525U   | Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib) ovarian, fallopian, or peritoneal response prediction for each drug  | X           | -                         |
| 0526F   | Subsequent visit for episode (bkg)2   | X           | -                         |
| 0526T   | Insj/rplcmt iims eltrd only   | X           | -                         |
| 0526U   | Nephrology (renal transplant), quantification of CXCL10 chemokines, flow cytometry, urine, reported as pg/mL creatinine baseline and monitoring over time   | X           | -                         |
| 0527T   | Insj/rplcmt iims implt mntr   | X           | -                         |
| 0527U   | Herpes simplex virus (HSV) types 1 and 2 and Varicella zoster virus (VZV), amplified probe technique, each pathogen reported as detected or not detected  | X           | -                         |
| 0528F   | Recommended follow-up interval for repeat colonoscopy of at least 10 years documented in colonoscopy report (end/polyp)   | X           | -                         |
| 0528T   | Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report  | X           | -                         |
| 0528U   | Lower respiratory tract infectious agent detection, 18 bacteria, 8 viruses, and 7 antimicrobialresistance genes, amplified probe technique, including reverse transcription for RNA targets, each analyte reported as detected or not detected with semiquantitative results for 15 bacteria          | X           | -                         |
| 0529F   | Interval of 3 or more years since patient's last colonoscopy, documented (end/polyp)  | X           | -                         |
| 0529T   | Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report  | X           | -                         |
| 0529U   | Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis, saliva, report as risk score for VTE   | X           | -                         |
| 0530T   | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)   | X           | -                         |
| 0530U   | Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copynumber alterations, with therapy association                            | X           | -                         |
| 0531T   | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only  | X           | -                         |
| 0531U   | Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), nextgeneration sequencing, plasma  | X           | -                         |
| 0532T   | Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only  | X           | -                         |
| 0532U   | Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for singlenucleotide variants, insertions/deletions, copy number variations, peripheral blood, buffy coat, saliva, buccal or tissue sample, results reported as positive or negative | -           | X                         |
| 0533T   | Cont rec mvmt do 6-10 days  | X           | -                         |

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| 0533U   | Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15, SLCO1B1, TPMT, UGT1A1, VKORC1), reported as metabolizer status and transporter function   | X           | -                         |
| 0534T   | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; set-up, patient training, configuration of monitor  | X           | -                         |
| 0534U   | Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk   | X           | -                         |
| 0535F   | Dyspnea management plan of care, documented (Pall Cr)  | X           | -                         |
| 0535T   | Cont rec mvmt do rept cnfig  | X           | -                         |
| 0535U   | Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LCMS/MS), plasma or serum, quantitative  | X           | -                         |
| 0536T   | Continuous recording of movement disorder symptoms, including bradykinesia, dyskinesia, and tremor for 6 days up to 10 days; download review, interpretation and report  | X           | -                         |
| -   | Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation known to be RhD negative, reported as fetal RhD status  | X           | -                         |
| 0537U   | Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, nextgeneration sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm reported as positive or negative   | X           | -                         |
| 0538U   | Oncology (solid tumor), nextgeneration targeted sequencing analysis, formalin-fixed paraffinembedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single-nucleotide variants, insertions/deletions, gene rearrangements, and copy number alterations, microsatellite instability, tumor mutation burden, reported as actionable variant | X           | -                         |
| 0539U   | Oncology (solid tumor), cellfree circulating tumor DNA (ctDNA), 152 genes, nextgeneration sequencing, interrogation for singlenucleotide variants, insertions/deletions, gene rearrangements, copy number alterations, and microsatellite instability, using whole-blood samples, mutations with clinical actionability reported as actionable variant       | X           | -                         |
| 0540U   | Transplantation medicine, quantification of donorderived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donorderived cell-free DNA to determine probability of rejection   | -           | X                         |
| 0541U   | Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4), serum, algorithm reported as prediction of coronary artery disease (pCAD) score  | X           | -                         |
| 0542U   | Nephrology (renal transplant), urine, nuclear magnetic resonance (NMR) spectroscopy measurement of 84 urinary metabolites, combined with patient data, quantification of BK virus (human polyomavirus 1) using real-time PCR and serum creatinine, algorithm reported as a probability score for allograft injury status                                     | X           | -                         |
| 0543U   | Oncology (solid tumor), nextgeneration sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for singlenucleotide variants, multinucleotide variants, insertions and deletions from DNA, fusions in 24 genes and splice variants in 1 gene from RNA, and tumor mutation burden                                   | -           | X                         |

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| 0544T   | Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture  | X           | -                         |
| 0544U   | Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA, from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection  | -           | X                         |
| 0545F   | Plan for follow-up care for major depressive disorder, documented (mdd adol)  | X           | -                         |
| 0545T   | Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach   | X           | -                         |
| 0545U   | Acetylcholine receptor (AChR), antibody identification by immunofluorescence, using live cells, reported as positive or   | X           | -                         |
| 0547T   | Bone-material quality testing by microindentation(s) of the tibia(s), with results reported as a score  | X           | -                         |
| 0547U   | Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative  | X           | -                         |
| 0548U   | Glial fibrillary acidic protein (GFAP), chemiluminescent enzyme immunoassay, using plasma   | X           | -                         |
| 0549U   | Oncology (urothelial), DNA, quantitative methylated realtime PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder cancer and/or upper tract urothelial carcinoma (UTUC)   | X           | -                         |
| 0550F   | Cytopath report-nongyn spcmn  | X           | -                         |
| 0550U   | Oncology (prostate), enzymelinked immunosorbent assays (ELISA) for total prostatespecific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate biopsy status, digital rectal examination findings, prostate volume, and image and data reporting of the prostate, algorithm reported as a risk score for the presence of high-grade prostate cancer   | X           | -                         |
| 0551F   | Cytopath report non-routine   | X           | -                         |
| 0551U   | Tau, phosphorylated, pTau217, by single-molecule array (ultrasensitive digital protein detection), using plasma   | X           | -                         |
| 0552T   | Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional   | X           | -                         |
| 0552U   | Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophoctoderm biopsy, linkage analysis of disease causing locus, and when possible, targeted mutation analysis for known familial variant, reported as low-risk or high-risk for familial genetic disorder  | -           | X                         |
| 0553U   | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophoctoderm for structural rearrangements, aneuploidy, and a mitochondrial DNA score, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, or mosaic, per embryo tested   | -           | X                         |
| 0554T   | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; retrieval and transmission of the scan data, assessment of bone strength and fracture risk and bone mineral density, interpretation and report  | X           | -                         |
| 0554U   | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophoctoderm biopsy for aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal (euploidy), monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | -           | X                         |

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| 0555F   | Symptom management plan of care documented (hf)  | X           | -                         |
| 0555T   | 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  | X           | -                         |
| 0555U   | Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrangements, aneuploidy, ploidy, a mitochondrial DNA score, and embryo quality control, results reported as normal/balanced (euploidy/balanced), unbalanced structural rearrangement, monosomy, trisomy, segmental aneuploidy, triploid, haploid, or mosaic, with quality control results reported as contamination detected or inconsistent cohort when applicable, per embryo tested | -           | X                         |
| 0556F   | Plan of care to achieve lipid control documented (cad)   | X           | -                         |
| 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   | X           | -                         |
| 0557F   | Plan of care to manage anginal symptoms documented (cad)   | X           | -                         |
| 0557T   | Bone strength and fracture risk using finite element analysis of functional data, and bone-mineral density, utilizing data from a computed tomography scan; interpretation and report  | X           | -                         |
| 0558T   | Computed tomography scan taken for the purpose of biomechanical computed tomography analysis   | X           | -                         |
| 0558U   | Oncology (colorectal), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted colorectal cancer protein marker (BF7 antigen), using serum, result reported as indicative of response/no response to therapy or disease progression/regression   | X           | -                         |
| 0559T   | Anatomic model 3d-printed from image data set(s); first individually prepared and processed component of an anatomic structure   | X           | -                         |
| 0559U   | Oncology (breast), quantitative enzyme-linked immunosorbent assay (ELISA) for secreted breast cancer protein marker (BF9 antigen), serum, result reported as indicative of response/no response to therapy or disease progression/regression   | X           | -                         |
| 0560T   | Anatomic model 3d-printed from image data set(s); each additional individually prepared and processed component of an anatomic structure (list separately in addition to code for primary procedure)   | X           | -                         |
| 0560U   | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a personalized variant panel to evaluate current MRD and for comparison to subsequent MRD assessments  | X           | -                         |
| 0561T   | Anatomic guide 3d-printed and designed from image data set(s); first anatomic guide  | X           | -                         |
| 0561U   | Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for MRD  | -           | X                         |
| 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)  | X           | -                         |
| 0562U   | Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and translocations in human genomic circulating cell-free DNA, plasma, reported as presence of actionable variants   | -           | X                         |
| 0563T   | Evac meibomian gland heat bi   | X           | -                         |

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| 0565T   | Autol cell implt adps hrvg   | X           | -                         |
| 0565U   | Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cellfree DNA, plasma, algorithm reported as cancer signal detected or not detected  | -           | X                         |
| 0566T   | Autol cell implt adps njx  | X           | -                         |
| 0566U   | Oncology (lung), qPCRbased analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZNF781), pleural fluid, algorithm reported as a qualitative result   | -           | X                         |
| 0567U   | Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions and characterized intronic variants, copy-number variants, duplications/deletions, mobile element insertions, runs of homozygosity, aneuploidy, and inversions, mitochondrial DNA sequence and deletions, short tandem repeat genes, methylation status of selected regions, blood, saliva, amniocentesis, chorionic villus sample or tissue, identification and categorization of genetic variants | -           | X                         |
| 0568U   | Neurology (dementia), beta amyloid (Aβ40, Aβ42, Aβ42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NFL), and glial fibrillary acidic protein (GFAP), by ultra-high sensitivity molecule array detection, plasma, algorithm reported as positive, intermediate, or negative for Alzheimer pathology  | X           | -                         |
| 0569T   | Ttvr perq appr 1st prosth  | X           | -                         |
| 0569U   | Oncology (solid tumor), nextgeneration sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA (ctDNA), whole blood, algorithm reported as presence or absence of ctDNA with tumor fraction, if appropriate   | -           | X                         |
| 0570T   | Ttvr perq ea addl prosth   | X           | -                         |
| 0570U   | Neurology (traumatic brain injury), analysis of glial fibrillary acidic protein (GFAP) and ubiquitin carboxylterminal hydrolase L1 (UCHL1), immunoassay, whole blood or plasma, individual components reported with the overall result of elevated or non-elevated based on threshold comparison   | X           | -                         |
| 0571T   | Insj/rplcmt icds ss eltrd  | X           | -                         |
| 0571U   | Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alterations, microsatellite instability, and fusions, reported as clinically actionable variants   | -           | X                         |
| 0572T   | Insertion ss dfb electrode   | X           | -                         |
| 0572U   | Oncology (prostate), highthroughput telomere length quantification by FISH, whole blood, diagnostic algorithm reported as risk of prostate cancer  | -           | X                         |
| 0573T   | Removal ss dfb electrode   | X           | -                         |
| 0573U   | Oncology (pancreas), 3 biomarkers (glucose, carcinoembryonic antigen, and gastricsin), pancreatic cyst lesion fluid, algorithm reported as categorical mucinous or non-mucinous  | X           | -                         |
| 0574T   | Repos prev ss impl dfb eltrd   | X           | -                         |
| 0574U   | Mycobacterium tuberculosis, culture filtrate protein-10-kDa (CFP-10), serum or plasma, liquid chromatography mass spectrometry (LC-MS  | X           | -                         |
| 0575F   | Hiv rna control plan of care, documented (hiv)   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 0575T   | Prgmg dev eval icds ss ip     | X           | -                         |
| 0576T   | Interrog dev eval icds ss ip  | X           | -                         |
| 0577T   | Ephys eval icds ss            | X           | -                         |
| 0578T   | Rem interrog dev icds phys    | X           | -                         |
| 0579T   | Rem interrog dev icds tech    | X           | -                         |
| 0580F   | Multidisciplinary care plan   | X           | -                         |
| 0580T   | Rmvl ss impl dfb pg only      | X           | -                         |
| 0581F   | Pt trnsfrd from anesth to cc  | X           | -                         |
| 0581T   | Abltj mal brst tum perq crtx  | X           | -                         |
| 0582F   | No trnsfr from anesth to cc   | X           | -                         |
| 0582T   | Trurl abltj mal prst8 tiss    | X           | -                         |
| 0583F   | Transfer care checklist used  | X           | -                         |
| 0583T   | Tmpst auto tube dlvr sys      | X           | -                         |
| 0584F   | No transfer care chklist used | X           | -                         |
| 0584T   | Perq islet cell transplant    | X           | -                         |
| 0585T   | Laps islet cell transplant    | X           | -                         |
| 0586T   | Open islet cell transplant    | X           | -                         |
| 0587T   | Perq impltj/rplcmt isdns ptn  | X           | -                         |
| 0588T   | Revision/removal isdns ptn    | X           | -                         |
| 0589T   | Elec alys smpl prgrmg iins    | X           | -                         |
| 0590T   | Elec alys cplx prgrmg iins    | X           | -                         |
| 0591T   | Hlth&wb coaching indiv 1st    | X           | -                         |
| 0592T   | Hlth&wb coaching indiv f-up   | X           | -                         |
| 0593T   | Hlth&wb coaching group        | X           | -                         |
| 0594T   | Osteot hum xtrnl lngth dev    | X           | -                         |
| 0596T   | Temp fml iu vlv-pmp 1st insj  | X           | -                         |
| 0597T   | Temp fml iu valve-pmp rplcmt  | X           | -                         |
| 0598T   | Ncntc r-t fluor wnd img 1st   | X           | -                         |
| 0599T   | Ncntc r-t fluor wnd img ea    | X           | -                         |
| 0600T   | Ire abltj 1+tum organ perq    | X           | -                         |
| 0601T   | Ire abltj 1+tumors open       | X           | -                         |
| 0602T   | Transdermal gfr measurements  | X           | -                         |
| 0603T   | Transdermal gfr monitoring    | X           | -                         |
| 0604T   | Rem oct rta dev setup&educaj  | X           | -                         |
| 0605T   | Rem oct rta techl sprt min 8  | X           | -                         |
| 0606T   | Rem oct rta phys/qhp ea 30d   | X           | -                         |
| 0607T   | Rem mntr pulm flu mntr setup  | X           | -                         |
| 0608T   | Rem mntr pulm flu mntr alys   | X           | -                         |
| 0609T   | Mrs disc pain acquisj data    | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |   |             |                           |
| 0610T   | Mrs disc pain transmis data   | X           | -                         |
| 0611T   | Mrs disc pain alg alys data   | X           | -                         |
| 0612T   | Mrs discogenic pain i&r   | X           | -                         |
| 0613T   | Perq tcat intratrnl septl sht   | X           | -                         |
| 0614T   | Rmvl&rplcmt ss impl dfb pg  | X           | -                         |
| 0615T   | Eye mvmt alys w/o calbrj i&r  | X           | -                         |
| 0619T   | Cysto w/prst8 commissurotomy  | X           | -                         |
| 0620T   | Evasc ven artlz tibl/prnl vn  | X           | -                         |
| 0621T   | Trabeculostomy interno laser  | X           | -                         |
| 0622T   | Trabeculostomy int lsr w/scp  | X           | -                         |
| 0623T   | Auto quantification c plaque  | -           | X                         |
| 0624T   | Auto quan c plaq data prep  | -           | X                         |
| 0625T   | Auto quan c plaq cptr alys  | -           | X                         |
| 0626T   | Auto quan c plaq i&r  | -           | X                         |
| 0627T   | Perq njx algc fluor lmbr 1st  | X           | -                         |
| 0628T   | Perq njx algc fluor lmbr ea   | X           | -                         |
| 0629T   | Perq njx algc ct lmbr 1st   | X           | -                         |
| 0630T   | Perq njx algc ct lmbr ea  | X           | -                         |
| 0631T   | Tc vis lit hyperspectral img  | X           | -                         |
| 0632T   | Perq tcat us abltj nrv p-art  | X           | -                         |
| 0633T   | Ct breast w/3d uni c  | X           | -                         |
| 0634T   | Ct breast w/3d uni c+   | X           | -                         |
| 0635T   | Ct breast w/3d uni c-/c+  | X           | -                         |
| 0636T   | Ct breast w/3d bi c   | X           | -                         |
| 0637T   | Ct breast w/3d bi c+  | X           | -                         |
| 0638T   | Ct breast w/3d bi c-/c+   | X           | -                         |
| 0639T   | Wrsl skn snr anisotropy meas  | X           | -                         |
| 0640T   | Noncontact near-infrared spectroscopy studies of flap or wound (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation [sto2]); image acquisition, interpretation and report, each flap or wound                      | X           | -                         |
| 0641T   | Image acquisition only, each flap or wound  | X           | -                         |
| 0642T   | Interpretation and report only, each flap or wound  | X           | -                         |
| 0643T   | Transcatheter left ventricular restoration device implantation including right and left heart catheterization and left ventriculography when performed, arterial approach   | X           | -                         |
| 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 | X           | -                         |

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| 0645T   | Transcatheter implantation of coronary sinus reduction device including vascular access and closure, right heart catheterization, venous angiography, coronary sinus angiography, imaging guidance, and supervision and interpretation, when performed   | X           | -                         |
| 0646T   | Transcatheter tricuspid valve implantation/replacement (ttvi) with prosthetic valve, percutaneous approach, including right heart catheterization, temporary pacemaker insertion, and selective right ventricular or right atrial angiography, when performed  | X           | -                         |
| 0647T   | Insertion of gastrostomy tube, percutaneous, with magnetic gastropexy, under ultrasound guidance, image documentation and report   | X           | -                         |
| 0648T   | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained without diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) during the same session                                  | X           | -                         |
| 0649T   | Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission, interpretation and report, obtained with diagnostic mri examination of the same anatomy (eg, organ, gland, tissue, target structure) (list separately in addition to code for primary procedure) | X           | -                         |
| 0650T   | Programming device evaluation (remote) of subcutaneous cardiac rhythm monitor system, with iterative adjustment of the implantable device to test the function of the device and select optimal permanently programmed values with analysis, review and report by a physician or other qualified health care professional  | X           | -                         |
| 0651T   | Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report   | X           | -                         |
| 0652T   | Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)  | X           | -                         |
| 0653T   | Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single or multiple  | X           | -                         |
| 0654T   | Esophagogastroduodenoscopy, flexible, transnasal; with insertion of intraluminal tube or catheter  | X           | -                         |
| 0655T   | Transperineal focal laser ablation of malignant prostate tissue, including transrectal imaging guidance, with mr-fused images or other enhanced ultrasound imaging   | X           | -                         |
| 0656T   | Vertebral body tethering, anterior; up to 7 vertebral segments   | X           | -                         |
| 0657T   | Vertebral body tethering, anterior; 8 or more vertebral segments   | X           | -                         |
| 0658T   | Electrical impedance spectroscopy of 1 or more skin lesions for automated melanoma risk score  | X           | -                         |
| 0659T   | 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   | X           | -                         |
| 0660T   | Implantation of anterior segment intraocular nonbiodegradable drug-eluting system, internal approach   | X           | -                         |
| 0661T   | Removal and reimplantation of anterior segment intraocular nonbiodegradable drug-eluting implant   | X           | -                         |
| 0662T   | Scalp cooling, mechanical; initial measurement and calibration of cap  | X           | -                         |
| 0663T   | Placement of device, monitoring, and removal of device (list separately in addition to code for primary procedure)   | X           | -                         |
| 0664T   | Donor hysterectomy (including cold preservation); open, from cadaver donor   | X           | -                         |

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| 0665T   | Donor hysterectomy (including cold preservation); open, from living donor   | X           | -                         |
| 0666T   | Donor hysterectomy (including cold preservation); laparoscopic or robotic, from living donor  | X           | -                         |
| 0667T   | Donor hysterectomy (including cold preservation); recipient uterus allograft transplantation from cadaver or living donor   | X           | -                         |
| 0668T   | Backbench standard preparation of cadaver or living donor uterine allograft prior to transplantation, including dissection and removal of surrounding soft tissues and preparation of uterine vein(s) and uterine artery(ies), as necessary | X           | -                         |
| 0669T   | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; venous anastomosis, each   | X           | -                         |
| 0670T   | Backbench reconstruction of cadaver or living donor uterus allograft prior to transplantation; arterial anastomosis, each   | X           | -                         |
| 0671T   | Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more   | -           | X                         |
| 0672T   | Ndovag cryg rf remdl tiss   | X           | -                         |
| 0673T   | Abltj b9 thyr ndul perq lasr  | X           | -                         |
| 0674T   | Laps insj nw/rpcmt prm isdss  | X           | -                         |
| 0675T   | Laps insj nw/rpcmt isdss 1ld  | X           | -                         |
| 0676T   | Laps insj nw/rpcmt isdss ea   | X           | -                         |
| 0677T   | Laps repos lead isdss 1st ld  | X           | -                         |
| 0678T   | Laps repos lead isdss ea add  | X           | -                         |
| 0679T   | Laps rmvl lead isdss  | X           | -                         |
| 0680T   | Insj/rplcmt pg only isdss   | X           | -                         |
| 0681T   | Rlcj pulse gen only isdss   | X           | -                         |
| 0682T   | Removal pulse gen only isdss  | X           | -                         |
| 0683T   | Prgrmg dev eval isdss ip  | X           | -                         |
| 0684T   | Peri-px dev eval isdss ip   | X           | -                         |
| 0685T   | Interrog dev eval isdss ip  | X           | -                         |
| 0686T   | Histotripsy mal hepatcel tis  | X           | -                         |
| 0687T   | Tx amblyopia dev setup 1st  | X           | -                         |
| 0688T   | Tx amblyopia assmt w/report   | X           | -                         |
| 0689T   | Quan us tis charac w/o dx us  | X           | -                         |
| 0690T   | Quan us tis charac w/dx us  | X           | -                         |
| 0691T   | Auto alys xst ct std vrt fx   | X           | -                         |
| 0692T   | Therapeutic ultrafiltration   | X           | -                         |
| 0693T   | Compre ful bdy 3d mtn alys  | X           | -                         |
| 0694T   | 3d vol img&rcnstj brst/ax   | X           | -                         |
| 0695T   | Bdy srf mpg pm/cvdfb tm impl  | X           | -                         |
| 0696T   | Bdy surf mapg pm/cvdfb f/up   | X           | -                         |
| 0697T   | Quan mr tis wo mri mlt orgn   | X           | -                         |

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| 0698T   | Quan mr tiss w/mri mlt orgn  | X           | -                         |
| 0699T   | Njx pst chmbr eye medication | X           | -                         |
| 0700T   | Molec fluor img sus nev 1st  | X           | -                         |
| 0701T   | Molec fluor img sus nev ea   | X           | -                         |
| 0702T   | Rem ther mntr ol tech sprt   | X           | -                         |
| 0703T   | Rem ther mntr ol cog bhv     | X           | -                         |
| 0704T   | Rem tx amblyopia setup&edu   | X           | -                         |
| 0705T   | Rem tx amblyopia tech sprt   | X           | -                         |
| 0706T   | Rem tx amblyopia i&r phy/qhp | X           | -                         |
| 0707T   | Njx b1 sub mtrl sbchdrl dfct | X           | -                         |
| 0708T   | Id ca immntx prep & 1st njx  | X           | -                         |
| 0709T   | Id ca immntx each addl njx   | X           | -                         |
| 0710T   | N-invas artl plaq alys       | X           | -                         |
| 0711T   | N-nvs artl plaq alys dat prp | X           | -                         |
| 0712T   | N-nvs artl plaq alys quan    | X           | -                         |
| 0713T   | N-nvs artl plaq alys rvw i&r | X           | -                         |
| 0714T   | Tprnl lsr ablt b9 prst8 hypr | X           | -                         |
| 0715T   | Perq trlum coronry lithotrp  | X           | -                         |
| 0716T   | Car acous wavfrm rec cad rsk | X           | -                         |
| 0717T   | Adrc ther prtl rc tear       | X           | -                         |
| 0718T   | Adrc ther prtl rc tear njx   | X           | -                         |
| 0719T   | Pst vrt jt rplcmt lmb 1 sgm  | X           | -                         |
| 0720T   | Prq elc nrv stim cn wo implt | X           | -                         |
| 0721T   | Quan ct tiss charac w/o ct   | X           | -                         |
| 0722T   | Quan ct tiss charac w/ct     | X           | -                         |
| 0723T   | Qmrpc w/o dx mri sm anat ses | X           | -                         |
| 0724T   | Qmrpc w/dx mri same anatomy  | X           | -                         |
| 0725T   | Vestibular dev impltj uni    | X           | -                         |
| 0726T   | Rmvl implt vstibular dev uni | X           | -                         |
| 0727T   | Rmvl&rplcmt implt vstblr dev | X           | -                         |
| 0728T   | Dx alys vstblr implt uni 1st | X           | -                         |
| 0729T   | Dx alys vstblr implt uni sbq | X           | -                         |
| 0730T   | Trabeculotomy lsr w/oct gdn  | X           | -                         |
| 0731T   | Augmnt ai-based fcl phnt a/r | X           | -                         |
| 0732T   | Immntx admn electroporatn im | X           | -                         |
| 0733T   | Rem bdy&lmb knmtc ther sply  | X           | -                         |
| 0734T   | Rem bdy&lmb knmtc tx mgmt    | X           | -                         |
| 0735T   | Prep tum cav iort prim crnot | X           | -                         |
| 0736T   | Colonic lavage 35+l water    | X           | -                         |

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| 0737T   | Xenograft impltj artclr surf | X           | -                         |
| 0738T   | Tx pln mag fld abltj prst8   | X           | -                         |
| 0739T   | Abltj mal prst8 mag fld ndct | X           | -                         |
| 0740T   | Rem auton alg nsln cal setup | X           | -                         |
| 0741T   | Rem auton alg nsln data coll | X           | -                         |
| 0742T   | Aqmbf spect xers/strs & rest | X           | -                         |
| 0743T   | B1 str & fx rsk vrt fx assmt | X           | -                         |
| 0744T   | Insj bioprostc vlv fem vn    | X           | -                         |
| 0745T   | Car ablt rad arr n-invas loc | X           | -                         |
| 0746T   | Car ablt rad arr cnv loc map | X           | -                         |
| 0747T   | Car ablt rad arrhyt dlvr rad | X           | -                         |
| 0748T   | Njx stm cl prdct anl sft tis | X           | -                         |
| 0749T   | B1 str&fx rsk assmt dxx-bmd  | X           | -                         |
| 0750T   | B1 str&fx rsk asmt dxrbmd1vw | X           | -                         |
| 0751T   | Dgtz gls mcscrp sld level ii | X           | -                         |
| 0752T   | Dgtz gls mcscrp sld lvl iii  | X           | -                         |
| 0753T   | Dgtz gls mcscrp sld level iv | X           | -                         |
| 0754T   | Dgtz gls mcscrp sld level v  | X           | -                         |
| 0755T   | Dgtz gls mcscrp sld level vi | X           | -                         |
| 0756T   | Dgtz gls mcscrp sld spc grpi | X           | -                         |
| 0757T   | Dgtz gls mcscrp sl spc grpii | X           | -                         |
| 0758T   | Dgtz gls mcscrp sl spc hchem | X           | -                         |
| 0759T   | Dgtz gls mcscrp sl sp grpiii | X           | -                         |
| 0760T   | Dgtz gls mcscrp sl imm 1st   | X           | -                         |
| 0761T   | Dgtz gls mcscrp sl imm ea 1  | X           | -                         |
| 0762T   | Dgtz gls mcscrp sl imm ea m  | X           | -                         |
| 0763T   | Dgtz gls mcscrp mphmtrc alys | X           | -                         |
| 0764T   | Asstv alg ecg rsk asmt cncrt | X           | -                         |
| 0765T   | Asstv alg ecg rsk asmt prev  | X           | -                         |
| 0766T   | Tc mag stimj pn 1st tx 1nr   | X           | -                         |
| 0767T   | Tc mag stimj pn 1st tx ea    | X           | -                         |
| 0768T   | Tc mag stimj pn sbsq tx 1nr  | X           | -                         |
| 0769T   | Tc mag stimj pn sbsq tx ea   | X           | -                         |
| 0770T   | Vr technology assist therapy | X           | -                         |
| 0771T   | Vr px dissoc svc sm phy 1st  | X           | -                         |
| 0772T   | Vr px dissoc svc sm phy ea   | X           | -                         |
| 0773T   | Vr px dissoc svc oth phy 1st | X           | -                         |
| 0774T   | Vr px dissoc svc oth phy ea  | X           | -                         |
| 0775T   | Arthrd si jt prq iartic impl | X           | -                         |

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| 0776T   | Ther indctj ntrabrn hypthrm  | X           | -                         |
| 0777T   | R-t prs sensing edrl gdn sys   | X           | -                         |
| 0778T   | Smmg cncrnt appl imu snr   | X           | -                         |
| 0779T   | Gi myoelectrical actv study  | X           | -                         |
| 0780T   | Instlj fecal microbiota ssp  | X           | -                         |
| 0781T   | Brnchsc rf dstrj pulm nrv bi   | X           | -                         |
| 0782T   | Brnchsc rf dstrj plm nrv uni   | X           | -                         |
| 0783T   | Tc auriculr neurostimulation   | X           | -                         |
| 0784T   | Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed  | X           | -                         |
| 0785T   | Revision or removal of neurostimulator electrode array, spinal, with integrated neurostimulator  | X           | -                         |
| 0786T   | Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed  | X           | -                         |
| 0787T   | Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator  | X           | -                         |
| 0788T   | Electronic analysis with simple programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 1-3 parameters        | X           | -                         |
| 0789T   | Electronic analysis with complex programming of implanted integrated neurostimulation system (eg, electrode array and receiver), including contact group(s), amplitude, pulse width, frequency (Hz), on/off cycling, burst, dose lockout, patient-selectable parameters, responsive neurostimulation, detection algorithms, closed-loop parameters, and passive parameters, when performed by physician or other qualified health care professional, spinal cord or sacral nerve, 4 or more parameters | X           | -                         |
| 0790T   | Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed   | X           | -                         |
| 0791T   | Motor-cognitive, semi-immersive virtual reality-facilitated gait training, each 15 minutes (list separately in addition to code for primary procedure)   | X           | -                         |
| 0792T   | Application of silver diamine fluoride 38%, by a physician or other qualified health care professiona  | X           | -                         |
| 0793T   | Percutaneous transcatheter thermal ablation of nerves innervating the pulmonary arteries, including right heart catheterization, pulmonary artery angiography, and all imaging guidance  | X           | -                         |
| 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  | X           | -                         |

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| 0795T   | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; complete system (ie, right atrial and right ventricular pacemaker components)   | X           | -                         |
| 0796T   | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component (when an existing right ventricular single leadless pacemaker exists to create a dual-chamber leadless pacemaker system) | X           | -                         |
| 0797T   | Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)   | X           | -                         |
| 0798T   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; complete system (ie, right atrial and right ventricular pacemaker components)  | X           | -                         |
| 0799T   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right atrial pacemaker component   | X           | -                         |
| 0800T   | Transcatheter removal of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)  | X           | -                         |
| 0801T   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; dual-chamber system (ie, right atrial and right ventricular pacemaker components)   | X           | -                         |
| 0802T   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right atrial pacemaker component  | X           | -                         |
| 0803T   | Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography, right ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed; right ventricular pacemaker component (when part of a dual-chamber leadless pacemaker system)   | X           | -                         |

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| 0804T   | Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, with analysis, review, and report, by a physician or other qualified health care professional, leadless pacemaker system in dual cardiac chambers  | X           | -                         |
| 0805T   | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); percutaneous femoral vein approach  | X           | -                         |
| 0806T   | Transcatheter superior and inferior vena cava prosthetic valve implantation (ie, caval valve implantation [cavi]); open femoral vein approach  | X           | -                         |
| 0807T   | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with previously acquired computed tomography (ct) images, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report  | X           | -                         |
| 0808T   | Pulmonary tissue ventilation analysis using software-based processing of data from separately captured cinefluorograph images; in combination with computed tomography (ct) images taken for the purpose of pulmonary tissue ventilation analysis, including data preparation and transmission, quantification of pulmonary tissue ventilation, data review, interpretation and report | X           | -                         |
| 0809T   | Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, placement of transfixing device(s) and intraarticular implant(s), including allograft or synthetic device(s)  | X           | -                         |
| 0810T   | Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies   | X           | -                         |
| 0811T   | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); set-up and patient education on use of equipment  | X           | -                         |
| 0812T   | Remote multi-day complex uroflowmetry (eg, calibrated electronic equipment); device supply with automated report generation, up to 10 days   | X           | -                         |
| 0813T   | Esophagogastroduodenoscopy, flexible, transoral, with volume adjustment of intragastric bariatric balloon  | X           | -                         |
| 0814T   | Percutaneous injection of calcium-based biodegradable osteoconductive material, proximal femur, including imaging guidance, unilateral   | X           | -                         |
| 0815T   | Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine  | X           | -                         |
| 0816T   | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subcutaneous   | X           | -                         |
| 0817T   | Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, including analysis, programming, and imaging guidance, when performed, posterior tibial nerve; subfascial   | X           | -                         |
| 0818T   | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcutaneous  | X           | -                         |
| 0819T   | Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfascial  | X           | -                         |
| 0820T   | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; first physician or other qualified health care professional, each hour  | X           | -                         |

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| 0821T   | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; second physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure)                                  | X           | -                         |
| 0822T   | Continuous in-person monitoring and intervention (eg, psychotherapy, crisis intervention), as needed, during psychedelic medication therapy; clinical staff under the direction of a physician or other qualified health care professional, concurrent with first physician or other qualified health care professional, each hour (List separately in addition to code for primary procedure) | X           | -                         |
| 0823T   | Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed   | X           | -                         |
| 0824T   | Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography), when performed  | X           | -                         |
| 0825T   | Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography and/or right ventriculography, femoral venography, cavography) and device evaluation (eg, interrogation or programming), when performed   | X           | -                         |
| 0826T   | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, review and report by a physician or other qualified health care professional, leadless pacemaker system in single-cardiac chamber   | X           | -                         |
| 0827T   | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; smears with interpretation (List separately in addition to code for primary procedure)  | X           | -                         |
| 0828T   | Digitization of glass microscope slides for cytopathology, fluids, washings, or brushings, except cervical or vaginal; simple filter method with interpretation (List separately in addition to code for primary procedure)  | X           | -                         |
| 0829T   | Digitization of glass microscope slides for cytopathology, concentration technique, smears, and interpretation (eg, Saccomanno technique) (List separately in addition to code for primary procedure)  | X           | -                         |
| 0830T   | Digitization of glass microscope slides for cytopathology, selective-cellular enhancement technique with interpretation (eg, liquid-based slide preparation method), except cervical or vaginal (List separately in addition to code for primary procedure)  | X           | -                         |
| 0831T   | Digitization of glass microscope slides for cytopathology, cervical or vaginal (any reporting system), requiring interpretation by physician (List separately in addition to code for primary procedure)   | X           | -                         |
| 0832T   | Digitization of glass microscope slides for cytopathology, smears, any other source; screening and interpretation (List separately in addition to code for primary procedure)  | X           | -                         |
| 0833T   | Digitization of glass microscope slides for cytopathology, smears, any other source; preparation, screening and interpretation (List separately in addition to code for primary procedure)   | X           | -                         |
| 0834T   | Digitization of glass microscope slides for cytopathology, smears, any other source; extended study involving over 5 slides and/or multiple stains (List separately in addition to code for primary procedure)   | X           | -                         |

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| 0835T   | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, first evaluation episode, each site (List separately in addition to code for primary procedure)                    | X           | -                         |
| 0836T   | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy for diagnosis, each separate additional evaluation episode, same site (List separately in addition to code for primary procedure) | X           | -                         |
| 0837T   | Digitization of glass microscope slides for cytopathology, evaluation of fine needle aspirate; interpretation and report (List separately in addition to code for primary procedure)  | X           | -                         |
| 0838T   | Digitization of glass microscope slides for consultation and report on referred slides prepared elsewhere (List separately in addition to code for primary procedure)   | X           | -                         |
| 0839T   | Digitization of glass microscope slides for consultation and report on referred material requiring preparation of slides (List separately in addition to code for primary procedure)  | X           | -                         |
| 0840T   | Digitization of glass microscope slides for consultation, comprehensive, with review of records and specimens, with report on referred material (List separately in addition to code for primary procedure)   | X           | -                         |
| 0841T   | Digitization of glass microscope slides for pathology consultation during surgery; first tissue block, with frozen section(s), single specimen (List separately in addition to code for primary procedure)  | X           | -                         |
| 0842T   | Digitization of glass microscope slides for pathology consultation during surgery; each additional tissue block with frozen section(s) (List separately in addition to code for primary procedure)  | X           | -                         |
| 0843T   | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), initial site (List separately in addition to code for primary procedure)  | X           | -                         |
| 0844T   | Digitization of glass microscope slides for pathology consultation during surgery; cytologic examination (eg, touch preparation, squash preparation), each additional site (List separately in addition to code for primary procedure)  | X           | -                         |
| 0845T   | Digitization of glass microscope slides for immunofluorescence, per specimen; initial single antibody stain procedure (List separately in addition to code for primary procedure)   | X           | -                         |
| 0846T   | Digitization of glass microscope slides for immunofluorescence, per specimen; each additional single antibody stain procedure (List separately in addition to code for primary procedure)   | X           | -                         |
| 0847T   | Digitization of glass microscope slides for examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis) (List separately in addition to code for primary procedure)                                    | X           | -                         |
| 0848T   | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)  | X           | -                         |
| 0849T   | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)  | X           | -                         |
| 0850T   | Digitization of glass microscope slides for in situ hybridization (eg, FISH), per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)  | X           | -                         |
| 0851T   | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; initial single probe stain procedure (List separately in addition to code for primary procedure)                                   | X           | -                         |

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| 0852T   | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each additional single probe stain procedure (List separately in addition to code for primary procedure)  | X           | -                         |
| 0853T   | Digitization of glass microscope slides for morphometric analysis, in situ hybridization (quantitative or semiquantitative), manual, per specimen; each multiplex probe stain procedure (List separately in addition to code for primary procedure)  | X           | -                         |
| 0854T   | Digitization of glass microscope slides for blood smear, peripheral, interpretation by physician with written report (List separately in addition to code for primary procedure)   | X           | -                         |
| 0855T   | Digitization of glass microscope slides for bone marrow, smear interpretation (List separately in addition to code for primary procedure)  | X           | -                         |
| 0856T   | Digitization of glass microscope slides for electron microscopy, diagnostic (List separately in addition to code for primary procedure)  | X           | -                         |
| 0857T   | Opto-acoustic imaging, breast, unilateral, including axilla when performed, real-time with image documentation, augmentative analysis and report (List separately in addition to code for primary procedure)   | X           | -                         |
| 0858T   | Externally applied transcranial magnetic stimulation with concomitant measurement of evoked cortical potentials with automated report  | X           | -                         |
| 0859T   | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), other than for screening for peripheral arterial disease, image acquisition, interpretation, and report; each additional anatomic site (List separately in addition to code for primary procedure) | X           | -                         |
| 0860T   | Noncontact near-infrared spectroscopy (eg, for measurement of deoxyhemoglobin, oxyhemoglobin, and ratio of tissue oxygenation), for screening for peripheral arterial disease, including provocative maneuvers, image acquisition, interpretation, and report, one or both lower extremities                                       | X           | -                         |
| 0863T   | Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only  | X           | -                         |
| 0867T   | Transperineal laser ablation of benign prostatic hyperplasia, including imaging guidance prostate volume greater or equal to 50 mL   | X           | -                         |
| 0868T   | High-resolution gastric electrophysiology mapping with simultaneous patientsymptom profiling, with interpretation and report   | X           | -                         |
| 0869T   | Injection(s), bone-substitute material for bone and/or soft tissue hardware fixation augmentation, including intraoperative imaging guidance, when performed   | X           | -                         |
| 0870T   | Implantation of subcutaneous peritoneal ascites pump system, percutaneous, including pump-pocket creation, insertion of tunneled indwelling bladder and peritoneal catheters with pump connections, including all imaging and initial programming, when performed  | X           | -                         |
| 0871T   | Replacement of a subcutaneous peritoneal ascites pump, including reconnection between pump and indwelling bladder and peritoneal catheters, including initial programming and imaging, when performed  | X           | -                         |
| 0872T   | Replacement of indwelling bladder and peritoneal catheters, including tunneling of catheter(s) and connection with previously implanted peritoneal ascites pump, including imaging and programming, when performed   | X           | -                         |

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| 0873T   | Revision of a subcutaneously implanted peritoneal ascites pump system, any component (ascites pump, associated peritoneal catheter, associated bladder catheter), including imaging and programming, when performed   | X           | -                         |
| 0874T   | Removal of a peritoneal ascites pump system, including implanted peritoneal ascites pump and indwelling bladder and peritoneal catheters  | X           | -                         |
| 0875T   | Programming of subcutaneously implanted peritoneal ascites pump system by physician or other qualified health care professional   | X           | -                         |
| 0876T   | Duplex scan of hemodialysis fistula, computer-aided, limited (volume flow, diameter, and depth, including only body of fistula)   | X           | -                         |
| 0877T   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained without concurrent CT examination of any structure contained in previously acquired diagnostic imaging | X           | -                         |
| 0878T   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; obtained with concurrent CT examination of the same structure   | X           | -                         |
| 0879T   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; radiological data preparation and transmission  | X           | -                         |
| 0880T   | Augmentative analysis of chest computed tomography (CT) imaging data to provide categorical diagnostic subtype classification of interstitial lung disease; physician or other qualified health care professional interpretation and report                                 | X           | -                         |
| 0881T   | Cryotherapy of the oral cavity using temperature regulated fluid cooling system, including placement of an oral device, monitoring of patient tolerance to treatment, and removal of the oral device  | X           | -                         |
| 0882T   | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; initial nerve (List separately in addition to code for primary procedure)                | X           | -                         |
| 0883T   | Intraoperative therapeutic electrical stimulation of peripheral nerve to promote nerve regeneration, including lead placement and removal, upper extremity, minimum of 10 minutes; each additional nerve (List separately in addition to code for primary procedure)        | X           | -                         |
| 0884T   | Esophagoscopy, flexible, transoral, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for esophageal stricture, including fluoroscopic guidance, when performed           | X           | -                         |
| 0885T   | Colonoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed                           | X           | -                         |
| 0886T   | Sigmoidoscopy, flexible, with initial transendoscopic mechanical dilation (eg, nondrug-coated balloon) followed by therapeutic drug delivery by drug-coated balloon catheter for colonic stricture, including fluoroscopic guidance, when performed                         | X           | -                         |

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| 0887T   | End-tidal control of inhaled anesthetic agents and oxygen to assist anesthesia care delivery (List separately in addition to code for primary procedure)  | X           | -                         |
| 0888T   | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance   | X           | -                         |
| 0889T   | Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state functional MRI, including data preparation and transmission, generation of the target, motor threshold-starting location, neuronavigation files and target report, review and interpretation                               | X           | -                         |
| 0890T   | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigation, delivery and management, initial treatment day   | X           | -                         |
| 0891T   | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day  | X           | -                         |
| 0892T   | Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold redetermination with delivery and management, per treatment day  | X           | -                         |
| 0893T   | Noninvasive assessment of blood oxygenation, gas exchange efficiency, and cardiorespiratory status, with physician or other qualified health care professional interpretation and report  | X           | -                         |
| 0894T   | Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion   | X           | -                         |
| 0895T   | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment)  | X           | -                         |
| 0896T   | Connection of liver allograft to normothermic machine perfusion device, hemostasis control; each additional hour, including physiological and laboratory assessments (eg, perfusate temperature, perfusate pH, hemodynamic parameters, bile production, bile pH, bile glucose, biliary bicarbonate, lactate levels, macroscopic assessment) (List separately in addition to code for primary procedure) | X           | -                         |
| 0897T   | Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead electrocardiogram and uploaded clinical parameters, including uploading clinical parameters with interpretation and report  | X           | -                         |
| 0898T   | Noninvasive prostate cancer estimation map, derived from augmentative analysis of image-guided fusion biopsy and pathology, including visualization of margin volume and location, with margin determination and physician interpretation and report  | X           | -                         |
| 0899T   | Noninvasive determination of absolute quantitation of myocardial blood flow (AQMBF), derived from augmentative algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)                  | X           | -                         |

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| 0900T   | Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnetic resonance (CMR), pharmacologic stress, with interpretation and report by a physician or other qualified health care professional (List separately in addition to code for primary procedure)  | X           | -                         |
| 0901T   | Placement of bone marrow sampling port, including imaging guidance when performed   | X           | -                         |
| 0902T   | QTc interval derived by augmentative algorithmic analysis of input from an external, patient-activated mobile ECG device  | X           | -                         |
| 0903T   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; with interpretation and report  | X           | -                         |
| 0904T   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; tracing only  | X           | -                         |
| 0905T   | Electrocardiogram, algorithmically generated 12-lead ECG from a reduced-lead ECG; interpretation and report only  | X           | -                         |
| 0906T   | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; first application, total wound(s) surface area less than or equal to 50 sq cm   | X           | -                         |
| 0907T   | Concurrent optical and magnetic stimulation (COMS) therapy, wound assessment and dressing care; each additional application, total wound(s) surface area less than or equal to 50 sq cm (List separately in addition to code for primary procedure)   | X           | -                         |
| 0908T   | Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed  | X           | -                         |
| 0909T   | Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed  | X           | -                         |
| 0910T   | Removal of integrated neurostimulation system, vagus nerve  | X           | -                         |
| 0911T   | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional  | X           | -                         |
| 0912T   | Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional  | X           | -                         |
| 0913T   | Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch   | X           | -                         |
| 0914T   | Percutaneous transcatheter therapeutic drug delivery by intracoronary drug-delivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the target lesion treated with balloon angioplasty, coronary stent placement or coronary atherectomy, including mechanical dilation by nondrug-delivery balloon angioplasty, endoluminal imaging using intravascular ultrasound (IVUS) or optical coherence tomography (OCT) when performed, imaging supervision, interpretation, and report, single major coronary artery or branch (List separately in addition to code for percutaneous coronary stent or atherectomy intervention) | X           | -                         |
| 0915T   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator and dual transvenous electrodes/leads (pacing and defibrillation)  | X           | -                         |

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| 0916T   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; pulse generator only   | X           | -                         |
| 0917T   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; single transvenous lead (pacing or defibrillation) only  | X           | -                         |
| 0918T   | Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and therapeutic parameters; dual transvenous leads (pacing and defibrillation) only  | X           | -                         |
| 0919T   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only  | X           | -                         |
| 0920T   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only   | X           | -                         |
| 0921T   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only   | X           | -                         |
| 0922T   | Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only   | X           | -                         |
| 0923T   | Removal and replacement of permanent cardiac contractility modulation-defibrillation pulse generator only   | X           | -                         |
| 0924T   | Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sensing and therapeutic parameters   | X           | -                         |
| 0925T   | Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator   | X           | -                         |
| 0926T   | Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation-defibrillation system  | X           | -                         |
| 0927T   | Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac contractility modulation-defibrillation system  | X           | -                         |
| 0928T   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qualified health care professional  | X           | -                         |
| 0929T   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results  | X           | -                         |
| 0930T   | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), at time of initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator | X           | -                         |

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| 0931T   | Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of sensing and therapy for arrhythmia termination), separate from initial implantation or replacement with testing of cardiac contractility modulation-defibrillator pulse generator                                     | X           | -                         |
| 0932T   | Noninvasive detection of heart failure derived from augmentative analysis of an echocardiogram that demonstrated preserved ejection fraction, with interpretation and report by a physician or other qualified health care professional  | X           | -                         |
| 0933T   | Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart catheterization, transseptal puncture, imaging guidance, and radiological supervision and interpretation  | X           | -                         |
| 0934T   | Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and trend analysis, with adjustments to the diuretics plan, treatment paradigm thresholds, medications or lifestyle modifications, when performed, and report(s) by a physician or other qualified health care professional | X           | -                         |
| 0935T   | Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of ureteral sheath(s) and multiple conformable electrodes, contrast injection(s), and fluoroscopy, bilateral  | X           | -                         |
| 0936T   | Photobiomodulation therapy of retina, single session   | X           | -                         |
| 0937T   | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; including recording, scanning analysis with report, review and interpretation by a physician or other qualified health care professional  | X           | -                         |
| 0938T   | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; recording (including connection and initial recording)  | X           | -                         |
| 0939T   | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; scanning analysis with report   | X           | -                         |
| 0940T   | External electrocardiographic recording for greater than 15 days up to 30 days by continuous rhythm recording and storage; review and interpretation by a physician or other qualified health care professional  | X           | -                         |
| 0941T   | Cystourethroscopy, flexible; with insertion and expansion of prostatic urethral scaffold using integrated cystoscopic visualization  | X           | -                         |
| 0942T   | Cystourethroscopy, flexible; with removal and replacement of prostatic urethral scaffold   | X           | -                         |
| 0943T   | Cystourethroscopy, flexible; with removal of prostatic urethral scaffold   | X           | -                         |
| 0944T   | 3D contour simulation of target liver lesion(s) and margin(s) for image-guided percutaneous microwave ablation   | X           | -                         |
| 0945T   | Intraoperative assessment for abnormal (tumor) tissue, in-vivo, following partial mastectomy (eg, lumpectomy) using computer-aided fluorescence imaging (List separately in addition to code for primary procedure)  | X           | -                         |
| 0946T   | Orthopedic implant movement analysis using paired computed tomography (CT) examination of the target structure, including data acquisition, data preparation and transmission, interpretation and report (including CT scan of the joint or extremity performed with paired views)   | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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|---|--|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |  |             |                           |
| 0947T   | Magnetic resonance image guided low intensity focused ultrasound (MRgFUS), stereotactic blood-brain barrier disruption using microbubble resonators to increase the concentration of blood-based biomarkers of target, intracranial, including stereotactic navigation and frame placement, when performed | X           | -                         |
| 0948T   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified health care professional  | X           | -                         |
| 0949T   | Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, technical support, and distribution of results  | X           | -                         |
| 0950T   | Ablation of benign prostate tissue, transrectal, with high intensity–focused ultrasound (HIFU), including ultrasound guidance  | X           | -                         |
| 0951T   | Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor  | X           | -                         |
| 0952T   | revision or replacement, with mastoidectomy and replacement of sound processor   | X           | -                         |
| 0953T   | revision or replacement, without mastoidectomy and replacement of sound processor  | X           | -                         |
| 0954T   | replacement of sound processor only, with attachment to existing transducers   | X           | -                         |
| 0955T   | removal, including removal of sound processor and all implant components   | X           | -                         |
| 0956T   | Partial craniectomy, channel creation, and tunneling of electrode for sub-scalp implantation of an electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance   | X           | -                         |
| 0957T   | Revision of sub-scalp implanted electrode array, receiver, and telemetry unit for electrode, when required, including imaging guidance   | X           | -                         |
| 0958T   | Removal of sub-scalp implanted electrode array, receiver, and telemetry unit for continuous bilateral electroencephalography monitoring system, including imaging guidance   | X           | -                         |
| 0959T   | Removal or replacement of magnet from coil assembly that is connected to continuous bilateral electroencephalography monitoring system, including imaging guidance   | X           | -                         |
| 0960T   | Replacement of sub-scalp implanted electrode array, receiver, and telemetry unit with tunneling of electrode for continuous bilateral electroencephalography monitoring system, including imaging guidance   | X           | -                         |
| 0961T   | Shortwave infrared radiation imaging, surgical pathology specimen, to assist gross examination for lymph node localization in fibroadipose tissue, per specimen (List separately in addition to code for primary procedure)  | X           | -                         |
| 0962T   | Assistive algorithmic analysis of acoustic and electrocardiogram recording for detection of cardiac dysfunction (eg, reduced ejection fraction, cardiac murmurs, atrial fibrillation), with review and interpretation by a physician or other qualified health care professional                           | X           | -                         |
| 0963T   | Anoscopy with directed submucosal injection of bulking agent into anal canal   | X           | -                         |
| 0964T   | Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mechanism  | X           | -                         |
| 0965T   | dual arch, with additional mandibular advancement, non-fixed hinge mechanism   | X           | -                         |
| 0966T   | dual arch, with additional mandibular advancement, fixed hinge mechanism   | X           | -                         |
| 0967T   | Transanal insertion of endoluminal temporary colorectal anastomosis protection device, including vacuum anchoring component and flexible sheath connected to external vacuum source and monitoring system  | X           | -                         |

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| 0968T   | Insertion or replacement of epicranial neurostimulator system, including electrode array and pulse generator, with connection to electrode array  | X           | -                         |
| 0969T   | Removal of epicranial neurostimulator system  | X           | -                         |
| 0970T   | Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor  | X           | -                         |
| 0971T   | Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral   | X           | -                         |
| 0972T   | Assistive algorithmic classification of burn healing (ie, healing or nonhealing) by noninvasive multispectral imaging, including system set-up and acquisition, selection, and transmission of images, with automated generation of report  | X           | -                         |
| 0973T   | Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, trunk, arms, legs; first 100 sq cm  | X           | -                         |
| 0974T   | each additional 100 sq cm (List separately in addition to code for primary procedure)   | X           | -                         |
| 0975T   | Selective enzymatic debridement, partial-thickness and/or full-thickness burn eschar, requiring anesthesia (ie, general anesthesia, moderate sedation), including patient monitoring, scalp, neck, hands, feet, and/or multiple digits; first 100 sq cm   | X           | -                         |
| 0976T   | each additional 100 sq cm (List separately in addition to code for primary procedure)   | X           | -                         |
| 0977T   | Upper gastrointestinal blood detection, sensor capsule, with interpretation and report  | X           | -                         |
| 0978T   | Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil   | X           | -                         |
| 0979T   | soft palate only  | X           | -                         |
| 0980T   | base of tongue and lingual tonsil only  | X           | -                         |
| 0981T   | Transcatheter implantation of wireless inferior vena cava sensor for long-term hemodynamic monitoring, including deployment of the sensor, radiological supervision and interpretation, right heart catheterization, and inferior vena cava venography, when performed  | X           | -                         |
| 0982T   | Remote monitoring of implantable inferior vena cava pressure sensor, physiologic parameter(s) (eg, weight, blood pressure, pulse oximetry, respiratory flow rate), initial set-up and patient education on use of equipment   | X           | -                         |
| 0983T   | Remote monitoring of an implanted inferior vena cava sensor for up to 30 days, including at least weekly downloads of inferior vena cava area recordings, interpretation(s), trend analysis, and report(s) by a physician or other qualified health care professional   | X           | -                         |
| 0984T   | Intravascular imaging of extracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) | X           | -                         |
| 0985T   | each additional vessel (List separately in addition to code for primary procedure)  | X           | -                         |
| 0986T   | Intravascular imaging of intracranial cerebral vessels using optical coherence tomography (OCT) during diagnostic evaluation and/or therapeutic intervention, including all associated radiological supervision, interpretation, and report; initial vessel (List separately in addition to code for primary procedure) | X           | -                         |
| 0987T   | each additional vessel (List separately in addition to code for primary procedure)  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |   |             |                           |
| 1123F   | Advance care planning discussed and documented advance care plan or surrogate decision maker documented in the medical record (dem) (ger, pall cr)                              | 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 ( | X           | -                         |
| 1125F   | Pain severity quantified; pain present (onc)1   | X           | -                         |
| 1126F   | Pain severity quantified; no pain present (onc)1  | X           | -                         |
| 1127F   | New episode for condition (nma-no measure associated)   | X           | -                         |
| 1128F   | Subsequent episode for condition (nma-no measure associated)  | X           | -                         |
| 1130F   | Back pain and function assessed, including all of the following: pain assessment and functional status and patient histo  | X           | -                         |
| 1134F   | Episode of back pain lasting 6 weeks or less (bkp)  | X           | -                         |
| 1135F   | Episode of back pain lasting longer than six weeks (bkp)2   | X           | -                         |
| 1136F   | Episode of back pain lasting 12 weeks or less (bkp)2  | X           | -                         |
| 1137F   | Episode of back pain lasting longer than 12 weeks (bkp)2  | X           | -                         |
| 1150F   | Documentation that a patient has a substantial risk of death within 1 year (pall cr)  | X           | -                         |
| 1151F   | Documentation that a patient does not have a substantial risk of death within one year (pall cr)  | X           | -                         |
| 1152F   | Documentation of advanced disease diagnosis, goals of care prioritize comfort (pall cr)   | X           | -                         |
| 1153F   | Documentation of advanced disease diagnosis, goals of care do not prioritize comfort (pall cr)  | X           | -                         |
| 1157F   | Advance care plan or similar legal document present in the medical record (coa)   | X           | -                         |
| 1158F   | Advance care planning discussion documented in the medical record (coa)   | X           | -                         |
| 1159F   | Medication list documented in medical record (coa)  | X           | -                         |
| 1160F   | Rvw meds by rx/dr in rcrd   | X           | -                         |
| 1170F   | Functional status assessed (coa) (ra)   | X           | -                         |
| 1175F   | Functional status for dementia assessed and results reviewed (dem)  | X           | -                         |
| 1180F   | All specified thromboembolic risk factors assessed (afib)   | X           | -                         |
| 1181F   | Neuropsychiatric symptoms assessed and results reviewed (dem)   | X           | -                         |
| 1182F   | Neuropsychiatric symptoms, one or more present (dem)  | X           | -                         |
| 1183F   | Neuropsychiatric symptoms, absent (dem)   | X           | -                         |
| 1200F   | Seizure type(s) and current seizure frequency(ies) documented (epi)   | X           | -                         |
| 1205F   | Etiology of epilepsy or epilepsy syndrome(s) reviewed and documented (epi)  | X           | -                         |
| 1220F   | Patient screened for depression (sud)   | X           | -                         |
| 1400F   | Prkns diag rviewed  | X           | -                         |
| 1450F   | Symptoms improved or remained consistent with treatment goals since last assessment (hf)  | X           | -                         |
| 1451F   | Symptoms demonstrated clinically important deterioration since last assessment (hf)   | X           | -                         |
| 1460F   | Qualifying cardiac event/diagnosis in previous 12 months (cad)  | X           | -                         |
| 1461F   | No qualifying cardiac event/diagnosis in previous 12 months (cad)   | X           | -                         |
| 1490F   | Dementia severity classified, mild (dem)  | X           | -                         |
| 1491F   | Dementia severity classified, moderate (dem)  | X           | -                         |
| 1493F   | Dementia severity classified, severe (dem)  | X           | -                         |

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| 1494F   | Cognition assessed and reviewed (dem)  | X           | -                         |
| 1500F   | Symptom + sign symm polyneuro  | X           | -                         |
| 1501F   | Not initial eval for cond  | X           | -                         |
| 1502F   | Pt queried pain fxn w/instr  | X           | -                         |
| 1503F   | Pt queried symp resp insufficient  | X           | -                         |
| 1504F   | Pt has resp insufficiency  | X           | -                         |
| 1505F   | Pt has no resp insufficiency   | X           | -                         |
| 2000F   | Blood pressure measured (ckd)(dm)  | X           | -                         |
| 2001F   | Weight recorded (pag)  | X           | -                         |
| 2002F   | Clinical signs of volume overload (excess) assessed (nma - no measure associated)  | X           | -                         |
| 2004F   | Initial examination of the involved joint(s)   | X           | -                         |
| 2010F   | Vital signs recorded (includes at minimum: temperature, pulse, respiration, and blood pressure)(cap)                     | X           | -                         |
| 2014F   | Mental status assessed (normal/mildly impaired/severely impaired)(cap)   | X           | -                         |
| 2015F   | Asthma impairment assessed (asthma)  | X           | -                         |
| 2016F   | Asthma risk assessed (asthma)  | X           | -                         |
| 2018F   | Hydration status assessed (normal/mildly dehydrated/severely dehydrated)   | X           | -                         |
| 2019F   | Dilated macular exam performed, including documentation of the presence or absence of macular thickening or hemorrhage   | X           | -                         |
| 2020F   | Dilated fundus evaluation performed within six months prior to cataract surgery (ec)                                     | X           | -                         |
| 2021F   | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level  | X           | -                         |
| 2022F   | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist documented and reviewed (dm)           | X           | -                         |
| 2023F   | Dilat rta xm w/o rtnophy   | X           | -                         |
| 2024F   | Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist documented and review  | X           | -                         |
| 2025F   | F 7 fld rta photo w/o rtnophy  | X           | -                         |
| 2026F   | Eye imaging validated to match diagnosis from seven standard field stereoscopic photos results documented and reviewed   | X           | -                         |
| 2027F   | Optic nerve head evaluation performed (ec)   | X           | -                         |
| 2028F   | Foot examination performed (includes examination through visual inspection, sensory exam with monofilament, and pulse    | X           | -                         |
| 2029F   | Complete physical skin exam performed (ml)   | X           | -                         |
| 2030F   | Hydration status documented, normally hydrated (pag)   | X           | -                         |
| 2031F   | Hydration status documented, dehydrated (pag)  | X           | -                         |
| 2033F   | Eye img valid w/o rtnophy  | X           | -                         |
| 2035F   | Tympanic membrane mobility assessed with pneumatic otoscopy or tympanometry (ome)  | X           | -                         |
| 2040F   | Physical examination on the date of the initial visit for low back pain performed, in accordance with specifications (bk | X           | -                         |

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| 2044F   | Documentation of mental health assessment prior to intervention (back surgery or epidural steroid injection) or for back  | X           | -                         |
| 2050F   | Wound characteristics including size and nature of wound base tissue and amount of drainage prior to debridement documented (cwc)   | X           | -                         |
| 2060F   | Patient interviewed directly by evaluating clinician on or before date of diagnosis of major depressive disorder (mdd ad  | X           | -                         |
| 3006F   | Chest xray results documented and reviewed (cap)  | X           | -                         |
| 3008F   | Body mass index (bmi), documented (pv)  | X           | -                         |
| 3011F   | Lipid panel results documented and reviewed (must include total cholesterol, hdl-c, triglycerides and calculated ldl-c)   | X           | -                         |
| 3014F   | Screening mammography results documented and reviewed   | X           | -                         |
| 3015F   | Cervical cancer screening results documented and reviewed (pv)  | X           | -                         |
| 3016F   | Patient screened for unhealthy alcohol use using a systematic screening method (pv)   | X           | -                         |
| 3017F   | Colorectal cancer screening results documented and reviewed (pv) includes: fecal occult blood testing annually, flexible  | X           | -                         |
| 3018F   | Including location of each polyp, size, number and gross morp   | X           | -                         |
| 3019F   | Left ventricular ejection fraction (lvef) assessment planned post discharge (hf)  | X           | -                         |
| 3020F   | Left ventricular function (lvf) assessment (eg, echocardiography, nuclear test, or ventriculography) documented in the medical record (includes quantitative or qualitative ass | X           | -                         |
| 3021F   | Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular  | X           | -                         |
| 3022F   | Left ventricular ejection fraction (lvef) ≥40% or documentation as normal or mildly depressed left ventricular systolic   | X           | -                         |
| 3023F   | Spirometry results documented and reviewed (copd)   | X           | -                         |
| 3025F   | Spirometry test results demonstrate fev1/fvc <70% with copd symptoms (eg, dyspnea, cough/sputum, wheezing)  | X           | -                         |
| 3027F   | Spirometry test results demonstrate fev1/fvc ≥70% or patient does not have copd symptoms (copd)   | X           | -                         |
| 3028F   | Oxygen saturation results documneted and reviewed (includes assessment through pulse oximetry or arterial blood gas   | X           | -                         |
| 3035F   | Oxygen saturation ,=88% or a pao2 ≤55 hg1 (copd)  | X           | -                         |
| 3037F   | Oxygen saturation > 88% or pao2 > 55mmhg1 (copd)  | X           | -                         |
| 3038F   | Pulmonary function test performed within 12 months prior to surgery (lung/esop cx)  | X           | -                         |
| 3040F   | Functional expiratory volume (fev1) <40% of predicted value (copd)  | X           | -                         |
| 3042F   | Functional expiratory volume (fev1) ≥40% of predicted value (copd)  | X           | -                         |
| 3044F   | Most recent hemoglobin a1c level <7.0% (dm)   | X           | -                         |
| 3046F   | Hemoglobin a1c level > 9.0%   | X           | -                         |
| 3048F   | Most recent ldl-c less than 100 mg/dl (cad) (dm)  | X           | -                         |
| 3049F   | Most recent ldl-c 100-129 mg/dl (cad) (dm)  | X           | -                         |
| 3050F   | Most recent ldl-c greater than or equal to 130 mg/dl (cad) (dm)   | X           | -                         |

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| 3051F   | Hg a1c>equal 7.0%<8.0%  | X           | -                         |
| 3052F   | Hg a1c>equal 8.0%   | X           | -                         |
| 3055F   | Left ventricular ejection fraction (lvef) less than or equal to 35% (hf)  | X           | -                         |
| 3056F   | Left ventricular ejection fraction (lvef) greater than 35% or no lvef result available (hf)   | X           | -                         |
| 3060F   | Positive microalbuminuria test result documented and reviewed (dm)  | X           | -                         |
| 3061F   | Negative microalbuminuria test result documented and reviewed (dm)  | X           | -                         |
| 3062F   | Positive macroalbuminuria test result documented and reviewed (dm)  | X           | -                         |
| 3066F   | Documentation of treatment for nephropathy (eg, patient receiving dialyssi, patient being treated for esrd, crf, arf  | X           | -                         |
| 3072F   | Low risk for retinopathy (no evidence of retinopathy in the prior year) (dm)  | X           | -                         |
| 3073F   | Pre-surgical (cataract) axial length, corneal power measurement and method of intraocular lens power calculation documen  | X           | -                         |
| 3074F   | Most recent systolic blood pressure less than 130 mm hg (dm) (htn, ckd, cad)  | X           | -                         |
| 3075F   | Most recent systolic blood pressure 130 - 139 mm hg (dm) (htn, ckd, cad)  | X           | -                         |
| 3077F   | Most recent systolic blood pressure greater than or equal to 140 mm hg (htn, ckd, cad) (dm)   | X           | -                         |
| 3078F   | Most recent diastolic blood pressure less than 80 mm hg (htn, ckd, cad) (dm)  | X           | -                         |
| 3079F   | Most recent diastolic blood pressure 80-89 mm hg (htn, ckd, cad) (dm)   | X           | -                         |
| 3080F   | Most recent diastolic blood pressure greater than or equal to 90 mm hg (htn, ckd, cad) (dm)   | X           | -                         |
| 3082F   | Kt/v <1.2 (clearance of urea (kt)/volume (v)) (esrd)  | X           | -                         |
| 3083F   | Kt/v equal to or greater than 1.2 and less than 1.7 (clearance of urea (kt)/volume (v)) (esrd)  | X           | -                         |
| 3084F   | Kt/v >= 1.7 (clearance of urea (kt)/volume (v)) (esrd)  | X           | -                         |
| 3085F   | Suicide risk assessed (mdd)   | X           | -                         |
| 3088F   | Major depressive disorder, mild (mdd)   | X           | -                         |
| 3089F   | Major depressive disorder, moderate (mdd)   | X           | -                         |
| 3090F   | Major depressive disorder, severe without psychotic features (mdd)  | X           | -                         |
| 3091F   | Major depressive disorder, severe with psychotic features (mdd)   | X           | -                         |
| 3092F   | Major depressive disorder, in remission (mdd)   | X           | -                         |
| 3093F   | Documentation of new diagnosis of initial or recurrent episode of major depressive disorder (mdd)   | X           | -                         |
| 3095F   | Central dual - energy x-ray absorptionmetry (dxa) results documented (op)   | X           | -                         |
| 3096F   | Central dual - energy x-ray absorptionmetry (dxa) ordered (op)  | X           | -                         |
| 3100F   | Carotid imaging study report includes direct or indirect reference to measurements of distal internal carotid diameter a  | X           | -                         |
| 3110F   | Documentation in final ct or mri report of presence or absence of hemorrhage and mass lesion and acute infarction (str)   | X           | -                         |
| 3111F   | Ct or mri of the brain performed in the hospital within 24 hours of arrival or performed in an outpatient imaging center, to confirm initial diagnosis of stroke, tia or intrac | X           | -                         |
| 3112F   | Ct or mri of the brain performed greater than 24 hours after arrival to the hospital or performed in an outpatient imaging center for purpose other than confirmation of initia | X           | -                         |
| 3115F   | Quantitative results of an evaluation of current level of activity and clinical symptoms (hf)   | X           | -                         |

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| 3117F   | Heart failure disease specific structured assessment tool completed (hf)   | X           | -                         |
| 3118F   | New york heart association (nyha) class documented (hf)  | X           | -                         |
| 3119F   | No evaluation of level of activity or clinical symptoms (hf)   | X           | -                         |
| 3120F   | 12-lead ecg performed (em)   | X           | -                         |
| 3126F   | Esoph bx rppt w/dyspl info   | X           | -                         |
| 3130F   | Upper gastrointestinal endoscopy performed (gerd)  | X           | -                         |
| 3132F   | Documentation of referral for upper gastrointestinal endoscopy (gerd)  | X           | -                         |
| 3140F   | Upper gastrointestinal endoscopy report indicates suspicion of barrett's esophagus (gerd)                                | X           | -                         |
| 3141F   | Upper gastrointestinal endoscopy report indicates no suspicion of barrett's esophagus (gerd)                             | X           | -                         |
| 3142F   | Barium swallow test ordered (gerd)   | X           | -                         |
| 3150F   | Forceps esophageal biopsy performed (gerd)   | X           | -                         |
| 3155F   | Cytogenetic testing performed on bone marrow at time of diagnosis or prior to initiating treatment (hem)                 | X           | -                         |
| 3160F   | Documentation of iron stores prior to initiating erythropoietin therapy (hem)  | X           | -                         |
| 3170F   | Flow cytometry studies performed at time of diagnosis or prior to initiating treatment (hem)                             | X           | -                         |
| 3200F   | Barium swallow test not ordered (gerd)   | X           | -                         |
| 3210F   | Group a strep test performed (phar)  | X           | -                         |
| 3215F   | Patient has documented immunity to hepatitis a (hep-c)   | X           | -                         |
| 3216F   | Patient has documented immunity to hepatitis b (hep-c)   | X           | -                         |
| 3218F   | Rna testing for hepatitis c documented as performed within six months prior to initiation of antiviral treatment for hep | X           | -                         |
| 3220F   | Hepatitis c quantitative rna testing documented as performed at 12 weeks from initiation of antiviral treatment (hep-c)  | X           | -                         |
| 3230F   | Documentation that hearing test was performed within 6 months prior to tympanostomy tube insertion (ome)                 | X           | -                         |
| 3250F   | Specimen biopsy site other than anatomic location of primary tumor (eg, liver biopsy, lymph node biopsy) (path)          | X           | -                         |
| 3260F   | Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade documented in pathology report (pa | X           | -                         |
| 3265F   | Ribonucleic acid (rna) testing for hepatitis c viremia ordered or results documented (hep c)1                            | X           | -                         |
| 3266F   | Hepatitis c genotype testing documented as performed prior to initiation of antiviral treatment for hepatitis c (hep c)1 | X           | -                         |
| 3267F   | Pathology report includes pt category, pn category, gleason score and statement about margin status (path)               | X           | -                         |
| 3268F   | Prostate-specific antigen (psa), and primary tumor (t) stage, and gleason score documented prior to initiation of treatm | X           | -                         |
| 3269F   | Bone scan performed prior to initiation of treatment or at any time since diagnosis of prostate cancer (prca)1           | X           | -                         |
| 3270F   | Bone scan not performed prior to initiation of treatment nor at any time since diagnosis of prostate cancer (prca)1      | X           | -                         |
| 3271F   | Low risk of recurrence, prostate cancer (prca)1  | X           | -                         |
| 3272F   | Intermediate risk of recurrence, prostate cancer (prca)1   | X           | -                         |
| 3273F   | High risk of recurrence, prostate cancer (prca)1   | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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| 3274F   | Prostate cancer risk of recurrence not determined or neither low, intermediate nor high (prca)1                          | X           | -                         |
| 3278F   | Serum levels of calcium, phosphorus, intact parathyroid hormone (pth) and lipid profile ordered (ckd)1                   | X           | -                         |
| 3279F   | Hemoglobin level greater than or equal to 13 g/dl (ckd, esrd)1   | X           | -                         |
| 3280F   | Hemoglobin level 11 g/dl to 12.9 g/dl (ckd, esrd)1   | X           | -                         |
| 3281F   | Hemoglobin level less than 11 g/dl (ckd, esrd)1  | X           | -                         |
| 3284F   | Intraocular pressure (iop) reduced by a value of greater than or equal to 15% from the pre-intervention level (ec)5      | X           | -                         |
| 3285F   | Intraocular pressure (iop) reduced by a value less than 15% from the pre-intervention level (ec)5                        | X           | -                         |
| 3288F   | Falls risk assessment documented (ger)5  | X           | -                         |
| 3290F   | Patient is d (rh) negative and unsensitized (prenatal)1  | X           | -                         |
| 3291F   | Patient is d (rh) positive or sensitized (prenatal)1   | X           | -                         |
| 3292F   | Hiv testing ordered or documented and reviewed during the first or second prenatal visit (prenatal)1                     | X           | -                         |
| 3293F   | Abo and rh blood typing documented as performed (pre-cr)   | X           | -                         |
| 3294F   | Group b streptococcus (gbs) screening documented as performed during week 35-37 gestation (pre-cr)                       | X           | -                         |
| 3300F   | American joint committee on cancer (ajcc) stage documented and reviewed prior to the initiation of therapy (onc)1        | X           | -                         |
| 3301F   | Cancer stage documented in medical record as metastatic and reviewed prior to the initiation of therapy (onc)1           | X           | -                         |
| 3315F   | Estrogen receptor (er) or progesterone receptor (pr) positive breast cancer (onc)1                                       | X           | -                         |
| 3316F   | Estrogen receptor (er) and progesterone receptor (pr) negative breast cancer (onc)1                                      | X           | -                         |
| 3317F   | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of chemothe | X           | -                         |
| 3318F   | Pathology report confirming malignancy documented in the medical record and reviewed prior to the initiation of radiatio | X           | -                         |
| 3319F   | One of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sca | X           | -                         |
| 3320F   | None of the following diagnostic imaging studies ordered: (chest x-ray, ct, ultrasound, mri, pet, or nuclear medicine sc | X           | -                         |
| 3321F   | Ajcc cancer stage 0 or ia melanoma, documented (ml)  | X           | -                         |
| 3322F   | Melanoma greater than ajcc stage 0 or ia (ml)  | X           | -                         |
| 3323F   | Clinical tumor, node and metastases (tnm) staging documented and reviewed prior to surgery (lung/esop cx)                | X           | -                         |
| 3324F   | Mri or ct scan ordered, reviewed or requested (epi)  | X           | -                         |
| 3325F   | Preoperative assessment of functional or medical indication(s) for surgery prior to the cataract surgery with intraocula | X           | -                         |
| 3328F   | Performance status documented and reviewed within 2 weeks prior to surgery(lung/esop cx)                                 | X           | -                         |
| 3330F   | Imaging study ordered (bkp)2   | X           | -                         |
| 3331F   | Imaging study not ordered (bkp)2   | X           | -                         |
| 3340F   | Breast imaging-reporting and data system (bi-rads) assessment category 0, documented (rad)5                              | X           | -                         |
| 3341F   | Breast imaging-reporting and data system (bi-rads) assessment category 1, documented (rad)5                              | X           | -                         |

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| 3342F   | Breast imaging-reporting and data system (bi-rads) assessment category 2, documented (rad)5   | X           | -                         |
| 3343F   | Breast imaging-reporting and data system (bi-rads) assessment category 3, documented (rad)5   | X           | -                         |
| 3344F   | Mammogram assessment category of "suspicious," documented (rad)   | X           | -                         |
| 3345F   | Breast imaging-reporting and data system (bi-rads) assessment category 5, documented (rad)5   | X           | -                         |
| 3350F   | Mammogram assessment category of "known biopsy proven malignancy", documented (rad)   | X           | -                         |
| 3351F   | Negative screen for depressive symptoms as categorized by using a standardized depression screening/assessment tool(mdd)  | X           | -                         |
| 3352F   | No significant depressive symptoms as categorized by using a standardized depression assessment tool (mdd)  | X           | -                         |
| 3353F   | Mild to moderate depressive symptoms as categorized by using a standardized depression screening/assessment tool (mdd)  | X           | -                         |
| 3354F   | Clinically significant depressive symptoms as categorized by using a standardized depression screening/assessment tool (  | X           | -                         |
| 3370F   | Ajcc breast cancer stage 0, documented (onc)  | X           | -                         |
| 3372F   | Ajcc breast cancer stage i: t1mic, t1a or t1b (tumor size ? 1 cm), documented (onc)   | X           | -                         |
| 3374F   | Ajcc breast cancer stage i: t1c (tumor size > 1cm to 2 cm), documented (onc)  | X           | -                         |
| 3376F   | Ajcc breast cancer stage ii, documented (onc)   | X           | -                         |
| 3378F   | Ajcc breast cancer stage iii, documented (onc)  | X           | -                         |
| 3380F   | Ajcc breast cancer stage iv, documented (onc)   | X           | -                         |
| 3382F   | Ajcc colon cancer, stage 0, documented (onc)  | X           | -                         |
| 3384F   | Ajcc colon cancer, stage i, documented (onc)  | X           | -                         |
| 3386F   | Ajcc colon cancer, stage ii, documented (onc)   | X           | -                         |
| 3388F   | Ajcc colon cancer, stage iii, documented (onc)  | X           | -                         |
| 3390F   | Ajcc colon cancer, stage iv, documented (onc)   | X           | -                         |
| 3394F   | Quantitative her2 immunohistochemistry (ihc) evaluation of breast cancer consistent with the scoring system defined in the asco/cap guidelines (path)                 | X           | -                         |
| 3395F   | Quantitative non-her2 immunohistochemistry (ihc) evaluation of breast cancer (eg, testing for estrogen or progesterone receptors [er/pr]) performed (path)9           | X           | -                         |
| 3450F   | Dyspnea screened, no dyspnea or mild dyspnea (pall cr)  | X           | -                         |
| 3451F   | Dyspnea screened, moderate or severe dyspnea (pall cr)  | X           | -                         |
| 3452F   | Dyspnea not screened (pall cr)  | 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) | X           | -                         |
| 3470F   | Rheumatoid arthritis (ra) disease activity, low (ra)  | X           | -                         |
| 3471F   | Rheumatoid arthritis (ra) disease activity, moderate (ra)   | X           | -                         |
| 3472F   | Rheumatoid arthritis (ra) disease activity, high (ra)   | X           | -                         |
| 3475F   | Disease prognosis for rheumatoid arthritis assessed, poor prognosis documented (ra)   | X           | -                         |
| 3476F   | Disease prognosis for rheumatoid arthritis assessed, good prognosis documented (ra)   | X           | -                         |
| 3490F   | History of aids-defining condition (hiv)  | X           | -                         |

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| 3491F   | Hiv indeterminate (infants of undetermined hiv status born of hiv-infected mothers) (hiv)   | X           | -                         |
| 3492F   | History of nadir cd4+ cell count <350 cells/mm (hiv)  | X           | -                         |
| 3493F   | No history of nadir cd4+ cell count <350 cells/mm and no history of aids-defining condition (hiv)   | X           | -                         |
| 3494F   | Cd4+ cell count <200 cells/mm (hiv)   | X           | -                         |
| 3495F   | Cd4+ cell count 200 - 499 cells/mm (hiv)  | X           | -                         |
| 3496F   | Cd4+ cell count >=500 cells/mm (hiv)  | X           | -                         |
| 3497F   | Cd4+ cell percentage <15% (hiv)   | X           | -                         |
| 3498F   | Cd4+ cell percentage >=15% (hiv)  | X           | -                         |
| 3500F   | Cd4+ cell count or cd4+ cell percentage documented as performed (hiv)   | X           | -                         |
| 3502F   | Hiv rna viral load below limits of quantification (hiv)   | X           | -                         |
| 3503F   | Hiv rna viral load not below limits of quantification (hiv)   | X           | -                         |
| 3510F   | Documentation that tuberculosis (tb) screening test performed and results interpreted (hiv)   | X           | -                         |
| 3511F   | Chlamydia and gonorrhea screenings documented as performed (hiv)  | X           | -                         |
| 3512F   | Syphilis screening documented as performed (hiv)  | X           | -                         |
| 3513F   | Hepatitis b screening documented as performed (hiv)   | X           | -                         |
| 3514F   | Hepatitis c screening documented as performed (hiv)   | X           | -                         |
| 3515F   | Patient has documented immunity to hepatitis c (hiv)  | X           | -                         |
| 3517F   | Hepatitis b virus (hbv) status assessed and results interpreted within one year prior to receiving a first course of anti-tnf (tumor necrosis factor) therapy (ibd) | X           | -                         |
| 3520F   | Clostridium difficile testing performed (ibd)   | X           | -                         |
| 3550F   | Low risk for thromboembolism (afib)   | X           | -                         |
| 3551F   | Intermediate risk for thromboembolism (afib)  | X           | -                         |
| 3552F   | High risk for thromboembolism (afib)  | X           | -                         |
| 3555F   | Patient had international normalized ratio (inr) measurement performed (afib)   | X           | -                         |
| 3570F   | Final report for bone scintigraphy study includes correlation with existing relevant imaging studies (eg, x-ray, mri, ct  | X           | -                         |
| 3572F   | Patient considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)  | X           | -                         |
| 3573F   | Patient not considered to be potentially at risk for fracture in a weight-bearing site (nuc_med)  | X           | -                         |
| 3650F   | Electroencephalogram (eeg) ordered, reviewed or requested (epi)   | X           | -                         |
| 3700F   | Psych disorders assessed  | X           | -                         |
| 3720F   | Cognit impairment assessed  | X           | -                         |
| 3725F   | Screening for depression performed (dem)  | X           | -                         |
| 3750F   | Patient not receiving dose of corticosteroids greater than or equal to 10mg/day for 60 or greater consecutive days (ibd)  | X           | -                         |
| 3751F   | Electrodiag polyneuro6mon   | X           | -                         |
| 3752F   | No electrodiag polyneuro6mon  | X           | -                         |
| 3753F   | Pt has symp plus signs neuropathy   | X           | -                         |
| 3754F   | Screening tests dm done   | X           | -                         |
| 3755F   | Cog and behav imprmnt scrng done  | X           | -                         |

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| 3756F   | Pt /w pseudobulbar affect, sialorrhea or als rlted symptom  | X           | -                         |
| 3757F   | Pt /w no pseudobulbar affect, sialorrhea or als rlted symptom   | X           | -                         |
| 3758F   | Pt ref pulmon fx test with peak flow  | X           | -                         |
| 3759F   | Pt scrn dysphag /wt loss/nutrition  | X           | -                         |
| 3760F   | Pt w/ dysphag /wt loss/nutr   | X           | -                         |
| 3761F   | Pt not exhbt dysphagia, wt loss, or impaired nutrition  | X           | -                         |
| 3762F   | Patient is dysarthric   | X           | -                         |
| 3763F   | Patient is not dysarthric   | X           | -                         |
| 3775F   | Adenoma detected screening  | X           | -                         |
| 3776F   | Adenoma not detect screening  | X           | -                         |
| 4000F   | Tobacco use cessation intervention, counseling (copd, cap, cad, asthma)(dm)(pv)   | X           | -                         |
| 4001F   | Tobacco use cessation intervention, pharmacologic therapy (copd, cad, cap, pv, asthma) (dm)(pv)   | X           | -                         |
| 4003F   | Patient education, written/oral, appropriate for patients with heart failure, performed (nma - no measure associated)   | X           | -                         |
| 4004F   | Patient screened for tobacco use and received tobacco cessation intervention (counseling, pharmacotherapy, or both), if identified as a tobacco user (pv, cad)                  | X           | -                         |
| 4005F   | Pharmacologic therapy (other than minerals/vitamins) for osteoporosis prescribed (op)(ibd)  | X           | -                         |
| 4008F   | Beta-blocker therapy prescribed or currently being taken (cad,hf)   | X           | -                         |
| 4010F   | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed or currently being taken (cad, ckd, hf) (dm)                             | X           | -                         |
| 4011F   | Oral antiplatelet therapy, prescribed (eg, aspirin, clopidogrel/plavix, or comb aspirin and dipyridamole/aggrenox)1   | X           | -                         |
| 4012F   | Warfarin therapy prescribed (nma-no measure associated)   | X           | -                         |
| 4013F   | Statin therapy prescribed or currently being taken (cad)  | X           | -                         |
| 4014F   | Written discharge instructions provided to heart failure patients discharged home (instructions include all of the following components: activity level, diet, discharge medica | X           | -                         |
| 4015F   | Persistent asthma, preferred long term control medication or an acceptable alternative treatment, prescribed (nma - no measure associated) (note: there are no medical exclusio | X           | -                         |
| 4016F   | Anti-inflammatory/analgesic agent prescribed [use for prescribed or continued medication(s), includng otc medication(s)]  | X           | -                         |
| 4017F   | Gastrointestinal prophylaxis for nsaid use prescribed   | X           | -                         |
| 4018F   | Therapeutic exercise for the involved joint(s) instructed or physical or occupational therapy prescribed  | X           | -                         |
| 4019F   | Documentation of receipt of counseling on exercise and either both calcium and vitamin d use or counseling regarding bot  | X           | -                         |
| 4025F   | Inhaled bronchodilator prescribed (copd)  | X           | -                         |
| 4030F   | Long term oxygen therapy prescribed (more than fifteen hours per day) (copd)  | X           | -                         |
| 4033F   | Pulmonary rehabilitation exercise training recommended (copd)   | X           | -                         |
| 4035F   | Influenza immunization recommended (copd)(ibd)  | X           | -                         |
| 4037F   | Influenza immunization ordered or administered (copd, pv)   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| 4040F   | Pneumococcal vaccine administer or previously received (copd) (pv)   | X           | -                         |
| 4041F   | Documentation of order for cefazolin or cefuroxime for antimicrobial prophylaxis (peri 2)                                | X           | -                         |
| 4042F   | Documentation that prophylactic antibiotics were neither given within 4 hours prior to surgical incision nor given intra | X           | -                         |
| 4043F   | Documentation that an order was given to discontinue prophylactic antibiotics within 48 hours of surgical end time, card | X           | -                         |
| 4044F   | Documentation that an order was given for venous thromboembolism (vte) prophylaxis to be given within 24 hrs prior to in | X           | -                         |
| 4045F   | Appropriate empiric antibio0   | X           | -                         |
| 4046F   | Documentation that prophylactic antibiotics were given within 4 hours prior to surgical incision or given intraoperative | X           | -                         |
| 4047F   | Documentation of order for prophylactic parenteral antibiotics to be given within one hour (if fluoroquinolone or vancom | X           | -                         |
| 4048F   | Documentation that administration of prophylactic parenteral antibiotic was initiated within one hour (if fluoroquinolon | X           | -                         |
| 4049F   | Documentation that order was given to discontinue prophylactic antibiotics within 24 hours of surgical end time, non-car | X           | -                         |
| 4050F   | Hypertension plan of care documented as appropriate (nma - no measure associated)  | X           | -                         |
| 4051F   | Referred for an arterio-venous (av) fistula (esrd)   | X           | -                         |
| 4052F   | Hemodialysis via functioning arterio-venous (av) fistula (esrd)  | X           | -                         |
| 4053F   | Hemodialysis via functioning arterio-venous (av) graft (esrd)  | X           | -                         |
| 4054F   | Hemodialysis via catheter (esrd)   | X           | -                         |
| 4055F   | Patient receiving peritoneal dialysis (esrd)   | X           | -                         |
| 4056F   | Appropriate oral rehydration solution recommended (pag)  | X           | -                         |
| 4058F   | Pediatric gastroenteritis education provided to caregiver (pag)  | X           | -                         |
| 4060F   | Psychotherapy services provided (mdd)  | X           | -                         |
| 4062F   | Patient referral for psychotherapy documented (mdd)  | X           | -                         |
| 4063F   | Antidepressant pharmacotherapy considered and not prescribed (mdd adol)  | X           | -                         |
| 4064F   | Antidepressant pharmacotherapy prescribed (mdd)  | X           | -                         |
| 4065F   | Antipsychotic pharmacotherapy prescribed (mdd)   | X           | -                         |
| 4066F   | Electroconvulsive therapy (ect) provided (mdd)   | X           | -                         |
| 4067F   | Patient referral for electroconvulsive therapy (ect) documented (mdd)  | X           | -                         |
| 4069F   | Venous thromboembolism (vte) prophylaxis received (ibd)  | X           | -                         |
| 4070F   | Deep vein thrombosis (dvt) prophylaxis received by end of hospital day 2 (str)   | X           | -                         |
| 4073F   | Oral antiplatelet therapy prescribed at discharge (str)  | X           | -                         |
| 4075F   | Anticoagulant therapy prescribed at discharge (str)  | X           | -                         |
| 4077F   | Documentation that tissue plasminogen activator (t-pa) administration was considered (str)                               | X           | -                         |
| 4079F   | Documentation that rehabilitation services were considered (str)   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 4084F   | Aspirin received within 24 hours before emergency department arrival or during emergency department stay (em)            | X           | -                         |
| 4086F   | Aspirin or clopidogrel prescribed or currently being taken (cad)   | X           | -                         |
| 4090F   | Patient receiving erythropoietin therapy (hem)   | X           | -                         |
| 4095F   | Patient not receiving erythropoietin therapy (hem)   | X           | -                         |
| 4100F   | Bisphosphonate therapy, intravenous, ordered or received (hem)   | X           | -                         |
| 4110F   | Internal mammary artery graft performed for primary, isolated coronary artery bypass graft procedure (cabg)              | X           | -                         |
| 4115F   | Beta blocker administered within 24 hours prior to surgical incision (cabg)  | X           | -                         |
| 4120F   | Antibiotic prescribed or dispensed (uri, phar)   | X           | -                         |
| 4124F   | Antibiotic neither prescribed nor dispensed (uri, phar)  | X           | -                         |
| 4130F   | Topical preparations (including otc) prescribed for acute otitis externa (aoe)   | X           | -                         |
| 4131F   | Systemic antimicrobial therapy prescribed (aoe)  | X           | -                         |
| 4132F   | Systemic antimicrobial therapy not prescribed (aoe)  | X           | -                         |
| 4133F   | Antihistamines or decongestants prescribed or recommended (ome)  | X           | -                         |
| 4134F   | Antihistamines or decongestants neither prescribed nor recommended (ome)   | X           | -                         |
| 4135F   | Systemic corticosteroids prescribed (ome)  | X           | -                         |
| 4136F   | Systemic corticosteroids not prescribed (ome)  | X           | -                         |
| 4140F   | Inhaled corticosteroids prescribed (asthma)  | X           | -                         |
| 4142F   | Corticosteroid sparing therapy prescribed (ibd)  | X           | -                         |
| 4144F   | Alternative long-term control medication prescribed (asthma)   | X           | -                         |
| 4145F   | Two or more anti-hypertensive agents prescribed or currently being taken (cad, htn)                                      | X           | -                         |
| 4148F   | Hepatitis a vaccine injection administered or previously received (hep-c)  | X           | -                         |
| 4149F   | Hepatitis b vaccine injection administered or previously received (hep-c, hiv)   | X           | -                         |
| 4150F   | Patient receiving antiviral treatment for hepatitis c (hep-c)  | X           | -                         |
| 4151F   | Patient not receiving antiviral treatment for hepatitis c (hep-c)  | X           | -                         |
| 4153F   | Combination peginterferon and ribavirin therapy prescribed (hep-c)   | X           | -                         |
| 4155F   | Hepatitis a vaccine series previously received (hep-c)   | X           | -                         |
| 4157F   | Hepatitis b vaccine series previously received (hep-c)   | X           | -                         |
| 4158F   | Patient counseled about risks of alcohol use (hep-c)   | X           | -                         |
| 4159F   | Counseling regarding contraception received prior to initiation of antiviral treatment (hep-c)                           | X           | -                         |
| 4163F   | Patient counseling at a minimum on all of the following treatment options for clinically localized prostate cancer: acti | X           | -                         |
| 4164F   | Adjuvant (ie, in combination with external beam radiotherapy to the prostate for prostate cancer) hormonal therapy (gona | X           | -                         |
| 4165F   | Three-dimensional conformal radiotherapy (3d-crt) or intensity modulated radiation therapy (imrt) received (prca)1       | X           | -                         |
| 4167F   | Head of bed elevation (30-45 degrees) on first ventilator day ordered (crit)1  | X           | -                         |
| 4168F   | Patient receiving care in the intensive care unit (icu) and receiving mechanical ventilation, 24 hours or less (crit)1   | X           | -                         |

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| 4169F   | Patient either not receiving care in the intensive care unit (icu) or not receiving mechanical ventilation or receiving                      | X           | -                         |
| 4171F   | Patient receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1   | X           | -                         |
| 4172F   | Patient not receiving erythropoiesis-stimulating agents (esa) therapy (ckd)1   | X           | -                         |
| 4174F   | Counseling about the potential impact of glaucoma on visual functioning and quality of life, and importance of treatment                     | X           | -                         |
| 4175F   | Best-corrected visual acuity of 20/40 or better (distance or near) achieved within the 90 days following cataract surger                     | X           | -                         |
| 4176F   | Counseling about value of protection from uv light and lack of proven efficacy of nutritional supplements in prevention                      | X           | -                         |
| 4177F   | Counseling about the benefits and/or risks of the age-related eye disease study (areds) formulation for preventing progr                     | X           | -                         |
| 4178F   | Anti-d immune globulin received between 26 and 30 weeks gestation (prenatal)1  | X           | -                         |
| 4179F   | Tamoxifen or aromatase inhibitor (ai) prescribed (onc)1  | X           | -                         |
| 4180F   | Adjuvant chemotherapy referred, prescribed, or previously received for stage iii colon cancer (onc)  | X           | -                         |
| 4181F   | Conformal radiation therapy received (onc)1  | X           | -                         |
| 4182F   | Conformal radiation therapy not received (onc)1  | X           | -                         |
| 4185F   | Continuous (12-months) therapy with proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) received (ger                     | X           | -                         |
| 4186F   | No continuous (12-months) therapy with either proton pump inhibitor (ppi) or histamine h2 receptor antagonist (h2ra) rec                     | X           | -                         |
| 4187F   | Disease modifying anti-rheumatic drug therapy prescribed or dispensed (ra)2  | X           | -                         |
| 4188F   | Appropriate angiotensin converting enzyme (ace)/angiotensin receptor blockers (arb) therapeutic monitoring test ordered                      | X           | -                         |
| 4189F   | Appropriate digoxin therapeutic monitoring test ordered or performed (am)2   | X           | -                         |
| 4190F   | Appropriate diuretic therapeutic monitoring test ordered or performed (am)2  | X           | -                         |
| 4191F   | Appropriate anticonvulsant therapeutic monitoring test ordered or performed (am)2  | X           | -                         |
| 4192F   | Patient not receiving glucocorticoid therapy (ra)  | X           | -                         |
| 4193F   | Patient receiving <10 mg daily prednisone (or equivalent), or ra activity is worsening, or glucocorticoid use is for less than 6 months (ra) | X           | -                         |
| 4194F   | Patient receiving >=10 mg daily prednisone (or equivalent) for longer than 6 months, and improvement or no change in disease activity (ra)   | X           | -                         |
| 4195F   | Patient receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)                            | X           | -                         |
| 4196F   | Patient not receiving first-time biologic disease modifying anti-rheumatic drug therapy for rheumatoid arthritis (ra)                        | X           | -                         |
| 4200F   | External beam radiotherapy as primary therapy to the prostate with or without nodal irradiation (prca)                                       | X           | -                         |
| 4201F   | External beam radiotherapy with or without nodal irradiation as adjuvant or salvage therapy for prostate cancer patient                      | X           | -                         |

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| 4210F   | Angiotensin converting enzyme (ace) or angiotensin receptor blockers (arb) medication therapy for 6 months or more (mm)2                      | X           | -                         |
| 4220F   | Digoxin medication therapy for 6 months or more (mm)2   | X           | -                         |
| 4221F   | Diuretic medication therapy for 6 months or more (mm)2  | X           | -                         |
| 4230F   | Anticonvulsant medication therapy for 6 months or more (mm)2  | X           | -                         |
| 4240F   | Instruction in therapeutic exercise with follow-up by the physician provided to patients during episode of back pain las                      | X           | -                         |
| 4242F   | Counseling for supervised exercise program provided to patients during episode of back pain lasting longer than 12 weeks                      | X           | -                         |
| 4245F   | Patient counseled during the initial visit to maintain or resume normal activities (bkp)2   | X           | -                         |
| 4248F   | Patient counseled during the initial visit for an episode of back pain against bed rest lasting 4 days or longer (bkp)2                       | X           | -                         |
| 4250F   | Active warming used intraoperatively for the purpose of maintaining normothermia, or at least one body temperature equal                      | X           | -                         |
| 4255F   | Duration of general or neuraxial anesthesia 60 minutes or longer, as documented in the anesthesia record (crit)                               | X           | -                         |
| 4256F   | Duration of general or neuraxial anesthesia less than 60 minutes, as documented in the anesthesia record (crit)                               | X           | -                         |
| 4260F   | Wound surface culture technique used (cwc)  | X           | -                         |
| 4261F   | Tech other than surfc cultr   | X           | -                         |
| 4265F   | Use of wet to dry dressings prescribed or recommended (cwc)   | X           | -                         |
| 4266F   | Use of wet to dry dressings neither prescribed nor recommended (cwc)  | X           | -                         |
| 4267F   | Compression therapy prescribed (cwc)  | X           | -                         |
| 4268F   | Patient education regarding the need for long term compression therapy including interval replacement of compression stockings received (cwc) | X           | -                         |
| 4269F   | Appropriate method of offloading (pressure relief) prescribed (cwc)   | X           | -                         |
| 4270F   | Patient receiving potent antiretroviral therapy for 6 months or longer (hiv)  | X           | -                         |
| 4271F   | Patient receiving potent antiretroviral therapy for less than 6 months or not receiving potent antiretroviral therapy (h                      | X           | -                         |
| 4274F   | Influenza immunization administered or previously received (hiv)  | X           | -                         |
| 4276F   | Potent antiretroviral therapy prescribed (hiv)  | X           | -                         |
| 4279F   | Pneumocystis jiroveci pneumonia prophylaxis prescribed (hiv)  | X           | -                         |
| 4280F   | Pneumocystis jiroveci pneumonia prophylaxis prescribed within 3 months of low cd4+ cell count or percentage (hiv)                             | X           | -                         |
| 4290F   | Patient screened for injection drug use (hiv)   | X           | -                         |
| 4293F   | Patient screened for high-risk sexual behavior (hiv)  | X           | -                         |
| 4300F   | Patient receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)   | X           | -                         |
| 4301F   | Patient not receiving warfarin therapy for nonvalvular atrial fibrillation or atrial flutter (afib)   | X           | -                         |
| 4305F   | Patient education regarding appropriate foot care and daily inspection of the feet received (cwc)   | X           | -                         |

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| 4306F   | Patient counseled regarding psychosocial and pharmacologic treatment options for opioid addiction (sud)   | X           | -                         |
| 4320F   | Patient counseled regarding psychosocial and pharmacologic treatment options for alcohol dependence (sud) | X           | -                         |
| 4322F   | Caregiver provided with education and referred to additional resources for support (dem)                  | X           | -                         |
| 4324F   | Pt queried prkns complic  | X           | -                         |
| 4325F   | Med txmnt options rvwd w/pt   | X           | -                         |
| 4326F   | Pt asked re symp auto dysfxn  | X           | -                         |
| 4328F   | Pt asked re sleep disturb   | X           | -                         |
| 4330F   | Counseling about epilepsy specific safety issues provided to patient (or caregiver (s)) (epi)             | X           | -                         |
| 4340F   | Counseling for women of childbearing potential with epilepsy (epi)  | X           | -                         |
| 4350F   | Counseling provided on symptom management, end of life decisions, and palliation (dem)                    | X           | -                         |
| 4400F   | Rehab thxpy options w/pt  | X           | -                         |
| 4450F   | Self-care education provided to patient (hf)  | X           | -                         |
| 4470F   | Implantable cardioverter-defibrillator (icd) counseling provided (hf)                                     | X           | -                         |
| 4480F   | Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for 3 months or longer (hf)          | X           | -                         |
| 4481F   | Patient receiving ace inhibitor/arb therapy and beta-blocker therapy for less than 3 months (hf)          | X           | -                         |
| 4500F   | Referred to an outpatient cardiac rehabilitation program (cad)  | X           | -                         |
| 4510F   | Previous cardiac rehabilitation for qualifying cardiac event completed (cad)                              | X           | -                         |
| 4525F   | Neuropsychiatric intervention ordered (dem)   | X           | -                         |
| 4526F   | Neuropsychiatric intervention received (dem)  | X           | -                         |
| 4540F   | Disease modified pharmacothxpy  | X           | -                         |
| 4541F   | Pt offered tx for pseudobulb  | X           | -                         |
| 4550F   | Noninvas resp support talk  | X           | -                         |
| 4551F   | Nutritional support offered   | X           | -                         |
| 4552F   | Pt ref for speech lang path   | X           | -                         |
| 4553F   | Pt asst re end life issues  | X           | -                         |
| 4554F   | Pt recvd inhal anesthetic   | X           | -                         |
| 4555F   | Pt recvd no inhal anesthic  | X           | -                         |
| 4556F   | Ptw/3+ post-op nausea and vommiting   | X           | -                         |
| 4557F   | Pt w/o 3+ pot-op nausea and vommiting   | X           | -                         |
| 4558F   | Pt recvd 2 rx anti-emetagnts  | X           | -                         |
| 4559F   | 1 bodytemp >=35.5 cw/in 30 mins   | X           | -                         |
| 4560F   | Anesth w/o general or neurax anesth   | X           | -                         |
| 4561F   | Pt w/ coronary artery stent   | X           | -                         |
| 4562F   | Patient does not have coronary artery stent   | X           | -                         |
| 4563F   | Pt recvd aspirin w/in 24 hours  | X           | -                         |
| 5005F   | Patient counseled on self - examination for new or changing moles (ml)                                    | X           | -                         |
| 5010F   | Findings of dilated macular or fundus exam communicated to the physician managing the diabetes care (ec)  | X           | -                         |

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| 5015F   | Documentation of communication that a fracture occurred and that the patient was or should be tested or treated for oste         | X           | -                         |
| 5020F   | Treatment summary report communicated to physician(s) managing continuing care and to the patient within one month of co         | X           | -                         |
| 5050F   | Treatment plan communicated to provider(s) managing continuing care within one month of diagnosis (ml)5                          | X           | -                         |
| 5060F   | Findings from diagnostic mammogram communicated to practice managing patient's on-going care within 3 business days of e         | X           | -                         |
| 5062F   | Documentation of direct communication of diagnostic mammogram findings by telephone or in person [by the diagnostic imag         | X           | -                         |
| 5100F   | Potential risk for fracture communicated to the referring physician within 24 hours of completion of the imaging study (nuc_med) | X           | -                         |
| 5200F   | Consideration of referral for a neurological evaluation of appropriateness for surgical therapy for intractable epilepsy         | X           | -                         |
| 5250F   | Asthma discharge plan present (asthma)   | X           | -                         |
| 6005F   | Rationale (eg, severity of illness and safety) for level of care (eg, home hospital) documented.                                 | X           | -                         |
| 6010F   | Dysphagia screening conducted prior to order for or receipt of any foods, fluids or medication by mouth (str)                    | X           | -                         |
| 6015F   | Patient receiving or eligible to receive foods, fluids or medication by mouth (str)  | X           | -                         |
| 6020F   | Npo (nothing by mouth) ordered (str)   | X           | -                         |
| 6030F   | All elements of maximal sterile barrier technique followed including: cap and mask and sterile gown and sterile gloves a         | X           | -                         |
| 6040F   | Use of appropriate radiation dose reduction devices or manual techniques for appropriate moderation of exposure, documen         | X           | -                         |
| 6045F   | Radiation exposure or exposure time in final report for procedure using fluoroscopy, documented (rad)5                           | X           | -                         |
| 6070F   | Patient queried and counseled about anti-epileptic drug (aed) side effects (epi)   | X           | -                         |
| 6080F   | Pt/caregiver queried falls   | X           | -                         |
| 6090F   | Pt/caregiver counsel safety  | X           | -                         |
| 6100F   | Timeout to verify correct patient, correct site, and correct procedure, documented (path)9                                       | X           | -                         |
| 6101F   | Safety counsel dementia prov   | X           | -                         |
| 6102F   | Safety counsel dementia ord  | X           | -                         |
| 6110F   | Counsel risks driving and alternatives   | X           | -                         |
| 6150F   | Patient not receiving a first course of anti-tnf (tumor necrosis fact0r) therapy (ibd)   | X           | -                         |
| 7010F   | Patient information entered into a recall system that includes: target date for the next exam specified and a process to         | X           | -                         |
| 7020F   | Breast imaging-reporting and data system (bi-rads) assessment category entered into an internal database to allow for a          | X           | -                         |
| 7025F   | Patient information entered into a reminder system with a target due date for the next mammogram (rad)5                          | X           | -                         |
| 9001F   | Immunohisto antibod add slid   | X           | -                         |
| 9002F   | Aortic aneurysm 5-5.4cm diam   | X           | -                         |
| 9003F   | Aortic anrysm5.5-5.9cm diam  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| 9004F   | Aortic anrysm 6/> cm diam    | X           | -                         |
| 9005F   | Asympt carot/vrtbrbas sten   | X           | -                         |
| 9006F   | Sympt sten-tia/strk<120days  | X           | -                         |
| 9007F   | Other carot sten 120 days/>  | X           | -                         |
| A0021   | Outside state ambulance serv | X           | -                         |
| A0080   | Noninterest escort in non er | X           | -                         |
| A0090   | Interest escort in non er    | X           | -                         |
| A0100   | Nonemergency transport taxi  | X           | -                         |
| A0110   | Nonemergency transport bus   | X           | -                         |
| A0120   | Noner transport mini-bus     | X           | -                         |
| A0130   | Noner transport wheelch van  | X           | -                         |
| A0140   | Nonemergency transport air   | X           | -                         |
| A0160   | Noner transport case worker  | X           | -                         |
| A0170   | Noner transport parking fees | X           | -                         |
| A0180   | Noner transport lodgng recip | X           | -                         |
| A0190   | Noner transport meals recip  | X           | -                         |
| A0200   | Noner transport lodgng escrt | X           | -                         |
| A0210   | Noner transport meals escort | X           | -                         |
| A0225   | Neonatal emergency transport | X           | -                         |
| A0380   | Basic life support mileage   | X           | -                         |
| A0382   | Basic support routine suppl  | X           | -                         |
| A0384   | Bls defibrillation supplies  | X           | -                         |
| A0390   | Advanced life support mileag | X           | -                         |
| A0392   | Als defibrillation supplies  | X           | -                         |
| A0394   | Als iv drug therapy supplies | X           | -                         |
| A0396   | Als esophageal intub suppl   | X           | -                         |
| A0398   | Als routine disposble suppl  | X           | -                         |
| A0422   | Ambulance 02 life sustaining | X           | -                         |
| A0428   | Bls                          | -           | X                         |
| A0888   | Noncovered ambulance mileage | X           | -                         |
| A2001   | Innovamatrix ac, per sq cm   | X           | -                         |
| A2002   | Mirrugen adv wnd mat per sq  | X           | -                         |
| A2003   | Bio-connekt wound matrix     | X           | -                         |
| A2004   | Xcellistem, 1 mg             | X           | -                         |
| A2005   | Microlyte matrix, per sq cm  | X           | -                         |
| A2006   | Novosorb synpath per sq cm   | X           | -                         |
| A2007   | Restrata, per sq cm          | X           | -                         |
| A2008   | Theragenesis, per sq cm      | X           | -                         |
| A2009   | Symphony, per sq cm          | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| A2010   | Apis, per square centimeter  | X           | -                         |
| A2011   | Supra sdrm, per square cm  | X           | -                         |
| A2012   | Suprathel, per sq cm   | X           | -                         |
| A2013   | Innovamatrix fs, per sq cm   | X           | -                         |
| A2014   | Omeza collag per 100 mg  | X           | -                         |
| A2015   | Phoenix wnd mtrx, per sq cm  | X           | -                         |
| A2016   | Permeaderm b, per sq cm  | X           | -                         |
| A2017   | Permeaderm glove, each   | X           | -                         |
| A2018   | Permeaderm c, per sq cm  | X           | -                         |
| A2019   | Kerecis omega3 marigen shield, per square centimeter   | X           | -                         |
| A2020   | Ac5 advanced wound system (ac5)  | X           | -                         |
| A2021   | Neomatrix, per square centimeter   | X           | -                         |
| A2022   | Innovaburn or innovamatrix xl, per square centimeter   | X           | -                         |
| A2023   | Innovamatrix pd, 1 mg  | X           | -                         |
| A2024   | Resolve matrix, per square centimeter  | X           | -                         |
| A2025   | Miro3d, per cubic centimeter   | X           | -                         |
| A2027   | Matriderm, per square centimeter   | X           | -                         |
| A2028   | Micromatrix flex, per mg   | X           | -                         |
| A2029   | Mirotract wound matrix sheet, per cubic centimeter   | X           | -                         |
| A2030   | Miro3d fibers, per mg  | X           | -                         |
| A2031   | Mirodry, per sq cm   | X           | -                         |
| A2032   | Myriad matrix, per sq cm   | X           | -                         |
| A2033   | Myriad morcells, 4 mg  | X           | -                         |
| A2034   | Found drs solo, per sq cm  | X           | -                         |
| A2035   | Corpl p therac p allac p mg  | X           | -                         |
| A4100   | Skin sub fda clrd as dev nos   | X           | -                         |
| A4210   | Nonneedle injection device   | X           | -                         |
| A4232   | Syringe w/needle insulin 3cc   | X           | -                         |
| A4238   | Adju cgm supply allowance  | -           | X                         |
| A4239   | Supply allowance for non-adjunctive, non-implanted continuous glucose monitor (cgm), includes all supplies and accessories, 1 month supply = 1 unit of service | -           | X                         |
| A4250   | Urine reagent strips/tablets   | X           | -                         |
| A4252   | Blood ketone test or reagent strip, each   | X           | -                         |
| A4261   | Cervical cap contraceptive   | X           | -                         |
| A4262   | Temporary tear duct plug   | -           | X                         |
| A4264   | Permanent implantable contraceptive intratubal occlusion device(s) and delivery system   | X           | -                         |
| A4266   | Diaphragm for contraceptive use  | X           | -                         |
| A4267   | Contraceptive supply, condom, male, each   | X           | -                         |
| A4268   | Contraceptive supply, condom, female, each   | X           | -                         |

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| A4269   | Contraceptive supply, spermicide (e.g., foam, gel), each  | X           | -                         |
| A4305   | Drug delivery system >=50 ml  | X           | -                         |
| A4306   | Drug delivery system <=5 ml   | X           | -                         |
| A4465   | Non-elastic extremity binder  | X           | -                         |
| A4467   | Belt strap sleeve grmnt cover   | X           | -                         |
| A4287   | Disposable collection and storage bag for breast milk, any size, any type, each   | X           | -                         |
| A4457   | Enema tube, with or without adapter, any type, replacement only, each   | X           | -                         |
| A4468   | Exsufflation belt, includes all supplies and accessories  | X           | -                         |
| A4490   | Above knee surgical stocking  | X           | -                         |
| A4495   | Thigh length surg stocking  | X           | -                         |
| A4500   | Below knee surgical stocking  | X           | -                         |
| A4510   | Full length surg stocking   | X           | -                         |
| A4520   | Incontinence garment anytype  | X           | -                         |
| A4540   | Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm                              | X           | -                         |
| A4543   | Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month                        | X           | -                         |
| A4544   | Electrode for external lower extremity nerve stimulator for restless legs syndrome  | X           | -                         |
| A4545   | Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month | X           | -                         |
| A4553   | Nondisp underpads, all sizes  | X           | -                         |
| A4554   | Disposable underpads  | X           | -                         |
| A4555   | Ca tx e-stim electr/transduc  | X           | -                         |
| A4560   | Neuromuscular electrical stimulator (nmes), disposable, replacement only  | X           | -                         |
| A4566   | Should sling/vest/abrestrain  | X           | -                         |
| A4570   | Splint  | X           | -                         |
| A4575   | Hyperbaric o2 chamber disps   | X           | -                         |
| A4580   | Cast supplies (plaster)   | X           | -                         |
| A4590   | Special casting material  | X           | -                         |
| A4596   | Ces system monthly supp   | X           | -                         |
| A4606   | Oxygen probe for use with oximeter device, replacement  | X           | -                         |
| A4611   | Heavy duty battery  | X           | -                         |
| A4612   | Battery cables  | X           | -                         |
| A4613   | Battery charger   | X           | -                         |
| A4627   | Spacer bag/reservoir  | X           | -                         |
| A4649   | Surgical supplies   | -           | X                         |
| A4670   | Auto blood pressure monitor   | X           | -                         |
| A5508   | Diabetic deluxe shoe  | X           | -                         |
| A6000   | Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card                      | X           | -                         |
| A6025   | Silicone gel sheet, each  | X           | -                         |

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| A6250   | Skin seal protect moisturizr   | X           | -                         |
| A6260   | Wound cleanser any type/size   | X           | -                         |
| A6413   | Adhesive bandage, first-aid type, any size, each   | X           | -                         |
| A6544   | Gradient compression stocking, garter belt   | X           | -                         |
| A6549   | Gradient compression stocking/sleeve, not otherwise specified  | -           | X                         |
| A6550   | Dressing set for negative pressure wound therapy electrical pump, stationary or portable, each                           | -           | X                         |
| A7023   | Mechanical allergen particle barrier/inhalation filter, cream, nasal, topical  | X           | -                         |
| A7025   | High frequency chest wall oscillation system vest, replacement for use with patient owned equipment, each                | -           | X                         |
| A7049   | Expiratory positive airway pressure intranasal resistance valve  | X           | -                         |
| A9152   | Single vitamin nos   | X           | -                         |
| A9153   | Multi-vitamin nos  | X           | -                         |
| A9154   | Artificial saliva, 1 ml  | X           | -                         |
| A9156   | Oral mucoadhesive, any type (liquid, gel, paste, etc.), per 1 ml   | X           | -                         |
| A9180   | Naturopaths  | X           | -                         |
| A9268   | Programmer for transient, orally ingested capsule  | X           | -                         |
| A9269   | Programable, transient, orally ingested capsule, for use with external programmer, per month                             | X           | -                         |
| A9270   | Non-covered item or service  | X           | -                         |
| A9272   | Disp wound suct, drsg/access   | X           | -                         |
| A9273   | Hot/cold h2obot/cap/col/wrap   | X           | -                         |
| A9274   | External ambulatory insulin delivery system, disposable, each, includes all supplies and accessories                     | X           | -                         |
| A9275   | Home glucose disposable monitor, includes test strips  | X           | -                         |
| A9276   | Sensor; invasive (e.g. subcutaneous), disposable, for use with interstitial continuous glucose monitoring system, one un | X           | -                         |
| A9277   | Transmitter; external, for use with interstitial continuous glucose monitoring system                                    | X           | -                         |
| A9278   | Receiver (monitor); external, for use with interstitial continuous glucose monitoring system                             | X           | -                         |
| A9279   | Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, no | X           | -                         |
| A9280   | Alert or alarm device, not otherwise classified  | X           | -                         |
| A9281   | Reaching/grabbing device, any type, any length, each   | X           | -                         |
| A9282   | Wig, any type, each  | X           | -                         |
| A9283   | Foot pressure off loading/supportive device, any type, each  | X           | -                         |
| A9286   | Any hygienic item, device  | X           | -                         |
| A9291   | Pres digital behav thera fda   | X           | -                         |
| A9292   | Prescription digital visual therapy, software-only, fda cleared, per course of treatment                                 | X           | -                         |
| A9293   | Fertility cycl tracking soft   | X           | -                         |
| A9300   | Exercise equipment   | X           | -                         |
| A9574   | Air poly intrauterine foam   | X           | -                         |
| A9586   | Florbetapir f18, diagnostic, per study dose, up to 10 millicuries  | X           | -                         |
| A9590   | Iodine i-131 iobenguane 1mci   | -           | X                         |

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| A9699   | Supply of radiopharmaceutical therapeutic imaging agent, not otherwise classified  | -           | X                         |
| A9900   | Supply/accessory/service   | -           | X                         |
| A9999   | Miscellaneous dme supply or accessory, not otherwise specified   | -           | X                         |
| B4100   | Food thickener, administered orally, per ounce   | X           | -                         |
| B9999   | Parenteral supp not othrws c   | -           | X                         |
| C1760   | Closure device, vascular (implantable/ insertable)   | -           | X                         |
| C1789   | Prosthesis, breast (implantable)   | -           | X                         |
| C1813   | Prosthesis, penile, inflatable   | -           | X                         |
| C1818   | Integrated keratoprosthesis  | -           | X                         |
| C1825   | Gen, neuro, carot sinus baro   | -           | X                         |
| C1832   | Auto cell process sys  | X           | -                         |
| C1834   | Pressure sensor system, im   | -           | X                         |
| C1840   | Lens, intraocular (telescopic)   | -           | X                         |
| C1886   | Catheter, extravascular tissue ablation, any modality (insertable)   | -           | X                         |
| C2613   | Lung bx plug w/deliv sys   | -           | X                         |
| C2616   | Brachytherapy seed, yttrium-90   | -           | X                         |
| C2622   | Prosthesis, penile, non-inflatable   | -           | X                         |
| C2624   | Wireless pressure sensor   | -           | X                         |
| C7504   | Percutaneous vertebroplasties (bone biopsies included when performed), first cervicothoracic and any additional cervicothoracic or lumbosacral vertebral bodies, unilateral or bilateral injection, inclusive of all imaging guidance  | -           | X                         |
| 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  | -           | X                         |
| C7507   | 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 | -           | X                         |
| C7508   | 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, inclusive of all imaging guidance   | -           | X                         |
| C9725   | Placement of endorectal intracavitary applicator for high intensity brachytherapy  | -           | X                         |
| C9751   | Microwave bronch, 3d, ebus   | -           | X                         |
| C9762   | Cardiac mri seg dys strain   | -           | X                         |
| C9763   | Cardiac mri seg dys stress   | -           | X                         |
| C9784   | Endo sleeve gastro w/tube  | X           | -                         |
| C9785   | Endo outlet restrict w/tube  | X           | -                         |
| C9788   | Opto-acoustic imaging, breast (including axilla when performed), unilateral, with image documentation, analysis and report, obtained with ultrasound examination   | X           | -                         |

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| C9790   | Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including image guidance   | X           | -                         |
| C9792   | Blinded or nonblinded procedure for symptomatic new york heart association (nyha) class ii, iii, iva heart failure; transcatheter implantation of left atrial to coronary sinus shunt using jugular vein access, including all imaging necessary to intra procedurally map the coronary sinus for optimal shunt placement (e.g., tee or ice ultrasound, fluoroscopy), performed under general anesthesia in an approved investigational device exemption (ide) study) | X           | -                         |
| D0120   | Periodic oral examination   | X           | -                         |
| D0140   | Limited oral evaluation - problem-focused   | X           | -                         |
| D0145   | Oral evaluation for a patient under three years of age and counseling with primary caregiver  | X           | -                         |
| D0150   | Comprehensive oral evaluation   | X           | -                         |
| D0160   | Detailed and extensive oral evaluation - problem-focused, by report   | X           | -                         |
| D0170   | Re-evaluation - limited problem focused (established patient; not post-operative visit)   | X           | -                         |
| D0171   | Re-evaluation- post operative office visit  | X           | -                         |
| D0180   | Comprehensive periodontal evaluation - new or established patient   | X           | -                         |
| D0190   | A screening, including state or federally mandated screening, to determine an individual's need to be seen by a dentist   | X           | -                         |
| D0191   | A limited clinical inspection that is performed to identify possible signs of oral or systemic disease, malformation, or injury, and the potential need for referral for diagno   | X           | -                         |
| D0210   | Intraoral- complete series of radiographic images   | X           | -                         |
| D0220   | Intraoral- periapical first radiographic image  | X           | -                         |
| D0230   | Intraoral- periapical each additional radiographic image  | X           | -                         |
| D0240   | Intraoral- occlusal radiographic image  | -           | X                         |
| D0250   | Extra-oral 2d projection radiographic image created using a stationary radiation source, and detector   | X           | -                         |
| D0251   | Extra-oral posterior dental radiographic image  | X           | -                         |
| D0270   | Bitewing- single radiographic image   | X           | -                         |
| D0272   | Bitewings- two radiographic images  | X           | -                         |
| D0273   | Bitewings- three radiographic images  | X           | -                         |
| D0274   | Bitewings- four radiographic images   | -           | X                         |
| D0277   | Vertical bitewings- 7 to 8 radiographic images  | X           | -                         |
| D0310   | Sialography   | X           | -                         |
| D0320   | Temporomandibular joint arthrogram, including injection   | X           | -                         |
| D0321   | Other temporomandibular joint radiographic images, by report  | X           | -                         |
| D0322   | Tomographic survey  | X           | -                         |
| D0330   | Panoramic radiographic image  | X           | -                         |
| D0340   | 2d cephalometric radiographic image-acquisition, measurement and analysis   | X           | -                         |
| D0350   | 2d oral/facial photographic image obtained intra-orally or extra-orally   | X           | -                         |
| D0351   | 3d photographic image   | X           | -                         |
| D0364   | Cone beam ct capture and interpretation with limited field of view-less than one whole jaw  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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|---|--|-------------|---------------------------|
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| D0365   | Cone beam ct capture and interpretation with field of view of one dental arch-mandible   | X           | -                         |
| D0366   | Cone beam ct capture and interpretation with field of view of one full dental arch-maxilla, with or without cranium                    | X           | -                         |
| D0367   | Cone beam ct capture and interpretation with field of view of both jaws, with or without cranium                                       | X           | -                         |
| D0368   | Cone beam ct capture and interpretation for tmj series including two or more exposures   | X           | -                         |
| D0369   | 3D printing of a 3D dental surface scan to obtain a physical model.  | X           | -                         |
| D0370   | Maxillofacial ultrasound capture and interpretation  | X           | -                         |
| D0371   | Sialoendoscopy capture and interpretation  | X           | -                         |
| D0372   | Intraoral tomosynthesis - comprehensive series of radiographic images  | X           | -                         |
| D0373   | Intraoral tomosynthesis - bitewing radiographic image  | X           | -                         |
| D0374   | Intraoral tomosynthesis - periapical radiographic image  | X           | -                         |
| D0380   | Cone beam ct image capture with limited field of view- less than one whole jaw   | X           | -                         |
| D0381   | Cone beam ct image capture with field of view of one full dental arch-mandible   | X           | -                         |
| D0382   | Cone beam ct image capture with field of view of one full dental arch-maxilla, with or without cranium                                 | X           | -                         |
| D0383   | Cone beam ct image capture with field of view of both jaws, with or without cranium  | X           | -                         |
| D0384   | Cone beam ct image capture for tmj series including two or more exposures  | X           | -                         |
| D0385   | Maxillofacial mri image capture  | X           | -                         |
| D0386   | Maxillofacial ultrasound image capture   | X           | -                         |
| D0387   | Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only   | X           | -                         |
| D0388   | Intraoral tomosynthesis - bitewing radiographic image - image capture only   | X           | -                         |
| D0389   | Intraoral tomosynthesis - periapical radiographic image- image capture only  | X           | -                         |
| D0391   | Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report                        | X           | -                         |
| D0393   | Treatment simulation using 3d image volume   | X           | -                         |
| D0394   | Digital subtraction of two or more images or image volumes of the same modality  | X           | -                         |
| D0395   | Fusion of two or more 3d image volumes of one or more modalities   | X           | -                         |
| D0411   | Hba1c in-office point of service testing   | X           | -                         |
| D0412   | Blood glucose level test-in-office using a glucose meter   | X           | -                         |
| D0414   | Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report | X           | -                         |
| D0415   | Bacteriologic studies for determination of pathologic agents   | X           | -                         |
| D0416   | Viral culture  | X           | -                         |
| D0417   | Collection and preparation of saliva sample for laboratory diagnostic testing  | X           | -                         |
| D0418   | Analysis of saliva sample  | X           | -                         |
| D0419   | Assessment of salivary flow by measurement   | X           | -                         |
| D0422   | Collection and preparation of genetic sample material for laboratory analysis and report   | X           | -                         |
| D0423   | Genetic test for susceptibility to diseases- specimen analysis   | X           | -                         |
| D0425   | Caries susceptibility tests  | X           | -                         |
| D0431   | Diag tst detect mucos abnorm   | X           | -                         |
| D0460   | Pulp vitality tests  | X           | -                         |

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| D0470   | Diagnostic casts   | X           | -                         |
| D0472   | Accession of tissue gross examination prep/transmission of written report  | X           | -                         |
| D0473   | Accession of tissue gross and microscopic examination prep/trans of report   | X           | -                         |
| D0474   | Accession of tissue gross/micro exam assess of surg margins for presence of disease prep/trans of report                                 | X           | -                         |
| D0475   | Decalcification procedure  | X           | -                         |
| D0476   | Spec stains for microorganism  | X           | -                         |
| D0477   | Spec stains not for microorg   | X           | -                         |
| D0478   | Immunohistochemical stains   | X           | -                         |
| D0479   | Tissue in-situ hybridization   | X           | -                         |
| D0480   | Processing and interpretation of cytologic smears incl the prep/trans of written report  | X           | -                         |
| D0481   | Electron microscopy  | X           | -                         |
| D0482   | Direct immunofluorescence  | X           | -                         |
| D0483   | Indirect immunofluorescence  | X           | -                         |
| D0484   | Consult slides prep elsewhere  | X           | -                         |
| D0485   | Consult inc prep of slides   | X           | -                         |
| D0486   | Laboratory accession of transepithelial cytologic sample, microscopic examination preparation and transmission of written report         | X           | -                         |
| D0502   | Other oral pathology procedures, by report   | X           | -                         |
| D0600   | Non-ionizing diagnostic procedure capable of quantifying, monitoring, and recording changes in structure of enamel, dentin, and cementum | X           | -                         |
| D0601   | Caries risk assessment and documentation, with a finding of low risk   | X           | -                         |
| D0602   | Caries risk assessment and documentation, with a finding of moderate risk  | X           | -                         |
| D0603   | Caries risk assessment and documentation, with a finding of high risk  | X           | -                         |
| D0636   | Cone beam - three-dimensional image reconstruction using existing data, includes multiple images   | X           | -                         |
| D0701   | Panoramic radiographic image – image capture only  | X           | -                         |
| D0702   | 2-d cephalometric radiographic image – image capture only  | X           | -                         |
| D0703   | 2-d oral/facial photographic image obtained intra-orally or extra-orally – image capture only  | X           | -                         |
| D0704   | 3-d photographic image – image capture only  | X           | -                         |
| D0705   | Extra-oral posterior dental radiographic image – image capture only  | X           | -                         |
| D0706   | Intraoral – occlusal radiographic image – image capture only   | X           | -                         |
| D0707   | Intraoral – periapical radiographic image – image capture only   | X           | -                         |
| D0708   | Intraoral – bitewing radiographic image – image capture only   | X           | -                         |
| D0709   | Intraoral – complete series of radiographic images – image capture only  | X           | -                         |
| D0801   | 3d dental surface scan -direct   | X           | -                         |
| D0802   | 3d dental surface scan - indirect  | X           | -                         |
| D0803   | 3d facial surface scan - direct  | X           | -                         |
| D0804   | 3d facial surface scan - indirect  | X           | -                         |
| D0999   | Unspecified diagnostic procedure, by report  | X           | -                         |
| D1110   | Prophylaxis-adult  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| D1120   | Prophylaxis-child  | X           | -                         |
| D1206   | Topical application of fluoride varnish  | X           | -                         |
| D1208   | Topical application of fluoride- excluding varnish   | X           | -                         |
| D1301   | A review of a patient's vaccine and medical history, and discussion of the vaccine benefits, risks, and consequences of not obtaining the vaccine. Counseling also includes a discussion of questions and concerns the patient, family, or caregiver may have and suggestions on where the patient can obtain the vaccine. | X           | -                         |
| D1310   | Nutritional counseling for the control of dental disease   | X           | -                         |
| D1320   | Tobacco counseling for the control and prevention of oral disease  | X           | -                         |
| D1321   | Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use   | X           | -                         |
| D1330   | Oral hygiene instruction   | X           | -                         |
| D1351   | Sealant-per tooth  | X           | -                         |
| D1352   | Prev resin rest, perm tooth  | X           | -                         |
| D1353   | Sealant repair- per tooth  | X           | -                         |
| D1354   | Interim caries arresting medicament application-per tooth  | X           | -                         |
| D1355   | Caries preventive medicament application – per tooth   | X           | -                         |
| D1510   | Space maintainer-fixed unilateral  | X           | -                         |
| D1516   | Space maintainer-fixed-bilateral, maxillary  | X           | -                         |
| D1517   | Space maintainer-fixed-bilateral, mandibular   | X           | -                         |
| D1520   | Space maintainer-removable unilateral  | X           | -                         |
| D1526   | Space maintainer -removable-bilateral, maxillary   | X           | -                         |
| D1527   | Space maintainer -removable-bilateral, mandibular  | X           | -                         |
| D1551   | Re-cement or re-bond bilateral space maintainer-maxillary  | X           | -                         |
| D1552   | Re-cement or re-bond bilateral space maintainer-mandibular   | X           | -                         |
| D1553   | Re-cement or re-bond unilateral space maintainer-per quadrant  | X           | -                         |
| D1556   | Removal of fixed unilateral space maintainer- per quadrant   | X           | -                         |
| D1557   | Removal of fixed bilateral space maintainer- maxillary   | X           | -                         |
| D1558   | Removal of fixed bilateral space maintainer- mandibular  | X           | -                         |
| D1575   | Distal shoe space maintainer-fixed-unilateral  | X           | -                         |
| D1781   | Vaccine administration - human papillomavirus - dose 1   | X           | -                         |
| D1782   | Vaccine administration - human papillomavirus - dose 2   | X           | -                         |
| D1783   | Vaccine administration - human papillomavirus - dose 3   | X           | -                         |
| D1999   | Unspecified preventive procedure, by report  | X           | -                         |
| D2140   | Amalgam-one surface, permanent   | X           | -                         |
| D2150   | Amalgam-two surfaces, permanent  | X           | -                         |
| D2160   | Amalgam-three surfaces, permanent  | X           | -                         |
| D2161   | Amalgam-four or more surfaces, permanent   | X           | -                         |
| D2330   | Resin-one surface, anterior  | X           | -                         |
| D2331   | Resin-two surfaces, anterior   | X           | -                         |

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| D2332   | Resin-three surfaces, anterior   | X           | -                         |
| D2335   | Resin-four or more surfaces or involving incisal angle (anterior)      | X           | -                         |
| D2390   | Resin-based composite crown, anterior                                  | X           | -                         |
| D2391   | Resin-based composite - one surface, posterior                         | X           | -                         |
| D2392   | Resin-based composite - two surfaces, posterior                        | X           | -                         |
| D2393   | Resin-based composite - three surfaces, posterior                      | X           | -                         |
| D2394   | Resin-based composite - four or more surfaces, posterior               | X           | -                         |
| D2410   | Gold foil-one surface  | X           | -                         |
| D2420   | Gold foil-two surfaces   | X           | -                         |
| D2430   | Gold foil-three surfaces   | X           | -                         |
| D2510   | Inlay-metallic-one surface   | X           | -                         |
| D2520   | Inlay-metallic-two surfaces  | X           | -                         |
| D2530   | Inlay-metallic-three surfaces  | X           | -                         |
| D2542   | Onlay - metallic - two surfaces  | X           | -                         |
| D2543   | Onlay - metallic - three surfaces                                      | X           | -                         |
| D2544   | Onlay - metallic - four or more surfaces                               | X           | -                         |
| D2610   | Inlay-porcelain/ceramic-one surface                                    | X           | -                         |
| D2620   | Inlay-porcelain/ceramic-two surfaces                                   | X           | -                         |
| D2630   | Inlay-porcelain/ceramic-three surfaces                                 | X           | -                         |
| D2642   | Onlay - porcelain/ceramic - two surfaces                               | X           | -                         |
| D2643   | Onlay - porcelain/ceramic - three surfaces                             | X           | -                         |
| D2644   | Onlay - porcelain/ceramic - four or more surfaces                      | X           | -                         |
| D2650   | Inlay-composite/resin-one surface (laboratory processed)               | X           | -                         |
| D2651   | Inlay-composite/resin-two surfaces (laboratory processed)              | X           | -                         |
| D2652   | Inlay-composite/resin-three surfaces (laboratory processed)            | X           | -                         |
| D2662   | Onlay - composite/resin - two surfaces (laboratory processed)          | X           | -                         |
| D2663   | Onlay - composite/resin - three surfaces (laboratory processed)        | X           | -                         |
| D2664   | Onlay - composite/resin - four or more surfaces (laboratory processed) | X           | -                         |
| D2710   | Crown resin (laboratory)   | X           | -                         |
| D2712   | Crown 3/4 resin-based compos   | X           | -                         |
| D2720   | Crown-resin with high noble metal                                      | X           | -                         |
| D2721   | Crown-resin with predominantly base metal                              | X           | -                         |
| D2722   | Crown-resin with noble metal   | X           | -                         |
| D2740   | Crown-porcelain/ceramic  | X           | -                         |
| D2750   | Crown-porcelain fused to high noble metal                              | X           | -                         |
| D2751   | Crown-porcelain fused to predominantly base metal                      | X           | -                         |
| D2752   | Crown-porcelain fused to noble metal                                   | X           | -                         |
| D2753   | Crown-porcelain fused to titanium and titanium alloys                  | X           | -                         |
| D2780   | Crown - 3/4 cast high noble metal                                      | X           | -                         |

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| D2781   | Crown - 3/4 cast predominately base metal   | X           | -                         |
| D2782   | Crown - 3/4 cast noble metal  | X           | -                         |
| D2783   | Crown - 3/4 porcelain/ceramic   | X           | -                         |
| D2790   | Crown-full cast high noble metal  | X           | -                         |
| D2791   | Crown-full cast predominantly base metal  | X           | -                         |
| D2792   | Crown-full cast noble metal   | X           | -                         |
| D2794   | Crown-titanium  | X           | -                         |
| D2799   | Provisional crown- further treatment or completion of diagnosis necessary prior to final impression   | X           | -                         |
| D2910   | Re-cement or re-bond inlay, onlay, veneer or partial coverage restoration   | X           | -                         |
| D2915   | Re-cement or re-bond indirectly fabricated or prefabricated post and core   | X           | -                         |
| D2920   | Re-cement or re-bond crown  | X           | -                         |
| D2921   | Reattachment of tooth fragment, incisal edge or cusp  | X           | -                         |
| D2928   | Prefabricated porcelain/ceramic crown – permanent tooth   | X           | -                         |
| D2929   | Prefabricated porcelain/ceramic crown- primary tooth  | X           | -                         |
| D2930   | Prefabricated stainless steel crown-primary tooth   | X           | -                         |
| D2931   | Prefabricated stainless steel crown-permanent tooth   | X           | -                         |
| D2932   | Prefabricated resin crown   | X           | -                         |
| D2933   | Prefabricated stainless steel crown with resin window   | X           | -                         |
| D2934   | Prefab steel crown primary  | X           | -                         |
| D2940   | Protective restoration  | X           | -                         |
| D2941   | Interim therapeutic restoration- primary dentition  | X           | -                         |
| D2949   | Restorative foundation for an indirect restoration  | X           | -                         |
| D2950   | Core buildup, including any pins when required  | X           | -                         |
| D2951   | Pin retention-per tooth, in addition to restoration   | X           | -                         |
| D2952   | Cast post and core in addition to crown   | X           | -                         |
| D2953   | Each additional cast post - same tooth  | X           | -                         |
| D2954   | Prefabricated post and core in addition to crown  | X           | -                         |
| D2955   | Post removal  | X           | -                         |
| D2956   | removal of an indirect restoration on a natural tooth   | X           | -                         |
| D2957   | Each additional prefabricated post - same tooth   | X           | -                         |
| D2960   | Labial veneer (laminate)-chairside  | X           | -                         |
| D2961   | Labial veneer (resin laminate)-laboratory   | X           | -                         |
| D2962   | Labial veneer (porcelain laminate)-laboratory   | X           | -                         |
| D2971   | Add proc construct new crown  | X           | -                         |
| D2975   | Coping  | X           | -                         |
| D2976   | A band, typically cemented around a molar tooth after a multi-surface restoration is placed, to add support and resistance to fracture until a patient is ready for the full cuspal coverage restoration. | X           | -                         |
| D2980   | Crown repair necessitated by restorative material failure   | X           | -                         |
| D2981   | Inlay repair necessitated by restorative material failure   | X           | -                         |

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| D2982   | Onlay repair necessitated by restorative material failure  | X           | -                         |
| D2983   | Veneer repair necessitated by restorative material failure   | X           | -                         |
| D2989   | Excavation of a tooth resulting in the determination of non-restorability  | X           | -                         |
| D2990   | Placement of an infiltration resin restoration for strengthening, stabilizing, and/or limiting the progression of the lesion                 | X           | -                         |
| D2991   | Preparation of tooth surfaces and topical application of a scaffold to guide hydroxyapatite regeneration.                                    | X           | -                         |
| D2999   | Unspecified restorative procedure, by report   | X           | -                         |
| D3110   | Pulp cap-direct (excluding final restoration)  | X           | -                         |
| D3120   | Pulp cap-indirect (excluding final restoration)  | X           | -                         |
| D3220   | Therapeutic pulpotomy (excluding final restoration)  | X           | -                         |
| D3221   | Gross pulpal debridement primary and permanent teeth   | X           | -                         |
| D3222   | Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development  | X           | -                         |
| D3230   | Pulpal therapy (resorbable filling) - anterior, primary tooth (exclud  | X           | -                         |
| D3240   | Pulpal therapy (resorbable filling) - posterior, primary tooth (exclu  | X           | -                         |
| D3310   | Anterior (excluding final restoration)   | X           | -                         |
| D3320   | Endodontic therapy, premolar tooth (excluding final restoration)   | X           | -                         |
| D3330   | Endodontic therapy, molar tooth (excluding final restoration)  | X           | -                         |
| D3331   | Treatment of root canal obstruction; non-surgical access   | X           | -                         |
| D3332   | Incomplete endodontic therapy; inoperable or fractured tooth   | X           | -                         |
| D3333   | Internal root repair of perforation defects  | X           | -                         |
| D3346   | Retreatment-anterior, by report  | X           | -                         |
| D3347   | Retreatment of previous root canal therapy-premolar  | X           | -                         |
| D3348   | Retreatment-molar, by report   | X           | -                         |
| D3351   | Apexification/recalcification- initial visit (apical closure/calcific repair of perforations, root resorption, etc.)                         | X           | -                         |
| D3352   | Apexification/recalcification initial visit (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.) | X           | -                         |
| D3353   | Apexification/recalcification-final visit (includes completed root can   | X           | -                         |
| D3355   | Pulpal regeneration- initial visit   | X           | -                         |
| D3356   | Pulpal regeneration- interim medication replacement  | X           | -                         |
| D3357   | Pulpal regeneration- completion of treatment   | X           | -                         |
| D3410   | Apicoectomy-anterior   | X           | -                         |
| D3421   | Apicoectomy-premolar (first root)  | X           | -                         |
| D3425   | Apicoectomy - molar (first root)   | X           | -                         |
| D3426   | Apicoectomy - (each additional root)   | X           | -                         |
| D3428   | Bone graft in conjunction with periradicular surgery- per tooth, single site   | X           | -                         |
| D3429   | Bone graft in conjunction with periradicular surgery- each additional contiguous tooth in the same surgical site                             | X           | -                         |
| D3430   | Retrograde filling-per root  | X           | -                         |
| D3431   | Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery                                  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| D3432   | Guided tissue regeneration, resorbable barrier, per site, in conjunction with periradicular surgery   | X           | -                         |
| D3450   | Root amputation-per root  | X           | -                         |
| D3460   | Endodontic endosseous implant   | X           | -                         |
| D3470   | Intentional replantation (including necessary splinting)  | X           | -                         |
| D3471   | Surgical repair of root resorption - anterior   | X           | -                         |
| D3472   | Surgical repair of root resorption – premolar   | X           | -                         |
| D3473   | Surgical repair of root resorption – molar  | X           | -                         |
| D3501   | Surgical exposure of root surface without apicoectomy or repair of root resorption – anterior   | X           | -                         |
| D3502   | Surgical exposure of root surface without apicoectomy or repair of root resorption – premolar   | X           | -                         |
| D3503   | Surgical exposure of root surface without apicoectomy or repair of root resorption – molar  | X           | -                         |
| D3910   | Surgical procedure for isolation of tooth with rubber dam   | X           | -                         |
| D3911   | Intraorifice barrier  | X           | -                         |
| D3920   | Hemisection (including any root removal), not including root canal the  | X           | -                         |
| D3921   | Decoronation or submergence of an erupted tooth   | X           | -                         |
| D3950   | Canal preparation and fitting of preformed dowel or post  | X           | -                         |
| D3999   | Unspecified endodontic procedure, by report   | X           | -                         |
| D4210   | Gingivectomy or gingivoplasty-per quadrant  | X           | -                         |
| D4211   | Gingivectomy or gingivoplasty-per tooth   | X           | -                         |
| D4212   | Gingivectomy or gingivoplasty to allow access for restorative procedure, per tooth  | X           | -                         |
| D4230   | Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant  | X           | -                         |
| D4231   | Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant   | X           | -                         |
| D4240   | Gingival flap procedure, including root planing-per quadrant  | X           | -                         |
| D4241   | Gingival flap procedure, including root planing - one to three teeth, per quadrant  | X           | -                         |
| D4245   | Apically positioned flap  | X           | -                         |
| D4249   | Crown lengthening-hard and soft tissue, by report   | X           | -                         |
| D4260   | Osseous surgery (including elevation of a full thickness flap and closure)- four or more contiguous teeth or tooth bounded spaces per quadrant          | X           | -                         |
| D4261   | Osseous surgery (including elevation of a full thickness flap and closure)- one to three contiguous teeth or tooth bounded spaces per quadrant          | X           | -                         |
| D4263   | Bone replacement graft - retained natural tooth - first site in quadrant  | X           | -                         |
| D4264   | Bone replacement graft - retained natural tooth - each additional site in quadrant  | X           | -                         |
| D4265   | Biologic materials to aid in soft and osseous tissue regeneration   | X           | -                         |
| D4266   | Guided tissue regeneration - resorbable barrier, per site, per tooth  | X           | -                         |
| D4267   | Guided tissue regeneration - non-resorbable barrier, per site, per too  | X           | -                         |
| D4268   | Surgical revision procedure per tooth   | X           | -                         |
| D4270   | Pedicle soft tissue graft procedure   | X           | -                         |
| D4273   | Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft | X           | -                         |

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| D4274   | Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)  | X           | -                         |
| D4275   | Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft                                | X           | -                         |
| D4276   | Combined connective tissue and double pedicle graft   | X           | -                         |
| D4277   | Free soft tissue graft procedure (including recipient and donor surgical sites) first tooth, implant, or edentulous tooth position in graft                                     | X           | -                         |
| D4278   | Free soft tissue graft procedure (including recipient and donor surgical sites), each additional contiguous tooth, implant or edentulous tooth position in same graft site      | X           | -                         |
| D4283   | Autogenous connective tissue graft procedure (including donor and recipient surgical sites)- each additional contiguous tooth, implant or edentulous tooth position in same gra | X           | -                         |
| D4285   | Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material)- each additional contiguous tooth, implant or edentulous tooth position | X           | -                         |
| D4286   | Removal of non-resorbable barrier   | X           | -                         |
| D4320   | Provisional splinting-intracoronar  | X           | -                         |
| D4321   | Provisional splinting-extracoronar  | X           | -                         |
| D4322   | Splint - intra-coronar; natural teeth or prosthetic crowns  | X           | -                         |
| D4323   | Splint - extra-coronar; natural teeth or prosthetic crowns  | X           | -                         |
| D4341   | Periodontal scaling and root planing-per quadrant   | X           | -                         |
| D4342   | Periodontal scaling and root planing - one to three teeth, per quadrant   | X           | -                         |
| D4346   | Scaling in presence of generalized moderate or severe gingival inflammation- full mouth, after oral evaluation  | X           | -                         |
| D4355   | Full mouth debridement to enable comprehensive oral evaluation and diagnosis on a subsequent visit  | -           | X                         |
| D4381   | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth  | X           | -                         |
| D4910   | Periodontal maintenance procedures (following active therapy)   | X           | -                         |
| D4920   | Unscheduled dressing change (by someone other than treating dentist)  | X           | -                         |
| D4921   | Gingival irrigation- per quadrant   | X           | -                         |
| D4999   | Unspecified periodontal procedure, by report  | X           | -                         |
| D5110   | Complete upper  | X           | -                         |
| D5120   | Complete lower  | X           | -                         |
| D5130   | Immediate upper   | X           | -                         |
| D5140   | Immediate lower   | X           | -                         |
| D5211   | Maxillary partial denture - resin base (including retentive/clasping materilas, rest, and teeth)  | X           | -                         |
| D5212   | Mandibular partial denture - resin base (including retentive/clasping materials, rest, and teeth)   | X           | -                         |
| D5213   | Upper partial-cast metal base with resin saddles (including any conven  | X           | -                         |
| D5214   | Lower partial-cast metal base with resin saddles (including any conven  | X           | -                         |
| D5221   | Immediate maxillary partial denture- resin base (including any conventional clasps, rests and teeth)  | X           | -                         |
| D5222   | Immediate mandibular partial denture- resin base (including any conventional clasps, rests and teeth)   | X           | -                         |

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| D5223   | Immediate maxillary partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth  | X           | -                         |
| D5224   | Immediate mandibular partial denture- cast metal framework with resin denture bases (including any conventional clasps, rests and teeth | X           | -                         |
| D5225   | Maxillary part denture flex   | X           | -                         |
| D5226   | Mandibular part denture flex  | X           | -                         |
| D5227   | Immediate maxillary partial denture - flexible base (including any clasps, rests and teeth)   | X           | -                         |
| D5228   | Immediate mandibular partial denture - flexible base (including any clasps, rests and teeth)  | X           | -                         |
| D5282   | Removable unilateral partial denture-one piece cast metal (including clasps and teeth), maxillary                                       | X           | -                         |
| D5283   | Removable unilateral partial denture-one piece cast metal (including clasps and teeth), mandibular                                      | X           | -                         |
| D5284   | Removable unilateral partial denture-one piece flexible base (including clasps and teeth) – per quadrant                                | X           | -                         |
| D5286   | Removable unilateral partial denture-one piece resin (including clasps and teeth) – per quadrant  | X           | -                         |
| D5410   | Adjust complete denture-upper   | X           | -                         |
| D5411   | Adjust complete denture-lower   | X           | -                         |
| D5421   | Adjust partial denture-upper  | X           | -                         |
| D5422   | Adjust partial denture-lower  | X           | -                         |
| D5511   | Repair broken complete denture base, mandibular   | X           | -                         |
| D5512   | Repair broken complete denture base, maxillary  | X           | -                         |
| D5520   | Replace missing or broken teeth-complete denture (each tooth)   | X           | -                         |
| D5611   | Repair resin partial denture base, mandibular   | X           | -                         |
| D5612   | Repair resin partial denture base, maxillary  | X           | -                         |
| D5621   | Repair cast partial framework, mandibular   | X           | -                         |
| D5622   | Repair cast partial framework, maxillary  | X           | -                         |
| D5630   | Repair or replace broken retentive/clasping materials per tooth   | X           | -                         |
| D5640   | Replace broken teeth-per tooth  | X           | -                         |
| D5650   | Add tooth to existing partial denture   | X           | -                         |
| D5660   | Add clasp to existing partial denture- per tooth  | X           | -                         |
| D5670   | Replace all teeth and acrylic on cast metal framework (maxillary)   | X           | -                         |
| D5671   | Replace all teeth and acrylic on cast metal framework (mandibular)  | X           | -                         |
| D5710   | Rebase complete upper denture   | X           | -                         |
| D5711   | Rebase complete lower denture   | X           | -                         |
| D5720   | Rebase upper partial denture  | X           | -                         |
| D5721   | Rebase lower partial denture  | X           | -                         |
| D5725   | Rebase hybrid prosthesis  | X           | -                         |
| D5730   | Reline upper complete denture (chairside)   | X           | -                         |
| D5731   | Reline lower complete denture (chairside)   | X           | -                         |
| D5740   | Reline upper partial denture (chairside)  | X           | -                         |
| D5741   | Reline lower partial denture (chairside)  | X           | -                         |
| D5750   | Reline upper complete denture (laboratory)  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| D5751   | Reline lower complete denture (laboratory)                                   | X           | -                         |
| D5760   | Reline upper partial denture (laboratory)                                    | X           | -                         |
| D5761   | Reline lower partial denture (laboratory)                                    | X           | -                         |
| D5765   | Soft liner for complete or partial removable denture - indirect              | X           | -                         |
| D5810   | Interim complete denture (upper)   | X           | -                         |
| D5811   | Interim complete denture (lower)   | X           | -                         |
| D5820   | Interim partial denture (upper)  | X           | -                         |
| D5821   | Interim partial denture (lower)  | X           | -                         |
| D5850   | Tissue conditioning, upper-per denture unit                                  | X           | -                         |
| D5851   | Tissue conditioning, lower-per denture unit                                  | X           | -                         |
| D5862   | Precision attachment, by report  | X           | -                         |
| D5863   | Overdenture- complete maxillary  | X           | -                         |
| D5864   | Overdenture- partial maxillary   | X           | -                         |
| D5865   | Overdenture- complete mandibular   | X           | -                         |
| D5866   | Overdenture- partial mandibular  | X           | -                         |
| D5867   | Replacement of replaceable part of semi-precision/attachment (m/f component) | X           | -                         |
| D5875   | Modification of removable prosthesis following implant surgery               | -           | X                         |
| D5876   | Add metal substructure to acrylic full denture (per arch)                    | X           | -                         |
| D5899   | Unspecified removable prosthodontic procedure, by report                     | X           | -                         |
| D5911   | Facial moulage (sectional)   | X           | -                         |
| D5912   | Facial moulage (complete)  | X           | -                         |
| D5913   | Nasal prosthesis   | X           | -                         |
| D5914   | Auricular prosthesis   | X           | -                         |
| D5915   | Orbital prosthesis   | X           | -                         |
| D5916   | Ocular prosthesis  | X           | -                         |
| D5919   | Facial prosthesis  | X           | -                         |
| D5922   | Nasal septal prosthesis  | X           | -                         |
| D5923   | Ocular prosthesis, interim   | X           | -                         |
| D5924   | Cranial prosthesis   | X           | -                         |
| D5925   | Facial augmentation implant prosthesis                                       | X           | -                         |
| D5926   | Nasal prosthesis, replacement  | X           | -                         |
| D5927   | Auricular prosthesis, replacement  | X           | -                         |
| D5928   | Orbital prosthesis, replacement  | X           | -                         |
| D5929   | Facial prosthesis, replacement   | X           | -                         |
| D5931   | Obturator prosthesis, surgical   | X           | -                         |
| D5932   | Obturator prosthesis, definitive   | X           | -                         |
| D5933   | Obturator prosthesis, modification   | X           | -                         |
| D5934   | Mandibular resection prosthesis with guide flange                            | X           | -                         |
| D5935   | Mandibular resection prosthesis without guide flange                         | X           | -                         |

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| D5936   | Obturator/prosthesis, interim   | X           | -                         |
| D5937   | Trismus appliance (not for tm treatment)  | X           | -                         |
| D5951   | Feeding aid   | X           | -                         |
| D5952   | Speech aid prosthesis, pediatric  | X           | -                         |
| D5953   | Speech aid prosthesis, adult  | X           | -                         |
| D5954   | Palatal augmentation prosthesis   | X           | -                         |
| D5955   | Palatal lift prosthesis, definitive   | X           | -                         |
| D5958   | Palatal lift prosthesis, interim  | X           | -                         |
| D5959   | Palatal lift prosthesis, modification   | X           | -                         |
| D5960   | Speech aid prosthesis, modification   | X           | -                         |
| D5982   | Surgical stent  | X           | -                         |
| D5983   | Radiation carrier   | X           | -                         |
| D5984   | Radiation shield  | X           | -                         |
| D5985   | Radiation cone locator  | X           | -                         |
| D5986   | Fluoride gel carrier  | X           | -                         |
| D5987   | Commissure splint   | X           | -                         |
| D5988   | Surgical splint   | X           | -                         |
| D5991   | Vesiculobullous disease medicament carrier  | X           | -                         |
| D5992   | Adjust max prost appliance  | X           | -                         |
| D5993   | Main/clean max prosthesis   | X           | -                         |
| D5995   | Periodontal medicament carrier with peripheral seal – laboratory processed – maxillary    | X           | -                         |
| D5996   | Periodontal medicament carrier with peripheral seal – laboratory processed – mandibular   | X           | -                         |
| D5999   | Unspecified maxillofacial prosthesis, by report   | X           | -                         |
| D6010   | Surgical placement of implant body: endosteal implant. see also 21248                     | X           | -                         |
| D6011   | Second stage implant surgery  | X           | -                         |
| D6012   | Surgical placement of interim implant body for transitional prosthesis: endosteal implant | X           | -                         |
| D6013   | Surgical placement of mini implant  | X           | -                         |
| D6040   | Subperiosteal implant   | X           | -                         |
| D6050   | Transosseous implant  | X           | -                         |
| D6051   | Includes placement and removal. a healing cap is not an interim abutment                  | X           | -                         |
| D6055   | Implant connecting bar  | X           | -                         |
| D6056   | Prefabricated abutment- includes modification and placement                               | X           | -                         |
| D6057   | Custom fabricated abutment- includes placement  | X           | -                         |
| D6058   | Abutment supported porcelain/ceramic crown  | X           | -                         |
| D6059   | Abutment supported porcelain fused to metal crown (high noble metal)                      | X           | -                         |
| D6060   | Abutment supported porcelain fused to metal crown (predominantly base metal)              | X           | -                         |
| D6061   | Abutment supported porcelain fused to metal crown (noble metal)                           | X           | -                         |
| D6062   | Abutment supported cast metal crown (high noble metal)                                    | X           | -                         |
| D6063   | Abutment supported cast metal crown (predominantly base metal)                            | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| D6064   | Abutment supported cast metal crown (noble metal)  | X           | -                         |
| D6065   | Implant supported porcelain/ceramic crown  | X           | -                         |
| D6066   | Implant supported porcelain fused to metal crown (titanium/alloy high noble metal)   | X           | -                         |
| D6067   | Implant supported metal crown (titanium/alloy high noble metal)  | X           | -                         |
| D6068   | Abutment supported retainer for porcelain/ceramic fpd  | X           | -                         |
| D6069   | Abutment supported retainer for porcelain fused to metal fpd (high noble metal)  | X           | -                         |
| D6070   | Abutment supported retainer for porcelain fused to metal fpd (predominately base metal)  | X           | -                         |
| D6071   | Abutment supported retainer for porcelain fused to metal fpd (noble metal)   | X           | -                         |
| D6072   | Abutment supported retainer for cast metal fpd (high noble metal)  | X           | -                         |
| D6073   | Abutment supported retainer for cast metal fpd (predominately base metal)  | X           | -                         |
| D6074   | Abutment supported retainer for cast metal fpd (noble metal)   | X           | -                         |
| D6075   | Implant supported retainer for ceramic fpd   | X           | -                         |
| D6076   | Implant supported retainer for porcelain fused to metal fpd (titanium/alloy or high noble metal)   | X           | -                         |
| D6077   | Implant supported retainer for cast metal fpd (titanium/alloy or high noble metal)   | X           | -                         |
| D6080   | Implant maintenance procedures, when prostheses are removed and reinserted, including cleansing of prostheses and abutments  | 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 | X           | -                         |
| D6082   | Implant supported crown-porcelain fused to predominantly base alloys   | X           | -                         |
| D6083   | Implant supported crown-porcelain fused to noble alloys  | X           | -                         |
| D6084   | Implant supported crown-porcelain fused to titanium and titanium alloys  | X           | -                         |
| D6085   | Provisional implant crown  | X           | -                         |
| D6086   | Implant supported crown-predominantly base alloys  | X           | -                         |
| D6087   | Implant supported crown-noble alloys   | X           | -                         |
| D6088   | Implant supported crown-titanium and titanium alloys   | X           | -                         |
| D6089   | Accessing and retorquing loose implant screw - per screw   | X           | -                         |
| D6090   | Repair implant, by report  | X           | -                         |
| D6091   | Replacement of semi-precision or precision attachment (male or female component) of implant/abutment supported prosthesis  | X           | -                         |
| D6092   | Re-cement or re-bond implant/abutment supported crown  | X           | -                         |
| D6093   | Re-cement or re-bond implant/abutment supported fixed partial denture  | X           | -                         |
| D6094   | Abut support crown titanium  | X           | -                         |
| D6095   | Repair implant abutment, by report. see also code 21299  | X           | -                         |
| D6096   | Remove broken implant retaining screw  | X           | -                         |
| D6097   | Abutment supported crown-porcelain fused to titanium and titanium alloys   | X           | -                         |
| D6098   | Implant supported retainer-porcelain fused to predominantly base alloys  | X           | -                         |
| D6099   | Implant supported retainer for fpd-porcelain fused to noble alloys   | X           | -                         |
| D6100   | Implant removal, by report   | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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|---|--|-------------|---------------------------|
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| D6101   | Debridement of a peri-implant defect or defects surrounding a single implant, and surface cleaning of the exposed implant surfaces, including flap entry and closure | X           | -                         |
| 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   | X           | -                         |
| D6103   | Bone graft for repair of peri-implant defect- does not include flap entry and closure.   | X           | -                         |
| D6104   | Placement of a barrier membrane, or biologic materials to aid in osseous regeneration are reported separately  | X           | -                         |
| D6105   | Removal of implant body not requiring bone removal nor flap elevation  | X           | -                         |
| D6106   | Guided tissue regeneration - resorbable barrier, per implant   | X           | -                         |
| D6107   | Guided tissue regeneration - non-resorbable barrier, per implant   | X           | -                         |
| D6110   | Implant/abutment supported removable denture for edentulous arch-maxillary   | X           | -                         |
| D6111   | Implant/ abutment supported removable denture for edentulous arch- mandibular  | X           | -                         |
| D6112   | Implant/ abutment supported removable denture for partially edentulous arch- maxillary   | X           | -                         |
| D6113   | Implant/ abutment supported removable denture for partially edentulous arch- mandibular  | X           | -                         |
| D6114   | Implant/ abutment supported fixed denture for edentulous arch- maxillary   | X           | -                         |
| D6115   | Implant/ abutment supported fixed denture for edentulous arch- mandibular  | X           | -                         |
| D6116   | Implant/ abutment supported fixed denture for partially edentulous arch- maxillary   | X           | -                         |
| D6117   | Implant/ abutment supported fixed denture for partially edentulous arch- mandibular  | X           | -                         |
| D6118   | Implant/abutment supported interim fixed denture for edentulous arch ¿ mandibular  | X           | -                         |
| D6119   | Implant/abutment supported interim fixed denture for edentulous arch ¿ maxillary   | X           | -                         |
| D6120   | Implant supported retainer -porcelain fused to titanium and titanium alloys  | X           | -                         |
| D6121   | Implant supported retainer for metal fpd -predominantly base alloys  | X           | -                         |
| D6122   | Implant supported retainer for metal fpd -noble alloys   | X           | -                         |
| D6123   | Implant supported retainer for metal fpd -titanium and titanium alloys   | X           | -                         |
| D6180   | implant maintenance procedures when a full arch fixed hybrid prosthesis is not removed, including cleansing of prosthesis and abutments                              | X           | -                         |
| D6190   | Radio/surgical implant index   | X           | -                         |
| D6191   | Semi-precision abutment – placement  | X           | -                         |
| D6192   | Semi-precision attachment – placement  | X           | -                         |
| D6193   | replacement of an implant screw  | X           | -                         |
| D6194   | Abut support retainer titani   | X           | -                         |
| D6195   | Abutment supported retainer-porcelain fused to titanium and titanium alloys  | X           | -                         |
| D6197   | Replacement of restorative material used to close an access opening of a screw-retained implant supported prosthesis, per implant                                    | X           | -                         |
| D6198   | Remove interim implant component   | X           | -                         |
| D6199   | Unspecified implant procedure, by report   | X           | -                         |
| D6205   | Pontic-indirect resin based  | X           | -                         |
| D6210   | Pontic-cast high noble metal   | X           | -                         |
| D6211   | Pontic-cast predominantly base metal   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| D6212   | Pontic-cast noble metal  | X           | -                         |
| D6214   | Pontic titanium  | X           | -                         |
| D6240   | Pontic-porcelain fused to high noble metal   | X           | -                         |
| D6241   | Pontic-porcelain fused to predominantly base metal   | X           | -                         |
| D6242   | Pontic-porcelain fused to noble metal  | X           | -                         |
| D6243   | Pontic-porcelain fused to titanium and titanium alloys   | X           | -                         |
| D6245   | Pontic - porcelain/ceramic   | X           | -                         |
| D6250   | Pontic-resin with high noble metal   | X           | -                         |
| D6251   | Pontic-resin with predominantly base metal   | X           | -                         |
| D6252   | Pontic-resin with noble metal  | X           | -                         |
| D6253   | Provisional pontic- further treatment or completion of diagnosis necessary prior to final impression | X           | -                         |
| D6545   | Retainer-cast metal for acid etched fixed prosthesis   | X           | -                         |
| D6548   | Retainer - porcelain/ceramic for resin bonded fixed prosthesis                                       | X           | -                         |
| D6549   | Resin retainer- for resin bonded fixed prosthesis  | X           | -                         |
| D6600   | Retainer inlay-porcelain/ceramic, two surfaces   | X           | -                         |
| D6601   | Retainer inlay - porcelain/ceramic, three or more surfaces   | X           | -                         |
| D6602   | Retainer inlay - cast high noble metal, two surfaces   | X           | -                         |
| D6603   | Retainer inlay - cast high noble metal, three or more surfaces                                       | X           | -                         |
| D6604   | Retainer inlay - cast predominantly base metal, two surfaces   | X           | -                         |
| D6605   | Retainer inlay - cast predominantly base metal, three or more surfaces                               | X           | -                         |
| D6606   | Retainer inlay - cast noble metal, two surfaces  | X           | -                         |
| D6607   | Retainer inlay - cast noble metal, three or more surfaces  | X           | -                         |
| D6608   | Retainer onlay - porcelain/ceramic, two surfaces   | X           | -                         |
| D6609   | Retainer onlay - porcelain/ceramic, three or more surfaces   | X           | -                         |
| D6610   | Retainer onlay - cast high noble metal, two surfaces   | X           | -                         |
| D6611   | Retainer onlay - cast high noble metal, three or more surfaces                                       | X           | -                         |
| D6612   | Retainer onlay - cast predominantly base metal, two surfaces   | X           | -                         |
| D6613   | Retainer onlay - cast predominantly base metal, three or more surfaces                               | X           | -                         |
| D6614   | Retainer onlay - cast noble metal, two surfaces  | X           | -                         |
| D6615   | Retainer onlay - cast noble metal, three or more surfaces  | X           | -                         |
| D6624   | Retainer inlay titanium  | X           | -                         |
| D6634   | Retainer onlay titanium  | X           | -                         |
| D6710   | Retainer crown-indirect resin based composite  | X           | -                         |
| D6720   | Retainer crown-resin with high noble metal   | X           | -                         |
| D6721   | Retainer crown-resin with predominantly base metal   | X           | -                         |
| D6722   | Retainer crown-resin with noble metal  | X           | -                         |
| D6740   | Retainer crown - porcelain/ceramic   | X           | -                         |
| D6750   | Retainer crown-porcelain fused to high noble metal   | X           | -                         |
| D6751   | Retainer crown-porcelain fused to predominantly base metal   | X           | -                         |

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| D6752   | Retainer crown-porcelain fused to noble metal  | X           | -                         |
| D6753   | Retainer crown-porcelain fused to titanium and titanium alloys   | X           | -                         |
| D6780   | Retainer crown-3/4 cast high noble metal   | X           | -                         |
| D6781   | Retainer crown - 3/4 cast predominately based metal  | X           | -                         |
| D6782   | Retainer crown - 3/4 cast noble metal  | X           | -                         |
| D6783   | Retainer crown - 3/4 porcelain/ceramic   | X           | -                         |
| D6784   | Retainer crown 3/4-titanium and titanium alloys  | X           | -                         |
| D6790   | Retainer crown-full cast high noble metal  | X           | -                         |
| D6791   | Retainer crown-full cast predominantly base metal  | X           | -                         |
| D6792   | Retainer crown-full cast noble metal   | X           | -                         |
| D6793   | Provisional retainer crown- further treatment or completion of diagnosis necessary prior to final impression                                 | X           | -                         |
| D6794   | Retainer crown titanium  | X           | -                         |
| D6920   | Connector bar  | X           | -                         |
| D6930   | Re-cement or re-bond fixed partial denture   | X           | -                         |
| D6940   | Stress breaker   | X           | -                         |
| D6950   | Precision attachment   | X           | -                         |
| D6980   | Fixed partial denture repair, necessitated by restorative material failure   | X           | -                         |
| D6985   | Pediatric partial denture, fixed   | X           | -                         |
| D6999   | Unspecified fixed prosthodontic procedure, by report   | X           | -                         |
| D7111   | Extraction, coronal remnants - primary tooth   | X           | -                         |
| D7140   | Extraction, erupted tooth or exposed root (elevation and/or forceps removal)   | X           | -                         |
| D7210   | Extraction, erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated. | X           | -                         |
| D7220   | Removal of impacted tooth-soft tissue  | X           | -                         |
| D7230   | Removal of impacted tooth-partially bony   | X           | -                         |
| D7240   | Removal of impacted tooth-completely bony  | X           | -                         |
| D7241   | Removal of impacted tooth-completely bony, with unusual surgical compl   | X           | -                         |
| D7250   | Removal of residual tooth roots (cutting procedure)  | X           | -                         |
| D7251   | Coronectomy  | X           | -                         |
| D7252   | partial extraction for immediate implant placement   | X           | -                         |
| D7259   | nerve dissection   | X           | -                         |
| D7260   | Oral antral fistula closure  | X           | -                         |
| D7261   | Primary closure of a sinus perforation   | X           | -                         |
| D7270   | Tooth re-implantation and/or stabilization of accidentally evulsed or d  | X           | -                         |
| D7272   | Tooth transplantation  | X           | -                         |
| D7280   | Exposure of an unerupted tooth   | X           | -                         |
| D7282   | Mobilization of erupted or malpositioned tooth to aid eruption   | X           | -                         |
| D7283   | Place device impacted tooth  | X           | -                         |
| D7284   | Excisional biopsy of minor salivary glands   | X           | -                         |

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| D7285   | Incisional biopsy of oral tissue-hard (bone, tooth)  | X           | -                         |
| D7286   | Incisional biopsy of oral tissue-soft  | X           | -                         |
| D7287   | Cytology sample collection   | X           | -                         |
| D7288   | Brush biopsy   | X           | -                         |
| D7290   | Surgical repositioning of teeth  | X           | -                         |
| D7291   | Transseptal fiberotomy   | X           | -                         |
| D7292   | Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal | X           | -                         |
| D7293   | Placement of temporary anchorage device requiring flap; includes device removal                        | X           | -                         |
| D7294   | Placement of temporary anchorage device without flap; includes device removal                          | X           | -                         |
| D7295   | Bone harvest,auto graft proc   | X           | -                         |
| D7296   | Corticotomy & one to three teeth or tooth spaces, per quadrant   | X           | -                         |
| D7297   | Corticotomy & four or more teeth or tooth spaces, per quadrant   | X           | -                         |
| D7298   | Removal of temporary anchorage device (screw retained plate), requiring flap                           | X           | -                         |
| D7299   | Removal of temporary anchorage device, requiring flap  | X           | -                         |
| D7300   | Removal of temporary anchorage device without flap   | X           | -                         |
| D7310   | Alveoloplasty in conjunction with extractions - per quadrant   | X           | -                         |
| D7311   | Alveoloplasty w/extract 1-3  | X           | -                         |
| D7320   | Alveoloplasty not in conjunction with extractions - per quadrant                                       | X           | -                         |
| D7321   | Alveoloplasty not w/extracts   | X           | -                         |
| D7340   | Vestibuloplasty-ridge extension (second epithelialization)   | X           | -                         |
| D7350   | Vestibuloplasty-ridge extension (including soft tissue grafts, muscle                                  | X           | -                         |
| D7410   | Radical excision-lesion diameter up to 1.25 cm   | X           | -                         |
| D7411   | Excision of benign lesion greater than 1.25 cm   | X           | -                         |
| D7412   | Excision of benign lesion, complicated   | X           | -                         |
| D7413   | Excision of malignant lesion up to 1.25 cm   | X           | -                         |
| D7414   | Excision of malignant lesion greater than 1.25 cm  | X           | -                         |
| D7415   | Excision of malignant lesion, complicated  | X           | -                         |
| D7440   | Excision of malignant tumor-lesion diameter up to 1.25 cm  | X           | -                         |
| D7441   | Excision of malignant tumor-lesion diameter greater than 1.25 cm                                       | X           | -                         |
| D7450   | Removal of odontogenic cystor tumor-lesion diameter up to 1.25 cm                                      | X           | -                         |
| D7451   | Removal of odontogenic cystor tumor-lesion diameter greater than 1.25                                  | X           | -                         |
| D7460   | Removal of nonodontogenic cystor tumor-lesion diameter up to 1.25 cm                                   | X           | -                         |
| D7461   | Removal of nonodontogenic cystor tumor-lesion diameter greater than 1.                                 | X           | -                         |
| D7465   | Destruction of lesion(s) by physical or chemical methods, by report                                    | X           | -                         |
| D7471   | Removal of exostosis - per site  | X           | -                         |
| D7472   | Removal of torus palatinus   | X           | -                         |
| D7473   | Removal of torus mandibularis  | X           | -                         |
| D7485   | Reduction of osseous tuberosity  | X           | -                         |
| D7490   | Radical resection of mandible with bone graft  | X           | -                         |

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| D7509   | Marsupialization of odontogenic cyst                                       | X           | -                         |
| D7510   | Incision and drainage of abscess-intraoral soft tissue                     | X           | -                         |
| D7511   | Incision/drain abscess intra   | X           | -                         |
| D7520   | Incision and drainage of abscess-extraoral soft tissue                     | X           | -                         |
| D7521   | Incision/drain abscess extra   | X           | -                         |
| D7530   | Removal of foreign body, skin, or subcutaneous areolar tissue              | X           | -                         |
| D7540   | Removal of reaction-producing foreign bodies-musculoskeletal system        | X           | -                         |
| D7550   | Sequestrectomy for osteomyelitis   | X           | -                         |
| D7560   | Maxillary sinusotomy for removal of tooth fragment or foreign body         | X           | -                         |
| D7610   | Maxilla-open reduction (teeth immobilized if present)                      | X           | -                         |
| D7620   | Maxilla-closed reduction (teeth immobilized if present)                    | X           | -                         |
| D7630   | Mandible-open reduction (teeth immobilized if present)                     | X           | -                         |
| D7640   | Mandible-closed reduction (teeth immobilized if present)                   | X           | -                         |
| D7650   | Malar and/or zygomatic arch-open reduction                                 | X           | -                         |
| D7660   | Malar and/or zygomatic arch-closed reduction                               | X           | -                         |
| D7670   | Alveolus-stabilization of teeth, open reduction splinting                  | X           | -                         |
| D7671   | Alveolus - open reduction, may include stabilization of teeth              | X           | -                         |
| D7680   | Facial bones-complicated reduction with fixation and multiple surgic       | X           | -                         |
| D7710   | Maxilla-open reduction   | X           | -                         |
| D7720   | Maxilla-closed reduction   | X           | -                         |
| D7730   | Mandible-open reduction  | X           | -                         |
| D7740   | Mandible-closed reduction  | X           | -                         |
| D7750   | Malar and/or zygomatic arch-open reduction                                 | X           | -                         |
| D7760   | Malar and/or zygomatic arch-closed reduction                               | X           | -                         |
| D7770   | Alveolus-stabilization of teeth, open reduction splinting                  | X           | -                         |
| D7771   | Alveolus, closed reduction stabilization of teeth                          | X           | -                         |
| D7780   | Facial bones - complicated reduction with fixation and multiple approaches | X           | -                         |
| D7810   | Open reduction of dislocation  | X           | -                         |
| D7820   | Closed reduction of dislocation  | X           | -                         |
| D7830   | Manipulation under anesthesia  | X           | -                         |
| D7840   | Condylectomy   | X           | -                         |
| D7850   | Surgical discectomy; with/without implant                                  | X           | -                         |
| D7852   | Disc repair  | X           | -                         |
| D7854   | Synovectomy  | X           | -                         |
| D7856   | Myotomy  | X           | -                         |
| D7858   | Joint reconstruction   | X           | -                         |
| D7860   | Arthroscopy  | X           | -                         |
| D7865   | Arthroplasty   | X           | -                         |
| D7870   | Arthrocentesis   | X           | -                         |

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| D7871   | Non-arthroscopic lysis and lavage  | X           | -                         |
| D7872   | Arthroscopy-diagnosis, with or without biopsy  | X           | -                         |
| D7873   | Arthroscopy: lavage and lysis of adhesions   | X           | -                         |
| D7874   | Arthroscopy: disc repositioning and stabilization  | X           | -                         |
| D7875   | Arthroscopy: synovectomy   | X           | -                         |
| D7876   | Arthroscopy: discectomy  | X           | -                         |
| D7877   | Arthroscopy: debridement   | X           | -                         |
| D7880   | Occlusal orthotic appliance  | X           | -                         |
| D7881   | Occlusal orthotic device adjustment  | X           | -                         |
| D7899   | Unspecified tmd therapy, by report   | X           | -                         |
| D7910   | Suture of recent small wounds up to 5 cm   | X           | -                         |
| D7911   | Complicated suture-up to 5 cm  | X           | -                         |
| D7912   | Complicated suture-greater than 5 cm   | X           | -                         |
| D7920   | Skin grafts (identify defect covered, location, and type of graft)   | X           | -                         |
| D7921   | Collection and application of autologous blood concentrate product   | X           | -                         |
| D7922   | Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site   | X           | -                         |
| D7939   | A guide is stabilized to the teeth and/or the bone to allow for virtual guidance of osteotomy.   | X           | -                         |
| D7940   | Osteoplasty-for orthognathic deformities   | X           | -                         |
| D7941   | Osteotomy-ramus, closed  | X           | -                         |
| D7943   | Osteotomy-ramus, open with bone graft  | X           | -                         |
| D7944   | Osteotomy-segmented or subapical-per sextant or quadrant   | X           | -                         |
| D7945   | Osteotomy-body of mandible   | X           | -                         |
| D7946   | Lefort i (maxilla-total)   | X           | -                         |
| D7947   | Lefort i (maxilla-segmented)   | X           | -                         |
| D7948   | Lefort ii or lefort iii (osteoplasty of facial bones for midface hypoplasia)   | X           | -                         |
| D7949   | Lefort ii or lefort iii-with bone graft  | X           | -                         |
| D7950   | Osseous, osteoperiosteal, periosteal, or cartilage graft of the mandible   | X           | -                         |
| D7951   | Sinus augmentation with bone or bone substitutes via a lateral open approach   | X           | -                         |
| D7952   | The augmentation of the sinus to increase alveolar height by vertical access through the ridge crest by raising the floor of the sinus and grafting as necessary. this include | X           | -                         |
| D7953   | Bone replacement graft   | X           | -                         |
| D7955   | Repair of maxillofacial soft and hard tissue defects   | X           | -                         |
| D7956   | Guided tissue regeneration, edentulous area - resorbable barrier, per site   | X           | -                         |
| D7957   | Guided tissue regeneration, edentulous area - non-resorbable barrier, per site   | X           | -                         |
| D7961   | Buccal / labial frenectomy (frenulectomy)  | X           | -                         |
| D7962   | Lingual frenectomy (frenulectomy)  | X           | -                         |
| D7963   | Frenuloplasty  | X           | -                         |
| D7970   | Excision of hyperplastic tissue-per arch   | X           | -                         |
| D7971   | Excision of pericoronal gingiva  | X           | -                         |

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| D7972   | Surgical reduction of fibrous tuberosity   | X           | -                         |
| D7979   | Non surgical sialolithotomy  | X           | -                         |
| D7980   | Surgical sialolithotomy  | X           | -                         |
| D7981   | Excision of salivary gland   | X           | -                         |
| D7982   | Sialodochoplasty   | X           | -                         |
| D7983   | Closure of salivary fistula  | X           | -                         |
| D7990   | Emergency tracheotomy  | X           | -                         |
| D7991   | Coronoidectomy   | X           | -                         |
| D7993   | Surgical placement of craniofacial implant – extra oral                                | X           | -                         |
| D7994   | Surgical placement: zygomatic implant  | X           | -                         |
| D7995   | Synthetic graft - mandible or facial bones, by report                                  | X           | -                         |
| D7996   | Implant - mandible for augmentation purposes   | X           | -                         |
| D7997   | Appliance removal (not by dentist who placed appliance) incl removal of archbar        | X           | -                         |
| D7998   | Intraoral placement of a fixation device not in conjunction with a fracture            | X           | -                         |
| D7999   | Unspecified oral surgery procedure, by report  | X           | -                         |
| D8010   | Limited orthodontic treatment of the primary dentition                                 | X           | -                         |
| D8020   | Limited orthodontic treatment of the transitional dentition                            | X           | -                         |
| D8030   | Limited orthodontic treatment of the adolescent dentition                              | X           | -                         |
| D8040   | Limited orthodontic treatment of the adult dentition                                   | X           | -                         |
| D8050   | Interceptive orthodontic treatment of the primary dentition                            | X           | -                         |
| D8060   | Interceptive orthodontic treatment of the transitional dentition                       | X           | -                         |
| D8070   | Comprehensive orthodontic treatment of the transitional dentition                      | X           | -                         |
| D8080   | Comprehensive orthodontic treatment of the adolescent dentition                        | X           | -                         |
| D8090   | Comprehensive orthodontic treatment of the adult dentition                             | X           | -                         |
| D8091   | comprehensive orthodontic treatment with orthognathic surgery                          | X           | -                         |
| D8210   | Removable appliance therapy  | X           | -                         |
| D8220   | Fixed appliance therapy  | X           | -                         |
| D8660   | Pre-orthodontic treatment examination to monitor growth and development                | X           | -                         |
| D8670   | Periodic orthodontic treatment visit (as part of contract)                             | X           | -                         |
| D8671   | periodic orthodontic treatment visit associated with orthognathic surgery              | X           | -                         |
| D8680   | Orthodontic retention (removal of appliances, construction and placem                  | X           | -                         |
| D8681   | Removable orthodontic retainer adjustment  | X           | -                         |
| D8690   | Orthodontic treatment (alternative billing to a contract fee)                          | X           | -                         |
| D8695   | Removal of fixed orthodontic appliances for reasons other than completion of treatment | X           | -                         |
| D8696   | Repair of orthodontic appliance-maxillary  | X           | -                         |
| D8697   | Repair of orthodontic appliance-mandibular   | X           | -                         |
| D8698   | Re-cement or re-bond fixed retainer-maxillary  | X           | -                         |
| D8699   | Re-cement or re-bond fixed retainer-mandibular   | X           | -                         |
| D8701   | Repair of fixed retainer, includes reattachment-maxillary                              | X           | -                         |

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| D8702   | Repair of fixed retainer, includes reattachment-mandibular                              | X           | -                         |
| D8703   | Replacement of lost or broken retainer-maxillary  | X           | -                         |
| D8704   | Replacement of lost or broken retainer-mandibular                                       | X           | -                         |
| D8999   | Unspecified orthodontic procedure, by report  | X           | -                         |
| D9110   | Palliative (emergency) treatment of dental pain-minor procedures                        | X           | -                         |
| D9120   | Fixed partial denture sectioning  | X           | -                         |
| D9130   | Temporomandibular joint dysfunction-non-invasive physical therapies                     | X           | -                         |
| D9210   | Local anesthesia not in conjunction with operative or surgical procedure                | X           | -                         |
| D9211   | Regional block anesthesia   | X           | -                         |
| D9212   | Trigeminal division block anesthesia  | X           | -                         |
| D9215   | Local anesthesia with operative or surgical procedures                                  | X           | -                         |
| D9219   | Evaluation for moderate sedation, deep sedation or general anesthesia                   | X           | -                         |
| D9222   | Deep sedation/general anesthesia < first 15 minutes                                     | X           | -                         |
| D9223   | Deep sedation/general anesthesia-each subsequent 15 minute increment                    | X           | -                         |
| D9230   | Inhalant nitrous oxide/analgesia, anxiety   | X           | -                         |
| D9239   | Intravenous moderate (conscious) sedation/analgesia < first 15 minutes                  | X           | -                         |
| D9243   | Intravenous moderate (conscious) sedation/analgesia-each subsequent 15 minute increment | X           | -                         |
| D9248   | Non-intravenous conscious sedation  | X           | -                         |
| D9310   | Consultation (diagnostic service provided by dentist or physician other)                | X           | -                         |
| D9311   | Consultation with a medical health care professional                                    | X           | -                         |
| D9410   | House call  | X           | -                         |
| D9420   | Hospital or ASC call  | X           | -                         |
| D9430   | Office visit for observation (during regularly scheduled hours) no other                | X           | -                         |
| D9440   | Office visit-after regularly scheduled hours  | X           | -                         |
| D9450   | Case presentation, detailed and extensive treatment planning                            | X           | -                         |
| D9610   | Therapeutic drug injection, by report   | X           | -                         |
| D9612   | Therapeutic parenteral drugs, two or more administrations, different medications        | X           | -                         |
| D9613   | Infiltration of sustained release therapeutic drug-single or multiple sites             | X           | -                         |
| D9630   | Drugs or medicaments dispensed in the office for home use                               | X           | -                         |
| D9910   | Application of desensitizing medicaments  | X           | -                         |
| D9911   | Application of desensitizing resin for cervical and/or root surface per tooth           | X           | -                         |
| D9912   | Pre-visit patient screening   | X           | -                         |
| D9913   | administration of neuromodulators   | X           | -                         |
| D9914   | administration of dermal fillers  | X           | -                         |
| D9920   | Behavior management, by report  | X           | -                         |
| D9930   | Treatment of complications (postsurgical) - unusual circumstances, by                   | X           | -                         |
| D9932   | Cleaning and inspection of removable complete denture, maxillary                        | X           | -                         |
| D9933   | Cleaning and inspection of removable complete denture, mandibular                       | X           | -                         |
| D9934   | Cleaning and inspection of removable partial denture, maxillary                         | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| D9935   | Cleaning and inspection of removable partial denture, mandibular  | X           | -                         |
| D9938   | Fabrication of a custom removable clear plastic temporary aesthetic appliance   | X           | -                         |
| D9939   | Placement of a custom removable clear plastic temporary aesthetic appliance   | X           | -                         |
| D9941   | Fabrication of athletic mouthguards   | X           | -                         |
| D9942   | Repair/reline occlusal guard  | X           | -                         |
| D9943   | Occlusal guard adjustment   | X           | -                         |
| D9944   | Occlusal guard-hard appliance, full arch  | X           | -                         |
| D9945   | Occlusal guard-soft appliance, full arch  | X           | -                         |
| D9946   | Occlusal guard-hard appliance, partial arch   | X           | -                         |
| D9947   | Custom sleep apnea appliance fabrication and placement  | X           | -                         |
| D9948   | Adjustment of custom sleep apnea appliance  | X           | -                         |
| D9949   | Repair of custom sleep apnea appliance  | X           | -                         |
| D9950   | Occlusion analysis-mounted case   | X           | -                         |
| D9951   | Occlusal adjustment-limited   | X           | -                         |
| D9952   | Occlusal adjustment-complete  | X           | -                         |
| D9953   | Reline custom sleep apnea appliance (indirect)  | X           | -                         |
| D9954   | Device for use immediately after removing a mandibular advancement device to aid in relieving muscle/jaw pain and occlusal changes.   | X           | -                         |
| D9955   | Post-delivery visit for titration of a mandibular advancement device and to subsequently evaluate the patient's response to treatment, integrity of the device, and management of side effects.                             | X           | -                         |
| D9956   | Sleep apnea test, for patients who are at risk for sleep related breathing disorders and appropriate candidates, as allowed by applicable laws. Also, to help the dentist in defining the optimal position of the mandible. | X           | -                         |
| D9957   | Screening activities, performed alone or in conjunction with another evaluation, to identify signs and symptoms of sleep-related breathing disorders.   | X           | -                         |
| D9959   | unspecified sleep apnea services procedure, by report   | X           | -                         |
| D9961   | Duplicate/copy patient's records  | X           | -                         |
| D9970   | Enamel microabrasion  | X           | -                         |
| D9971   | Odontoplasty 1-2 teeth; includes removal of enamel projections  | X           | -                         |
| D9972   | External bleaching- per arch- performed in office   | X           | -                         |
| D9973   | External bleaching - per tooth  | X           | -                         |
| D9974   | Internal bleaching - per tooth  | X           | -                         |
| D9975   | External bleaching for home application, per arch; includes materials and fabrication of custom trays   | X           | -                         |
| D9985   | Sales tax   | X           | -                         |
| D9986   | Missed appointment  | X           | -                         |
| D9987   | Cancelled appointment   | X           | -                         |
| D9990   | Certified translation or sign-certified translation or sign-language services per visit   | X           | -                         |

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| D9991   | Dental case management- addressing appointment compliance barriers   | X           | -                         |
| D9992   | Dental case management- care coordination  | X           | -                         |
| D9993   | Dental case management- motivational interviewing  | X           | -                         |
| D9994   | Dental case management- patient education to improve oral health literacy  | X           | -                         |
| D9995   | Teledentistry & synchronous; real-time encounter   | X           | -                         |
| D9996   | Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review                            | X           | -                         |
| D9997   | Dental case management-patients with special health care needs   | X           | -                         |
| D9999   | Unspecified adjunctive procedure, by report  | X           | -                         |
| E0117   | Crutch, underarm, articulating, spring assisted, each  | X           | -                         |
| E0144   | Enclosed walker w rear seat  | X           | -                         |
| E0152   | Walker, battery power wheels   | X           | -                         |
| E0172   | Seat lift mechanism placed over or on top of toilet, any type  | X           | -                         |
| E0181   | Press pad alternating w/ pum   | -           | X                         |
| E0182   | Pressure pad alternating pum   | -           | X                         |
| E0183   | Press underlay alter w/pump  | -           | X                         |
| E0191   | Protector heel or elbow  | X           | -                         |
| E0193   | Powered air flotation bed  | -           | X                         |
| E0194   | Air fluidized bed  | -           | X                         |
| E0203   | Therapeutic lightbox, minimum 10,000 lux, table top model  | X           | -                         |
| E0217   | Water circ heat pad w pump   | X           | -                         |
| E0218   | Water circ cold pad w pump   | X           | -                         |
| E0221   | Infrared heating pad system  | X           | -                         |
| E0231   | Non-contact wound warming device (temperature control unit, ac adapter and power cord) for use with warming card and wou | X           | -                         |
| E0232   | Warming card for use with the non-contact wound warming device and non-contact wound warming wound cover                 | X           | -                         |
| E0239   | Hydrocollator unit portable  | X           | -                         |
| E0240   | Bath/shower chair, with or without wheels, any size  | X           | -                         |
| E0241   | Bath tub wall rail   | X           | -                         |
| E0242   | Bath tub rail floor  | X           | -                         |
| E0243   | Toilet rail  | X           | -                         |
| E0244   | Toilet seat raised   | X           | -                         |
| E0245   | Tub stool or bench   | X           | -                         |
| E0246   | Transfer tub rail attachment   | X           | -                         |
| E0247   | Transfer bench for tub or toilet with or without commode opening   | X           | -                         |
| E0248   | Transfer bench, heavy duty, for tub or toilet with or without commode opening  | X           | -                         |
| E0250   | Hosp bed fixed ht w/ mattres   | -           | X                         |
| E0251   | Hosp bed fixd ht w/o mattres   | -           | X                         |
| E0255   | Hospital bed var ht w/ mattr   | -           | X                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| E0256   | Hospital bed var ht w/o matt   | -           | X                         |
| E0260   | Hosp bed semi-electr w/ matt   | -           | X                         |
| E0261   | Hosp bed semi-electr w/o mat   | -           | X                         |
| E0265   | Hosp bed total electr w/ mat   | -           | X                         |
| E0266   | Hosp bed total elec w/o matt   | -           | X                         |
| E0270   | Hospital bed institutional t   | X           | -                         |
| E0273   | Bed board  | X           | -                         |
| E0274   | Over-bed table   | X           | -                         |
| E0277   | Powered pres-redu air mattrs   | -           | X                         |
| E0280   | Bed cradle   | -           | X                         |
| E0290   | Hosp bed fx ht w/o rails w/m   | -           | X                         |
| E0291   | Hosp bed fx ht w/o rail w/o  | -           | X                         |
| E0292   | Hosp bed var ht w/o rail w/o   | -           | X                         |
| E0293   | Hosp bed var ht w/o rail w/  | -           | X                         |
| E0294   | Hosp bed semi-elect w/ mattr   | -           | X                         |
| E0295   | Hosp bed semi-elect w/o matt   | -           | X                         |
| E0296   | Hosp bed total elect w/ matt   | -           | X                         |
| E0297   | Hosp bed total elect w/o mat   | -           | X                         |
| E0300   | Pediatric crib, hospital grade, fully enclosed   | -           | X                         |
| E0301   | Hospital bed, heavy duty, extra wide, with weight capacity 350-600 lbs w/rails w/o mattress                              | -           | X                         |
| E0302   | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/o mattress               | -           | X                         |
| E0304   | Hospital bed, extra heavy duty, extra wide, with weight capacity greater than 600 lbs w/rails w/mattress                 | -           | X                         |
| E0305   | Rails bed side half length   | -           | X                         |
| E0310   | Rails bed side full length   | -           | X                         |
| E0315   | Bed accessory brd/tbl/supprt   | -           | X                         |
| E0328   | Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard, footboard and side rails up to 24 inches  | -           | X                         |
| E0329   | Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures, top of headboard, footboard and side rai | -           | X                         |
| E0350   | Control unit bowel system  | X           | -                         |
| E0352   | Disposable pack w/bowel syst   | X           | -                         |
| E0370   | Air elevator for heel  | X           | -                         |
| E0371   | Nonpower mattress overlay  | -           | X                         |
| E0372   | Powered air mattress overlay   | -           | X                         |
| E0373   | Nonpowered pressure mattress   | -           | X                         |
| E0445   | Oximeter device for measuring blood oxygen levels non-invasively   | X           | -                         |
| E0446   | Topical ox deliver sys, nos  | X           | -                         |
| E0457   | Schest shell   | X           | -                         |
| E0459   | Chest wrap   | X           | -                         |

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| E0462   | Rocking bed w/ or w/o side r  | -           | X                         |
| E0465   | Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)  | -           | X                         |
| E0466   | Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)  | -           | X                         |
| E0467   | Home vent multi-function  | -           | X                         |
| E0469   | Lung expansion airway clearance, continuous high frequency oscillation, and nebulization device   | -           | X                         |
| E0470   | Respiratory assist device, bi-level pressure capability, without backup rate  | -           | X**                       |
| E0471   | Respiratory assist device, bi-level pressure capability, with back-up rate  | -           | X**                       |
| E0472   | Respiratory assist device, bi-level pressure capability, with backup rate   | -           | X**                       |
| E0481   | Intrapulmonary percussive ventilation system and related accessories  | X           | -                         |
| E0482   | Cough stimulating device, alternating positive and negative airway pressure   | -           | X                         |
| E0483   | High frequency chest wall oscillation air-pulse generator system, (includes hoses and vest), each   | -           | X                         |
| E0485   | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes   | X           | -                         |
| E0486   | Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu  | -           | X                         |
| E0492   | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application  | X           | -                         |
| E0493   | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply | X           | -                         |
| E0530   | Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type   | X           | -                         |
| E0561   | Humidifier, non-heated, used with positive airway pressure device   | -           | X**                       |
| E0562   | Humidifier, heated, used with positive airway pressure device   | -           | X**                       |
| E0601   | Cont airway pressure device   | -           | X**                       |
| E0635   | Patient lift electric   | -           | X                         |
| E0636   | Multipositional patient support system, with integrated lift, patient accessible controls   | -           | X                         |
| E0637   | Combination sit to stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels   | X           | -                         |
| E0638   | Standing frame/table system, one position (e.g. upright, supine or prone stander), any size including pediatric, with or without wheels   | X           | -                         |
| E0641   | Standing frame/table system, multi-position (e.g. three-way stander), any size including pediatric, with or without wheels  | X           | -                         |
| E0642   | Standing frame/table system, mobile (dynamic stander), any size including pediatric   | X           | -                         |
| E0651   | Pneum compressor segmental  | -           | X                         |
| E0652   | Pneum compres w/cal pressure  | -           | X                         |
| E0655   | Pneumatic appliance half arm  | -           | X                         |
| E0656   | Segmental pneumatic appliance for use with pneumatic compressor, trunk  | -           | X                         |
| E0657   | Segmental pneumatic appliance for use with pneumatic compressor, chest  | -           | X                         |
| E0667   | Seg pneumatic appl full leg   | -           | X                         |

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| E0668   | Seg pneumatic appl full arm  | -           | X                         |
| E0669   | Seg pneumatic appli half leg   | -           | X                         |
| E0670   | Segmental pneumatic appliance for use with pneumatic compressor, half  | -           | X                         |
| E0671   | Pressure pneum appl full leg   | -           | X                         |
| E0672   | Pressure pneum appl full arm   | -           | X                         |
| E0673   | Pressure pneum appl half leg   | -           | X                         |
| E0675   | Pneumatic compression device, high pressure, rapid inflation/deflation cycle   | X           | -                         |
| E0676   | Intermittent limb compression device (includes all accessories), not otherwise specified                                 | X           | -                         |
| E0677   | Non-pneumatic sequential compression garment, trunk  | -           | X                         |
| E0678   | Nonpneumatic sequential compression garment, full leg  | -           | X                         |
| E0679   | Nonpneumatic sequential compression garment, half leg  | -           | X                         |
| E0680   | Nonpneumatic compression controller with sequential calibrated gradient pressure   | -           | X                         |
| E0681   | Nonpneumatic compression controller without calibrated gradient pressure   | -           | X                         |
| E0682   | Nonpneumatic sequential compression garment, full arm  | -           | X                         |
| E0693   | Ultraviolet light therapy system panel, includes bulbs/lamps, timer and eyeprotection, 6 foot panel                      | -           | X                         |
| E0700   | Safety equipment, device or accessory, any type  | X           | -                         |
| E0710   | Restraints any type  | X           | -                         |
| E0711   | Upper extremity medical tubing/lines enclosure or covering device, restricts elbow range of motion                       | X           | -                         |
| E0715   | Intravaginal device intended to strengthen pelvic floor muscles during kegel exercises                                   | X           | -                         |
| E0716   | Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during kegel exercises      | X           | -                         |
| E0721   | Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region                                   | X           | -                         |
| E0732   | Cranial electrotherapy stimulation (CES) system, any type  | X           | -                         |
| E0734   | External upper limb tremor stimulator of the peripheral nerves of the wrist  | -           | X                         |
| E0735   | Noninvasive vagus nerve stimulator   | -           | X                         |
| E0737   | Transcutaneous tibial nerve stimulator, controlled by phone application  | X           | -                         |
| E0738   | Upper extremity rehab  | X           | -                         |
| E0739   | Rehab sys active assist rt   | X           | -                         |
| E0743   | External lower extremity nerve stimulator for restless legs syndrome, each   | X           | -                         |
| E0746   | Electromyograph biofeedback  | X           | -                         |
| E0747   | Elec osteogen stim not spine   | -           | X                         |
| E0748   | Elec osteogen stim spinal  | -           | X                         |
| E0749   | Elec osteogen stim implanted   | -           | X                         |
| E0755   | Electronic salivary reflex s   | X           | -                         |
| E0760   | Osteogen ultrasound stimltor   | -           | X                         |
| E0761   | Non-thermal pulsed high frequency radiowaves, high peak power electromagneticenergy treatment device                     | X           | -                         |
| E0762   | Transcutaneous electrical joint stimulation device system, includes all accessories                                      | X           | -                         |
| E0764   | Functional neuromuscular stimulator, transcutaneous stimulation of muscles of ambulation with computer control, used for | -           | X                         |

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| E0766   | Electrical stimulation device used for cancer treatment, includes all accessories, any type  | -           | X                         |
| E0767   | Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories | X           | -                         |
| E0782   | Non-programable infusion pump  | -           | X                         |
| E0783   | Programmable infusion pump   | -           | X                         |
| E0784   | Ext amb infusn pump insulin  | -           | X                         |
| E0785   | Replacement impl pump cathet   | -           | X                         |
| E0786   | Implantable pump replacement   | -           | X                         |
| E0830   | Ambulatory traction device   | X           | -                         |
| E0840   | Tract frame attach headboard   | X           | -                         |
| E0850   | Traction stand free standing   | X           | -                         |
| E0856   | Cervical traction device, cervical collar with inflatable air bladder  | X           | -                         |
| E0920   | Fracture frame attached to b   | -           | X                         |
| E0936   | Continuous passive motion exercise device for use other than knee  | X           | -                         |
| E0970   | Wheelchair no. 2 footplates  | X           | -                         |
| E0983   | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized  | -           | X                         |
| E0984   | Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized  | -           | X                         |
| E0985   | Wheelchair accessory, seat lift mechanism  | -           | X                         |
| E0988   | Manual wheelchair accessory, lever-activated, wheel drive, pair  | -           | X                         |
| E1003   | Wheelchair accessory, power seating system, recline only, without shear  | -           | X                         |
| E1004   | Wheelchair accessory, power seating system, recline only, with mechanical shear  | -           | X                         |
| E1005   | Wheelchair accessory, power seating system, recline only, with power shear   | -           | X                         |
| E1006   | Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction  | -           | X                         |
| E1009   | Wheelchair accessory, addition to power seating system, mechanically linked leg  | -           | X                         |
| E1011   | Modification to pediatric wheelchair, width adjustment package (not to be dispensed with initial chair)  | -           | X                         |
| E1017   | Heavy duty shock absorber for heavy duty or extra heavy duty manual wheelchair, each   | -           | X                         |
| E1018   | Heavy duty shock absorber for heavy duty or extra heavy duty power wheelchair, each  | -           | X                         |
| E1022   | Wheelchr transport secur   | X           | -                         |
| E1023   | Wheelchr transit securement  | X           | -                         |
| E1035   | Multi-positional patient transfer system, with integrated seat, operated by care giver, patient weight capacity up to an                           | -           | X                         |
| E1036   | Multi-positional patient transfer system, extra-wide, with integrated seat, operated by caregiver, patient weight capaci                           | -           | X                         |
| E1085   | Hemi-wheelchair fixed arms   | X           | -                         |
| E1086   | Hemi-wheelchair detachable a   | X           | -                         |
| E1089   | Wheelchair lightwt fixed arm   | X           | -                         |
| E1130   | Whlchr stand fxd arm ft rest   | X           | -                         |
| E1140   | Wheelchair standard detach a   | X           | -                         |
| E1220   | Whlchr special size/constrc  | -           | X                         |

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\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| E1230   | Power operated vehicle   | -           | X                         |
| E1239   | Ped power wheelchair nos   | -           | X                         |
| E1250   | Wheelchair lightwt fixed arm   | X           | -                         |
| E1260   | Wheelchair lightwt foot rest   | X           | -                         |
| E1285   | Wheelchair heavy duty fixed  | X           | -                         |
| E1290   | Wheelchair hvy duty detach a   | X           | -                         |
| E1300   | Whirlpool portable   | X           | -                         |
| E1301   | Whirlpool tub, walk-in, portable   | X           | -                         |
| E1310   | Whirlpool non-portable   | -           | X                         |
| E1399   | Durable medical equipment mi   | -           | X                         |
| E1699   | Dialysis equipment unspecifi   | -           | X                         |
| E1802   | Dynamic adjustable forearm pronation/supination device, includes soft interfacematerial                                  | -           | X                         |
| E1840   | Dynamic adjustable shoulder flexion/abduction/rotation device, includes soft interface material                          | -           | X                         |
| E1841   | Static str shldr dev rom adj   | -           | X                         |
| E1905   | Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software                     | X           | -                         |
| E2102   | Adjunctive continuous glucose monitor or receiver  | -           | X                         |
| E2103   | Non-adjunctive, non-implanted continuous glucose monitor or receiver   | -           | X                         |
| E2120   | Pulse generator system for tympanic treatment of inner ear endolymphatic fluid   | -           | X                         |
| E2301   | Power wheelchair accessory, power standing system  | X           | -                         |
| E2322   | Power wheelchair accessory, hand control interface, multiple mechanical switches   | -           | X                         |
| E2324   | Power wheelchair accessory, chin cup for chin control interface  | -           | X                         |
| E2325   | Power wheelchair accessory, sip and puff interface, nonproportional  | -           | X                         |
| E2329   | Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional                            | -           | X                         |
| E2330   | Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional                          | -           | X                         |
| E2331   | Power wheelchair accessory, attendant control, proportional, including all electronics and hardware                      | -           | X                         |
| E2340   | Power wheelchair accessory, nonstandard seat frame width, 20-23 inches   | -           | X                         |
| E2341   | Power wheelchair accessory, nonstandard seat frame width, 24-27 inches   | -           | X                         |
| E2342   | Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches  | -           | X                         |
| E2343   | Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches   | -           | X                         |
| E2351   | Power wheelchair accessory, electronic interface to operate speech generating device                                     | -           | X                         |
| E2371   | Power wheelchair accessory, group 27 sealed lead acid battery, (e.g. gel cell, absorbed glassmat), each                  | -           | X                         |
| E2381   | Power wheelchair accessory, pneumatic drive wheel tire, any size, replacement only, each                                 | -           | X                         |
| E2382   | Power wheelchair accessory, tube for pneumatic drive wheel tire, any size, replacement only, each                        | -           | X                         |
| E2383   | Power wheelchair accessory, insert for pneumatic drive wheel tire (removable), any type, any size, replacement only, eac | -           | X                         |
| E2384   | Power wheelchair accessory, pneumatic caster tire, any size, replacement only, each                                      | -           | X                         |
| E2402   | Negative pressure wound therapy electrical pump, stationary or portable  | -           | X                         |
| E2502   | Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.                                       | -           | X                         |
| E2504   | Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.                                      | -           | X                         |

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| E2506   | Speech generating device, digitized speech, using pre-recorded messages, over 40 min.   | -           | X                         |
| E2508   | Speech generating device, synthesized speech, requiring message formulation by spelling   | -           | X                         |
| E2510   | Speech generating device, synthesized speech, permitting multiple methods   | -           | X                         |
| E2511   | Speech generating software program, for personal computer or personal digital assistant   | -           | X                         |
| E2512   | Accessory for speech generating device, mounting system   | -           | X                         |
| E2513   | Accessory for speech generating device, electromyographic sensor  | X           | -                         |
| E2599   | Accessory for speech generating device, not otherwise classified  | -           | X                         |
| E2610   | Powered w/c cushion   | X           | -                         |
| E3000   | Speech volume modulation system, any type, including all components and accessories   | X           | -                         |
| E3200   | Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only | ,X          | -                         |
| E8000   | Posterior gait trainer  | X           | -                         |
| E8001   | Upright gait trainer  | X           | -                         |
| E8002   | Anterior gait trainer   | X           | -                         |
| G0028   | Doc med rsn no scr tob  | X           | -                         |
| G0029   | No tob scr/cess int   | X           | -                         |
| G0030   | Pt scr tob & cess int   | X           | -                         |
| G0031   | Pall serv during meas   | X           | -                         |
| G0032   | 2+ antipsy schiz  | X           | -                         |
| G0033   | 2+ benzo seiz   | X           | -                         |
| G0034   | Pall serv during meas   | X           | -                         |
| G0035   | Pt ed pos 23  | X           | -                         |
| G0036   | Pt/ptn decln assess   | X           | -                         |
| G0037   | Pt not able to participate  | X           | -                         |
| G0038   | Clin pt no ref  | X           | -                         |
| G0039   | Pt no ref, rn spec  | X           | -                         |
| G0040   | Pt phys/occ therapy   | X           | -                         |
| G0041   | Pt/ptn decln referral   | X           | -                         |
| G0042   | Ref to therapy  | X           | -                         |
| G0043   | Pt mech pros ht valv  | X           | -                         |
| G0044   | Pt mitral stenosis  | X           | -                         |
| G0045   | Mrs 90 days post stk  | X           | -                         |
| G0046   | No mrs 90 days post stk   | X           | -                         |
| G0047   | Ped blunt hd traum  | X           | -                         |
| G0048   | Pall serv during meas   | X           | -                         |
| G0049   | Main hemo in-cntr   | X           | -                         |
| G0050   | Pt w/ lmted life expec  | X           | -                         |
| G0051   | Pt hospice mnth   | X           | -                         |
| G0052   | Pt peri dialysis dur mo   | X           | -                         |

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| G0053   | Adv rheum pt care mvp   | X           | -                         |
| G0054   | Strk cr prev pos outcome mvp  | X           | -                         |
| G0055   | Adv care heart dx mvp   | X           | -                         |
| G0056   | Opt chronic dx mang mvp   | X           | -                         |
| G0057   | Best pct pt safety em mvp   | X           | -                         |
| G0058   | Imprv care le jnt repr mvp  | X           | -                         |
| G0059   | Pt sfty pos exp w aneth mvp   | X           | -                         |
| G0060   | Allergy/immunology ss   | X           | -                         |
| G0061   | Anesthesiology ss   | X           | -                         |
| G0062   | Audiology ss  | X           | -                         |
| G0063   | Cardiology ss   | X           | -                         |
| G0064   | Cert nurse midwife ss   | X           | -                         |
| G0065   | Chiropractic ss   | X           | -                         |
| G0066   | Clinical social work ss   | X           | -                         |
| G0067   | Dentistry ss  | X           | -                         |
| G0068   | Adm of infusion drug in home  | -           | X                         |
| G0069   | Professional services for the administration of subcutaneous immunotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes | -           | X                         |
| G0070   | Professional services for the administration of chemotherapy for each infusion drug administration calendar day in the individual's home, each 15 minutes               | -           | X                         |
| G0076   | Care manag h vst new pt 20 m  | X           | -                         |
| G0077   | Care manag h vst new pt 30 m  | X           | -                         |
| G0078   | Care manag h vst new pt 45 m  | X           | -                         |
| G0079   | Care manag h vst new pt 60 m  | X           | -                         |
| G0080   | Care manag h vst new pt 75 m  | X           | -                         |
| G0081   | Care man h v ext pt 20 mi   | X           | -                         |
| G0082   | Care man h v ext pt 30 m  | X           | -                         |
| G0083   | Care man h v ext pt 45 m  | X           | -                         |
| G0084   | Care man h v ext pt 60 m  | X           | -                         |
| G0085   | Care man h v ext pt 75 m  | X           | -                         |
| G0086   | Care man home care plan 30 m  | X           | -                         |
| G0087   | Care man home care plan 60 m  | X           | -                         |
| G0088   | Adm iv drug 1st home visit  | -           | X                         |
| G0089   | Adm subq drug 1st home visit  | -           | X                         |
| G0090   | Adm iv chemo 1st home visit   | -           | X                         |
| G0122   | Colon ca scrn; barium enema   | X           | -                         |
| G0129   | Partial hosp prog service   | -           | X*                        |
| G0151   | Hhcp-serv of pt,ea 15 min   | -           | X                         |
| G0152   | Hhcp-serv of ot,ea 15 min   | -           | X                         |

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| G0153   | Hhcp-svs of s/l path,ea 15mn  | -           | X                         |
| G0155   | Services of clinical social worker in home health or hospice settings, each 15 minutes  | -           | X                         |
| G0157   | Hhc pt assistant ea 15  | -           | X*                        |
| G0158   | Hhc ot assistant ea 15  | -           | X*                        |
| G0159   | Hhc pt maint ea 15 min  | -           | X                         |
| G0160   | Hhc occup therapy ea 15   | -           | X                         |
| G0219   | Pet img wholebody melanoma nonco  | X           | -                         |
| G0235   | Pet imaging, any site, not otherwise specified  | X           | -                         |
| G0238   | Therapeutic procedures to improve respiratory function , other than described by g0237, one on one, face to face, per   | -           | X                         |
| G0249   | Provision of test materials and equipment for home inr monitoring to patientwith mechanical heart valve(s) who meets med  | -           | X                         |
| G0252   | Pet imaging, full and partial-ring pet scanners only, for initial diagnosis ofbreast cancer and/or surgical planning for  | X           | -                         |
| G0255   | Current perception threshold/sensory nerve conduction test, (snct) per limb,any nerve   | X           | -                         |
| G0276   | Pild/placebo control clin tr  | -           | X                         |
| G0277   | Hbot, full body chamber, 30m  | -           | X                         |
| G0282   | Electrical stimulation, (unattended), to one or more areas, for wound careother than described in g0281   | X           | -                         |
| G0283   | Electrical stimulation (unattended), to one or more areas for indication(s)other than wound care, as part of a therapy p  | -           | X*                        |
| G0293   | Noncovered surgical procedure(s) using conscious sedation, regional, general, or spinal anesthesia in a Medicare qualifying clinical trial, per day   | X           | -                         |
| G0294   | Noncovered procedure(s) using either no anesthesia or local anesthesia only, in a Medicare qualifying clinical trial, per day   | X           | -                         |
| G0295   | Electromagnetic stimulation, to one or more areas   | X           | -                         |
| G0302   | Preoperative pulmonary surgery services for preparation for LVRS, complete course of services, to include a minimum of 16 days of services  | X           | -                         |
| G0303   | Preoperative pulmonary surgery services for preparation for LVRS, 10 to 15 days of services   | X           | -                         |
| G0304   | Preoperative pulmonary surgery services for preparation for LVRS, 1 to 9 days of services   | X           | -                         |
| G0305   | Postdischarge pulmonary surgery services after LVRS, minimum of 6 days of services  | X           | -                         |
| G0310   | Immunize counsel 5-15 min   | X           | -                         |
| G0311   | Immunize counsel 16-30 mins   | X           | -                         |
| G0312   | Immunize couns < 21yr 5-15 m  | X           | -                         |
| G0313   | Immunize couns < 21yr 6-30 m  | X           | -                         |
| G0314   | Counsel immune <21 16-30 m  | X           | -                         |
| G0315   | Counsel immune <21 5-15 m   | X           | -                         |
| G0330   | Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia care) and use of an operating room | -           | X                         |

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| G0339   | Image guided robotic linear accelerator base stereotactic radiosurgery, complete course therapy in one session, or first   | -           | X                         |
| G0340   | Image guided robotic linear accelerator based stereotactic radiosurgery, delivery including collimator changes and custo   | -           | X                         |
| G0428   | Collagen meniscus implant procedure for filling meniscal defects (e.g., cmi, collagen scaffold, menaflex)  | X           | -                         |
| G0452   | Molecular pathology procedure; physician interpretation and report   | -           | X                         |
| G0453   | Continuous intraoperative neurophysiology monitoring, from outside the operating room (remote or nearby), per patient, (attention directed exclusively to one patient) each 15   | -           | X                         |
| G0490   | Home visit rn, lpn by rhc/fq   | X           | -                         |
| G0519   | Management of new patient-caregiver dyad with dementia, low complexity, for use in cmmi model  | X           | -                         |
| G0520   | Management of new patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model   | X           | -                         |
| G0521   | Management of new patient-caregiver dyad with dementia, high complexity, for use in cmmi model   | X           | -                         |
| G0522   | Management of a new patient with dementia, low complexity, for use in cmmi model   | X           | -                         |
| G0523   | Management of a new patient with dementia, moderate to high complexity, for use in cmmi model  | X           | -                         |
| G0524   | Management of established patient-caregiver dyad with dementia, low complexity, for use in cmmi model  | X           | -                         |
| G0525   | Management of established patient-caregiver dyad with dementia, moderate complexity, for use in cmmi model   | X           | -                         |
| G0526   | Management of established patient-caregiver dyad with dementia, high complexity, for use in cmmi model   | X           | -                         |
| G0527   | Management of established patient with dementia, low complexity, for use in cmmi model   | X           | -                         |
| G0528   | Management of established patient with dementia, moderate to high complexity, for use in cmmi model  | X           | -                         |
| G0529   | In-home respite care, 4-hour unit, for use in cmmi model   | X           | -                         |
| G0530   | Adult day center, 8-hour unit, for use in cmmi model   | X           | -                         |
| G0531   | Facility-based respite, 24-hour unit, for use in cmmi model  | X           | -                         |
| G0532   | Take-home supply of nasal nalmeferene hydrochloride; one carton of two, 2.7 mg per 0.1 ml nasal sprays (provision of the services by a medicare-enrolled opioid treatment program);( list separately in addition to each primary code)         | X           | -                         |
| G0563   | Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance and real-time positron emissions-based delivery adjustments to 1 or more lesions, entire course not to exceed 5 fractions | -           | X                         |
| G0566   | 3d bn img algor drvd fr mri  | X           | -                         |
| G1025   | Pt mnth 1 mcp prov   | X           | -                         |
| G1026   | Pt hemo > 3mo  | X           | -                         |
| G1027   | Pt hemo < 3mo  | X           | -                         |
| G1028   | Take home supply 8mg per 0.1   | X           | -                         |
| G2001   | Post d/c h vst new pt 20 m   | X           | -                         |
| G2002   | Post-d/c h vst new pt 30 m   | X           | -                         |
| G2003   | Post-d/c h vst new pt 45 m   | X           | -                         |
| G2004   | Post-d/c h vst new pt 60 m   | X           | -                         |
| G2005   | Post-d/c h vst new pt 75 m   | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| G2006   | Post-d/c h vst ext pt 20 m   | X           | -                         |
| G2007   | Post-d/c h vst ext pt 30 m   | X           | -                         |
| G2008   | Post-d/c h vst ext pt 45 m   | X           | -                         |
| G2009   | Post-d/c h vst ext pt 60 m   | X           | -                         |
| G2013   | Post-d/c h vst ext pt 75 m   | X           | -                         |
| G2014   | Post-d/c care plan overs 30m   | X           | -                         |
| G2015   | Post-d/c care plan overs 60m   | X           | -                         |
| G2020   | Services for high intensity clinical services associated with the initial engagement and outreach of beneficiaries assigned to the sip component of the pcf model (do not bill with chronic care management codes) | X           | -                         |
| G2081   | Pt 66+ snp or ltc pos > 90d  | X           | -                         |
| G2082   | Visit esketamine 56m or less   | -           | X                         |
| G2083   | Visit esketamine, > 56m  | -           | X                         |
| G2090   | Pt 66+ frailty and med dem   | X           | -                         |
| G2091   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2092   | Ace arb arni   | X           | -                         |
| G2093   | Med doc rsn no ace arn arni  | X           | -                         |
| G2094   | Pt rsn no ace arn arni   | X           | -                         |
| G2095   | Sys rsn no ace arn arni  | X           | -                         |
| G2096   | No rsn ace arb arni  | X           | -                         |
| G2097   | Child dx uri 3d of other dx  | X           | -                         |
| G2098   | Pt 66+ frailty and med dem   | X           | -                         |
| G2099   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2100   | Pt 66+ frailty and med dem   | X           | -                         |
| G2101   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2105   | Pt 66+ lt ints > 90  | X           | -                         |
| G2106   | Pt 66+ lt ints > 90  | X           | -                         |
| G2107   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2108   | Pt 66+ lt ints > 90  | X           | -                         |
| G2109   | Pt 66+ frailty and med dem   | X           | -                         |
| G2110   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2112   | Pred<=5 mg ra glu <6m  | X           | -                         |
| G2113   | Pred>5 mg >6m, no chg da   | X           | -                         |
| G2115   | Pt 66+ frailty and med dem   | X           | -                         |
| G2116   | Pt 66+ frailty and adv ill   | X           | -                         |
| G2118   | Pt 81+ frailty   | X           | -                         |
| G2121   | Psy dep anx ap and icd asse  | X           | -                         |
| G2122   | Psy/dep/anx/apandicd noasse  | X           | -                         |
| G2125   | Pt 81+ frailty   | X           | -                         |

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| G2126   | Pt 66+ frailty adv ill   | X           | -                         |
| G2127   | Pt 66+ frailty med dem   | X           | -                         |
| G2128   | No aspirin med rsn   | X           | -                         |
| G2129   | No bp outpt  | X           | -                         |
| G2136   | Bk pain vas 6-20wk = 3   | X           | -                         |
| G2137   | Bk pain vas 6-20wk > 3   | X           | -                         |
| G2138   | Bk pain vas 9-15mo = 3   | X           | -                         |
| G2139   | Bk pain vas 9-20mo > 3   | X           | -                         |
| G2140   | Leg pain vas 6-20wk = 3  | X           | -                         |
| G2141   | Leg pain vas 6-20wk > 3  | X           | -                         |
| G2142   | Fs odi 9-15mo postop<= 22  | X           | -                         |
| G2143   | Fs odi 9-15mo > 22   | X           | -                         |
| G2144   | Fs odi 6-20wk postop > 22  | X           | -                         |
| G2145   | Fsodi 6-20wk >22 or chg 30pt   | X           | -                         |
| G2146   | Leg pain vas 9-15mo <= 3   | X           | -                         |
| G2147   | Leg pain vas 9-15mo > 3  | X           | -                         |
| G2148   | Mpm used   | X           | -                         |
| G2149   | No mpm med rsn   | X           | -                         |
| G2150   | No mpm   | X           | -                         |
| G2151   | Dx degen neuro   | X           | -                         |
| G2152   | Res change sc =0   | X           | -                         |
| G2167   | Res change sc < 0  | X           | -                         |
| G2168   | Svs by pt in home health   | -           | X*                        |
| G2169   | Svs by ot in home health   | -           | X*                        |
| G2172   | All inclusive payment for services related to highly coordinated and integrated opioid use disorder (oud) treatment services furnished for the demonstration project | X           | -                         |
| G2173   | Uri w comorb 12m oth dx  | X           | -                         |
| G2174   | Uri new rx antibiotic 30d  | X           | -                         |
| G2175   | Pt comorb dx 12m of epi  | X           | -                         |
| G2176   | Outpt ed obs w inpt admit  | X           | -                         |
| G2177   | Bronch w rx antibx 30d   | X           | -                         |
| G2178   | Pt not elig low neuro ex   | X           | -                         |
| G2179   | Med doc rsn no low ex  | X           | -                         |
| G2180   | Inelig footwr eval   | X           | -                         |
| G2181   | Bmi not doc medrsn ptref   | X           | -                         |
| G2182   | Pt 1st biolog antirheum  | X           | -                         |
| G2183   | Doc pt unable comm   | X           | -                         |
| G2184   | No caregiver   | X           | -                         |
| G2185   | Caregiver dem trained  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description             | Not Covered | Preauthorization Required |
|---|-------------------------|-------------|---------------------------|
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| G2186   | Pt ref app srcs         | X           | -                         |
| G2187   | Clin ind img hd trauma  | X           | -                         |
| G2188   | Pt 50 yrs w/clin ind hd | X           | -                         |
| G2189   | Img hd abnml neuro exam | X           | -                         |
| G2190   | Ind img hd rad neck     | X           | -                         |
| G2191   | Ind img hd pos hd ache  | X           | -                         |
| G2192   | >55 yrs temp hd ache    | X           | -                         |
| G2193   | <6yr new onset hd ache  | X           | -                         |
| G2194   | New hdache ped pt dis   | X           | -                         |
| G2195   | Occip hdache child      | X           | -                         |
| G2196   | Screen unhlthy etoh use | X           | -                         |
| G2197   | Screen hlthy etoh use   | X           | -                         |
| G2198   | Med rsn no unhlthy etoh | X           | -                         |
| G2199   | Not scrn etoh no rsn    | X           | -                         |
| G2200   | Unhlthy etoh rcvd couns | X           | -                         |
| G2201   | Med rsn no brief couns  | X           | -                         |
| G2202   | No rsn no brief couns   | X           | -                         |
| G2203   | Med rsn no etoh couns   | X           | -                         |
| G2204   | Pt 50-85 w/ scope       | X           | -                         |
| G2205   | Preg drng adjv trtmt    | X           | -                         |
| G2206   | Adjv trtmt chemo her2   | X           | -                         |
| G2207   | Rsn no trtmt chem her2  | X           | -                         |
| G2208   | No trtmt chemo and her2 | X           | -                         |
| G2209   | Refused to participate  | X           | -                         |
| G2210   | No neck fs prom no rsn  | X           | -                         |
| G4000   | Dermatology ss          | X           | -                         |
| G4001   | Diagnostic rad ss       | X           | -                         |
| G4002   | Ep cardio ss            | X           | -                         |
| G4003   | Emergency med ss        | X           | -                         |
| G4004   | Endocrinology ss        | X           | -                         |
| G4005   | Family medicine ss      | X           | -                         |
| G4006   | Gastroenterology ss     | X           | -                         |
| G4007   | General surgery ss      | X           | -                         |
| G4008   | Geriatrics ss           | X           | -                         |
| G4009   | Hospitalists ss         | X           | -                         |
| G4010   | Infectious disease ss   | X           | -                         |
| G4011   | Internal medicine ss    | X           | -                         |
| G4012   | Interventional rad ss   | X           | -                         |
| G4013   | Mentl/behav health ss   | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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|---|--|-------------|---------------------------|
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| G4014   | Nephrology ss  | X           | -                         |
| G4015   | Neurology ss   | X           | -                         |
| G4016   | Neurosurgical ss   | X           | -                         |
| G4017   | Nutrition/dietician ss   | X           | -                         |
| G4018   | Ob/gyn ss  | X           | -                         |
| G4019   | Oncology/hema ss   | X           | -                         |
| G4020   | Ophthalmology ss   | X           | -                         |
| G4021   | Orthopedic surgery ss  | X           | -                         |
| G4022   | Otolaryngology ss  | X           | -                         |
| G4023   | Pathology ss   | X           | -                         |
| G4024   | Pediatric ss   | X           | -                         |
| G4025   | Physical medicine ss   | X           | -                         |
| G4026   | Phys/occ therapy ss  | X           | -                         |
| G4027   | Plastic surgery ss   | X           | -                         |
| G4028   | Podiatry ss  | X           | -                         |
| G4029   | Preventive medicine ss   | X           | -                         |
| G4030   | Pulmonology ss   | X           | -                         |
| G4031   | Radiation oncology ss  | X           | -                         |
| G4032   | Rheumatology ss  | X           | -                         |
| G4033   | Skilled nursing facility ss  | X           | -                         |
| G4034   | Speech language path ss  | X           | -                         |
| G4035   | Thoracic surgery ss  | X           | -                         |
| G4036   | Urgent care ss   | X           | -                         |
| G4037   | Urology ss   | X           | -                         |
| G4038   | Vascular surgery ss  | X           | -                         |
| G8395   | Left ventricular ejection fraction (lvef) >= 40% or documentation as normal or mildly depressed left ventricular systoli | X           | -                         |
| G8396   | Left ventricular ejection fraction (lvef) not performed or documented  | X           | -                         |
| G8397   | Dilated macular or fundus exam performed, including documentation of the presence or absence of macular edema and level  | X           | -                         |
| G8399   | Patient with central dual-energy x-ray absorptiometry (dxa) results documented or ordered or pharmacologic therapy (othe | X           | -                         |
| G8400   | Patient with central dual-energy x-ray absorptiometry (dxa) results not documented or not ordered or pharmacologic thera | X           | -                         |
| G8404   | Lower extremity neurological exam performed and documented   | X           | -                         |
| G8405   | Lower extremity neurological exam not performed  | X           | -                         |
| G8410   | Footwear evaluation performed and documented   | X           | -                         |
| G8415   | Footwear evaluation was not performed  | X           | -                         |
| G8416   | Clinician documented that patient was not an eligible candidate for footwear evaluation measure                          | X           | -                         |

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| G8417   | Bmi >= 30 was calculated and a follow-up plan was documented in the medical record   | X           | -                         |
| G8418   | Bmi < 22 was calculated and a follow-up plan was documented in the medical record  | X           | -                         |
| G8419   | Bmi >= 30 or < 22 was calculated, but no follow-up plan was documented in the medical record   | X           | -                         |
| G8420   | Bmi < 30 and >= 22 was calculated and documented   | X           | -                         |
| G8421   | Bmi not calculated   | X           | -                         |
| G8427   | Doc cur meds by prov   | X           | -                         |
| G8428   | Cur meds not document  | X           | -                         |
| G8430   | Documentation that patient is not eligible for medication assessment   | X           | -                         |
| G8431   | Positive screen for clinical depression using an age appropriate standardized tool and a follow-up plan documented                                   | X           | -                         |
| G8432   | No documentation of clinical depression screening using an age appropriate standardized tool   | X           | -                         |
| G8433   | Screening for clinical depression using an age appropriate standardized tool not documented, patient not eligible/appropriate                        | X           | -                         |
| G8450   | Beta-blocker therapy prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as mod                             | X           | -                         |
| G8451   | Clinician documented patient with left ventricular ejection fraction (lvef) <40% or documentation as moderately or sever                             | X           | -                         |
| G8452   | Beta-blocker therapy not prescribed for patients with left ventricular ejection fraction (lvef) <40% or documentation as                             | X           | -                         |
| G8465   | High risk of recurrence of prostate cancer   | X           | -                         |
| G8473   | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy prescribed   | X           | -                         |
| G8474   | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed for reasons d                             | X           | -                         |
| G8475   | Angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy not prescribed, reason not s                             | X           | -                         |
| G8476   | Most recent blood pressure has a systolic measurement of <130 mm/hg and a diastolic measurement of <80 mm/hg   | X           | -                         |
| G8477   | Most recent blood pressure has a systolic measurement of >=130 mm/hg and/or a diastolic measurement of >=80 mm/hg                                    | X           | -                         |
| G8478   | Blood pressure measurement not performed or documented, reason not specified   | X           | -                         |
| G8506   | Patient receiving angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy  | X           | -                         |
| G8510   | Negative screen for clinical depression using an age appropriate standardized tool, follow-up not required   | X           | -                         |
| G8511   | Positive screen for clinical depression using an age appropriate standardized tool documented, follow up plan not documented, reason not specified   | X           | -                         |
| G8535   | No documentation of an elder maltreatment screen, patient not eligible   | X           | -                         |
| G8536   | No documentation of an elder maltreatment screen, reason not specified   | X           | -                         |
| G8539   | Documentation of a current functional outcome assessment using a standardized tool and documentation of a care plan based on identified deficiencies | X           | -                         |
| G8540   | Documentation that the patient is not eligible for a functional outcome assessment using a standardized tool   | X           | -                         |

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| G8541   | No documentation of a current functional outcome assessment using a standardized tool, reason not specified                                       | X           | -                         |
| G8542   | Documentation of a current functional outcome assessment using a standardized tool; no functional deficiencies identified, care plan not required | X           | -                         |
| G8543   | Documentation of a current functional outcome assessment using a standardized tool; no documentation of a care plan, reason                       | X           | -                         |
| G8559   | Patient referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation                         | X           | -                         |
| G8560   | Patient has a history of active drainage from the ear within the previous 90 days   | X           | -                         |
| G8561   | Patient is not eligible for the referral for otologic evaluation for patients with a history of active drainage measure                           | X           | -                         |
| G8562   | Patient does not have a history of active drainage from the ear within the previous 90 days   | X           | -                         |
| G8563   | Patient not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation                     | X           | -                         |
| G8564   | Patient was referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation                     | X           | -                         |
| G8565   | Verification and documentation of sudden or rapidly progressive hearing loss  | X           | -                         |
| G8566   | Patient is not eligible for the "referral for otologic evaluation for sudden or rapidly progressive hearing loss" measure                         | X           | -                         |
| G8567   | Patient does not have verification and documentation of sudden or rapidly progressive hearing loss  | X           | -                         |
| G8568   | Patient was not referred to a physician (preferably a physician with training in disorders of the ear) for an otologic evaluation                 | X           | -                         |
| G8569   | Prolonged intubation (>24 hrs) required   | X           | -                         |
| G8570   | Prolonged intubation (>24 hrs) not required   | X           | -                         |
| G8575   | Developed postoperative renal failure or required dialysis  | X           | -                         |
| G8576   | No postoperative renal failure/dialysis not required  | X           | -                         |
| G8577   | Reexploration required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason          | X           | -                         |
| G8578   | Reexploration not required due to mediastinal bleeding with or without tamponade, graft occlusion, valve dysfunction or other cardiac reason      | X           | -                         |
| G8598   | Aspirin or another antithrombotic therapy used  | X           | -                         |
| G8599   | Aspirin or another antithrombotic therapy not used, reason not otherwise specified  | X           | -                         |
| G8600   | Iv t-pa initiated within three hours (<= 180 minutes) of time last known well   | X           | -                         |
| G8601   | Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well for reasons documented by clinician                             | X           | -                         |
| G8602   | Iv t-pa not initiated within three hours (<= 180 minutes) of time last known well, reason not specified   | X           | -                         |
| G8633   | Pharm ther osteo rx   | X           | -                         |
| G8635   | No pharm ther osteo rx  | X           | -                         |
| G8647   | Fun stat score knee >= 0  | X           | -                         |

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| G8648   | Fun stat score knee < 0   | X           | -                         |
| G8650   | Rafs crs ki no scor no surv   | X           | -                         |
| G8651   | Fun stat score hip >= 0   | X           | -                         |
| G8652   | Fun stat score hip < 0  | X           | -                         |
| G8654   | Rafs crs hi no scor no surv   | X           | -                         |
| G8655   | Fun stat score le >= 0  | X           | -                         |
| G8656   | Fun stat score le < 0   | X           | -                         |
| G8658   | Fun stat score le not done  | X           | -                         |
| G8659   | Fun stat score ls >= 0  | X           | -                         |
| G8660   | Fun stat score ls < 0   | X           | -                         |
| G8661   | Fun stat score ls pt no elg   | X           | -                         |
| G8662   | Rafs crs lbi no scor no surv  | X           | -                         |
| G8663   | Fun stat score shdl >=0   | X           | -                         |
| G8664   | Fun stat score shdl < 0   | X           | -                         |
| G8666   | Rafs crs si no scor no surv   | X           | -                         |
| G8667   | Fun stat score ue >=0   | X           | -                         |
| G8668   | Fun stat score ue < 0   | X           | -                         |
| G8670   | Rafs crs ewh no scor no surv  | X           | -                         |
| G8694   | Left ventricular ejection fraction (lvef) < 40%   | X           | -                         |
| G8708   | Patient not prescribed or dispensed antibiotic  | X           | -                         |
| G8709   | Patient prescribed or dispensed antibiotic for documented medical reason(s)   | X           | -                         |
| G8710   | Patient prescribed or dispensed antibiotic  | X           | -                         |
| G8711   | Prescribed or dispensed antibiotic  | X           | -                         |
| G8712   | Antibiotic not prescribed or dispensed  | X           | -                         |
| G8721   | Pt category (primary tumor), pn category (regional lymph nodes), and histologic grade were documented in pathology report   | X           | -                         |
| G8722   | Medical reason(s) documented for not including pt category, pn category and histologic grade in the pathology report  | X           | -                         |
| G8723   | Specimen site is other than anatomic location of primary tumor  | X           | -                         |
| G8724   | Pt category, pn category and histologic grade were not documented in the pathology report, reason not otherwise specified   | X           | -                         |
| G8733   | Documentation of a positive elder maltreatment screen and documented follow-up plan   | X           | -                         |
| G8734   | Elder maltreatment screen documented as negative, no follow-up required   | X           | -                         |
| G8735   | Elder maltreatment screen documented as positive, follow-up plan not documented, reason not specified   | X           | -                         |
| G8749   | Absence of signs of melanoma (cough, dyspnea, tenderness, localized neurologic signs such as weakness, jaundice or any other sign suggesting systemic spread) or absence of syp | X           | -                         |
| G8752   | Most recent systolic blood pressure < 140 mmhg  | X           | -                         |
| G8753   | Most recent systolic blood pressure >= 140 mmhg   | X           | -                         |
| G8754   | Most recent diastolic blood pressure < 90 mmhg  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| G8755   | Most recent diastolic blood pressure >= 90 mmhg   | X           | -                         |
| G8756   | No documentation of blood pressure measurement, reason not otherwise specified  | X           | -                         |
| G8783   | Blood pressure screening performed as recommended by the defined screening interval   | X           | -                         |
| G8785   | Blood pressure screening not performed as recommended by screening interval, reason not otherwise specified   | X           | -                         |
| G8797   | Specimen site other than anatomic location of esophagus   | X           | -                         |
| G8798   | Specimen site other than anatomic location of prostate  | X           | -                         |
| G8806   | Performance of transabdominal or transvaginal ultrasound  | X           | -                         |
| G8807   | Transabdominal or transvaginal ultrasound not performed for reasons documented by clinician   | X           | -                         |
| G8808   | Performance of transabdominal or transvaginal ultrasound not ordered, reason not specified  | X           | -                         |
| G8815   | Statin therapy not prescribed for documented reasons  | X           | -                         |
| G8816   | Statin medication prescribed at discharge   | X           | -                         |
| G8817   | Statin therapy not prescribed at discharge, reason not specified  | X           | -                         |
| G8818   | Patient discharge to home no later than postoperative day #7  | X           | -                         |
| G8825   | Patient not discharged to home by postoperative day #7  | X           | -                         |
| G8826   | Patient discharge to home no later than postoperative day #2 following evar   | X           | -                         |
| G8833   | Patient not discharge to home by postoperative day #2 following evar  | X           | -                         |
| G8834   | Patient discharged to home no later than postoperative day #2 following cea   | X           | -                         |
| G8838   | Patient not discharged to home by postoperative day #2  | X           | -                         |
| G8839   | Sleep apnea symptoms assessed, including presence or absence of snoring and daytime sleepiness  | X           | -                         |
| G8840   | 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 | X           | -                         |
| G8841   | Sleep apnea symptoms not assessed, reason not otherwise specified   | X           | -                         |
| G8842   | Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) measured at the time of initial diagnosis   | X           | -                         |
| G8843   | Documentation of reason(s) for not measuring an apnea hypopnea index (ahi) or a respiratory disturbance index (rdi) at the time of initial diagnosis                            | X           | -                         |
| G8844   | Apnea hypopnea index (ahi) or respiratory disturbance index (rdi) not measured at the time of initial diagnosis, reason not specified   | X           | -                         |
| G8845   | Positive airway pressure therapy prescribed   | X           | -                         |
| G8846   | Moderate or severe obstructive sleep apnea (apnea hypopnea index (ahi) or respiratory disturbance index (rdi) of 15 or greater)   | X           | -                         |
| G8849   | Documentation of reason(s) for not prescribing positive airway pressure therapy   | X           | -                         |
| G8850   | Positive airway pressure therapy not prescribed, reason not otherwise specified   | X           | -                         |
| G8851   | Objective measurement of adherence to positive airway pressure therapy, documented  | X           | -                         |
| G8852   | Positive airway pressure therapy prescribed   | X           | -                         |
| G8854   | Documentation of reason(s) for not objectively measuring adherence to positive airway pressure therapy  | X           | -                         |
| G8855   | Objective measurement of adherence to positive airway pressure therapy not performed, reason not otherwise specified  | X           | -                         |
| G8856   | Referral to a physician for an otologic evaluation performed  | X           | -                         |

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| 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)          | X           | -                         |
| G8858   | Referral to a physician for an otologic evaluation not performed, reason not specified  | X           | -                         |
| G8863   | Patients not assessed for risk of bone loss, reason not otherwise specified   | X           | -                         |
| G8864   | Pneumococcal vaccine administered or previously received  | X           | -                         |
| G8865   | Documentation of medical reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient allergic reaction, potential adverse drug reaction)        | X           | -                         |
| G8866   | Documentation of patient reason(s) for not administering or previously receiving pneumococcal vaccine (e.g., patient refusal)   | X           | -                         |
| G8867   | Pneumococcal vaccine not administered or previously received, reason not otherwise specified  | X           | -                         |
| G8869   | Patient has documented immunity to hepatitis b and is receiving a first course of anti-tnf therapy  | X           | -                         |
| G8875   | Clinician diagnosed breast cancer preoperatively by a minimally invasive biopsy method  | X           | -                         |
| G8876   | Documentation of reason(s) for not performing minimally invasive biopsy to diagnose breast cancer preoperatively  | X           | -                         |
| G8877   | Clinician did not attempt to achieve the diagnosis of breast cancer preoperatively by a minimally invasive biopsy method, reason not otherwise specified                        | X           | -                         |
| G8878   | Sentinel lymph node biopsy procedure performed  | X           | -                         |
| G8880   | Documentation of reason(s) sentinel lymph node biopsy not performed   | X           | -                         |
| G8881   | Stage of breast cancer is greater than t1n0m0 or t2n0m0   | X           | -                         |
| G8882   | Sentinel lymph node biopsy procedure not performed  | X           | -                         |
| G8883   | Biopsy results reviewed, communicated, tracked and documented   | X           | -                         |
| G8884   | Clinician documented reason that patient's biopsy results were not reviewed   | X           | -                         |
| G8885   | Biopsy results not reviewed, communicated, tracked or documented  | 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; | X           | -                         |
| G8908   | Patient documented to have received a burn prior to discharge   | X           | -                         |
| G8909   | Patient documented not to have received a burn prior to discharge   | X           | -                         |
| G8910   | Patient documented to have experienced a fall within asc  | X           | -                         |
| G8911   | Patient documented not to have experienced a fall within ambulatory surgical center   | X           | -                         |
| G8912   | Patient documented to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event  | X           | -                         |
| G8913   | Patient documented not to have experienced a wrong site, wrong side, wrong patient, wrong procedure or wrong implant event  | X           | -                         |
| G8914   | Patient documented to have experienced a hospital transfer or hospital admission upon discharge from asc  | X           | -                         |
| G8915   | Patient documented not to have experienced a hospital transfer or hospital admission upon discharge from asc  | X           | -                         |
| G8916   | Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic initiated on time  | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

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| G8917   | Patient with preoperative order for iv antibiotic surgical site infection (ssi ) prophylaxis, antibiotic not initiated on time  | X           | -                         |
| G8918   | Patient without preoperative order for iv antibiotic surgical site infection ( ssi ) prophylaxis  | X           | -                         |
| G8923   | Left ventricular ejection fraction (lvef) < 40% or documentation of moderately or severely depressed left ventricular systolic function   | X           | -                         |
| G8924   | Spirometry test results demonstrate fev1/fvc <60% with copd symptoms (e.g, dyspnea, cough/sputum, wheezing)   | X           | -                         |
| G8934   | Left ventricular ejection fraction (lvef) <40% or documentation of moderately or severely depressed left ventricular systolic function  | X           | -                         |
| G8935   | Clinician prescribed angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy  | X           | -                         |
| G8936   | Clinician documented that patient was not an eligible candidate for angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy                 | X           | -                         |
| G8937   | Clinician did not prescribe angiotensin converting enzyme (ace) inhibitor or angiotensin receptor blocker (arb) therapy, reason not given                                       | X           | -                         |
| G8941   | Elder maltreatment screen documented, patient not eligible for follow-up  | X           | -                         |
| G8942   | Documented functional outcomes assessment and care plan within the previous 30 days   | X           | -                         |
| G8944   | Ajcc melanoma cancer stage 0 through iic melanoma   | X           | -                         |
| G8946   | Minimally invasive biopsy method attempted but not diagnostic of breast cancer (e.g., high risk lesion of breast such as atypical ductal hyperplasia, lobular neoplasia, atypic | X           | -                         |
| G8950   | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up documented  | X           | -                         |
| G8952   | Pre-hypertensive or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given  | X           | -                         |
| G8955   | Most recent assessment of adequacy of volume management   | X           | -                         |
| G8956   | Patient receiving maintenance hemodialysis in an outpatient dialysis facility   | X           | -                         |
| G8958   | Assessment of adequacy of volume management not documented, reason not given  | X           | -                         |
| G8961   | Cardiac stress imaging test primarily performed on low-risk surgery patient for preoperative evaluation within 30 days preceding this surgery                                   | X           | -                         |
| 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 | X           | -                         |
| G8963   | Cardiac stress imaging performed primarily for monitoring of asymptomatic patient who had pci wihin 2 years   | X           | -                         |
| G8964   | Cardiac stress imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had pci wthin 2 years (e.g., symptomatic patient, patient grea | X           | -                         |
| G8967   | Warfarin or another oral anticoagulant that is fda approved prescribed  | X           | -                         |
| 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 | 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 | X           | -                         |
| G8970   | No risk factors or one moderate risk factor for thromboembolism   | X           | -                         |

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| G9001   | Mccd, initial rate   | X           | -                         |
| G9002   | Mccd,maintenance rate  | X           | -                         |
| G9003   | Mccd, risk adj hi, initial   | X           | -                         |
| G9004   | Mccd, risk adj lo, initial   | X           | -                         |
| G9005   | Mccd, risk adj, maintenance  | X           | -                         |
| G9006   | Mccd, home monitoring  | X           | -                         |
| G9007   | Mccd, sch team conf  | X           | -                         |
| G9008   | Mccd,phys coor-care ovrsght  | X           | -                         |
| G9009   | Coordinated care fee, risk adjusted maintenance, level 3   | X           | -                         |
| G9010   | Coordinated care fee, risk adjusted maintenance, level 4   | X           | -                         |
| G9011   | Coordinated care fee, risk adjusted maintenance , level 5  | X           | -                         |
| G9012   | Other specified case mgmt  | X           | -                         |
| G9013   | Esrd demo basic bundle level i   | X           | -                         |
| G9014   | Esrd demo expanded bundle including venous access and related services   | X           | -                         |
| G9016   | Demo-smoking cessation coun  | X           | -                         |
| G9050   | Oncology; primary focus of visit; work up, evaluation, or staging at the time of cancer diagnosis or recurrence          | X           | -                         |
| G9051   | Oncology; primary focus of visit; treatment decision making after disease is staged or restaged, discussion of treatment | X           | -                         |
| G9052   | Oncology; primary focus of visit; surveillance for disease recurrence for patient who has completed definitive cancer    | X           | -                         |
| G9053   | Oncology; primary focus of visit; expectant management of patient with evidence of cancer                                | X           | -                         |
| G9054   | Oncology; primary focus of visit; supervising, coordinating or managing care of patient with terminal cancer             | X           | -                         |
| G9055   | Oncology; primary focus of visit; other, unspecified service not otherwise listed  | X           | -                         |
| G9056   | Oncology; practice guidelines; management adheres to guidelines  | X           | -                         |
| G9057   | Oncology; practice guidelines; management differs from guidelines as a result of patient enrollment in an institutional  | X           | -                         |
| G9058   | Oncology; practice guidelines; management differs from guidelines because the treating physician disagrees with guidelin | X           | -                         |
| G9059   | Oncology; practice guidelines; management differs from guidelines because the patient, after being offered treatment     | X           | -                         |
| G9060   | Oncology; practice guidelines; management differs from guidelines associated with patient comorbid illness               | X           | -                         |
| G9061   | Oncology; practice guidelines; patients condition not addressed by available guidelines                                  | X           | -                         |
| G9062   | Oncology; practice guidelines; management differs from guidelines for other reasons not listed                           | X           | -                         |
| G9063   | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage 1      | X           | -                         |
| G9064   | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage ii     | X           | -                         |
| G9065   | Oncology; disease status; limited to non small cell lung cancer; extent of disease initially established as stage iii    | X           | -                         |

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| G9066   | Oncology; disease status; limited to non small cell lung cancer; stage iii b-iv at diagnosis, metastatic       | X           | -                         |
| G9067   | Oncology; disease status; limited to non small cell lung cancer; extent of disease unknown, under evaluation   | X           | -                         |
| G9068   | Oncology; disease status; limited to small cell and combined small cell/non small cell                         | X           | -                         |
| G9069   | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small cell | X           | -                         |
| G9070   | Oncology; disease status; small cell lung cancer, limited to small cell and combined small cell/non small      | X           | -                         |
| G9071   | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type               | X           | -                         |
| G9072   | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type               | X           | -                         |
| G9073   | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type               | X           | -                         |
| G9074   | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type               | X           | -                         |
| G9075   | Oncology; disease status; invasive female breast cancer; adenocarcinoma as predominant cell type               | X           | -                         |
| G9077   | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type                  | X           | -                         |
| G9078   | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type                  | X           | -                         |
| G9079   | Oncology; disease status; prostate cancer, limited to adenocarcinoma as predominant cell type                  | X           | -                         |
| G9080   | Oncology; disease status; prostate cancer, limited to adenocarcinoma   | X           | -                         |
| G9083   | Oncology; disease status; prostate cancer limited to adenocarcinoma; extent of disease unknown                 | X           | -                         |
| G9084   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9085   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9086   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9087   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9088   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9089   | Oncology; disease status; colon cancer, limited to invasive cancer, adenocarcinoma as predominant cell type    | X           | -                         |
| G9090   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type   | X           | -                         |
| G9091   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type   | X           | -                         |
| G9092   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type   | X           | -                         |
| G9093   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type   | X           | -                         |
| G9094   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type   | X           | -                         |

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| G9095   | Oncology; disease status; rectal cancer, limited to invasive cancer, adenocarcinoma as predominant cell type             | X           | -                         |
| G9096   | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma                        | X           | -                         |
| G9097   | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma                        | X           | -                         |
| G9098   | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma as predominant cell ty | X           | -                         |
| G9099   | Oncology; disease status; esophageal cancer, limited to adenocarcinoma or squamous cell carcinoma                        | X           | -                         |
| G9100   | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type                             | X           | -                         |
| G9101   | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type                             | X           | -                         |
| G9102   | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type                             | X           | -                         |
| G9103   | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type                             | X           | -                         |
| G9104   | Oncology; disease status; gastric cancer, limited to adenocarcinoma as predominant cell type                             | X           | -                         |
| G9105   | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma as predominant cell type                          | X           | -                         |
| G9106   | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma   | X           | -                         |
| G9107   | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; u nresectable at diagnosis                       | X           | -                         |
| G9108   | Oncology; disease status; pancreatic cancer, limited to adenocarcinoma; extent of disease unknown                        | X           | -                         |
| G9109   | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | X           | -                         |
| G9110   | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | X           | -                         |
| G9111   | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | X           | -                         |
| G9112   | Oncology; disease status; head and neck cancer, limited to cancers of oral cavity, pharynx and larynx with squamous cell | X           | -                         |
| G9113   | Oncology; disease status; ovarian cancer, limited to epithelial cancer, pathologic stage ia-b                            | X           | -                         |
| G9114   | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage ia-b                            | X           | -                         |
| G9115   | Oncology; disease status; ovarian cancer, limited to epithelial cancer; pathologic stage iii-iv                          | X           | -                         |
| G9116   | Oncology; disease status; ovarian cancer, limited to epithelial cancer; evidence of disease progression                  | X           | -                         |
| G9117   | Oncology; disease status; ovarian cancer, limited to epithelial cancer; extent of disease unknown                        | X           | -                         |
| G9123   | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma                    | X           | -                         |
| G9124   | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma                    | X           | -                         |
| G9125   | Oncology; disease status; non hodgkins lymphoma, limited to follicular lymphoma, mantle cell lymphoma                    | X           | -                         |
| G9126   | Oncology; disease status; ovarian cancer, limited to pathologically stage patients with epithelial cancer, stage ia/ib   | X           | -                         |
| G9128   | Oncology; disease status; limited to multiple myeloma, systemic disease; stage ii or higher                              | X           | -                         |
| G9129   | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit | X           | -                         |
| G9130   | Oncology; disease status; limited to multiple myeloma, systemic disease; extent of disease unknown                       | X           | -                         |

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| G9131   | Oncology; disease status; invasive female breast cancer (does not include ductal carcinoma in situ); adenocarcinoma as p  | X           | -                         |
| G9132   | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-refractory/androgen-independent (e.g., ris  | X           | -                         |
| G9133   | Oncology; disease status; prostate cancer, limited to adenocarcinoma; hormone-responsive; clinical metastases or m1 at d  | X           | -                         |
| G9134   | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage i, ii at diagnosis, not relapsed, n  | X           | -                         |
| G9135   | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; stage iii, iv, not relapsed, not refracto  | X           | -                         |
| G9136   | Oncology; disease status; non-hodgkin's lymphoma, transformed from original cellular diagnosis to a second cellular clas  | X           | -                         |
| G9137   | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; relapsed/refractory (for use in a medicar  | X           | -                         |
| G9138   | Oncology; disease status; non-hodgkin's lymphoma, any cellular classification; diagnostic evaluation, stage not determin  | X           | -                         |
| G9139   | Oncology; disease status; chronic myelogenous leukemia, limited to philadelphia chromosome positive and/or bcr-abl posit  | X           | -                         |
| G9140   | Equal to or greater than 4 hours; weather or other conditions must prevent transfer or the case falls into a category of  | X           | -                         |
| G9143   | Wayfarin responsiveness testing by genetic technique using any method, any number of specimen(s)  | -           | X                         |
| G9147   | Outpatient intravenous insulin treatment (oivit) either pulsatile or continuous, by any means, guided by the results of measurements for: respiratory quotient; and/or, urine | X           | -                         |
| G9148   | National committee for quality assurance - level 1 medical home   | X           | -                         |
| G9149   | National committee for quality assurance - level 2 medical home   | X           | -                         |
| G9150   | National committee for quality assurance - level 3 medical home   | X           | -                         |
| G9151   | Mapcp demonstration - state provided services   | X           | -                         |
| G9152   | Mapcp demonstration - community health teams  | X           | -                         |
| G9153   | Mapcp demonstration - physician incentive pool  | X           | -                         |
| G9157   | Transesophageal doppler used for cardiac monitoring   | X           | -                         |
| G9187   | Bpci home visit   | X           | -                         |
| G9188   | Beta not given no reason  | X           | -                         |
| G9189   | Beta pres or already taking   | X           | -                         |
| G9190   | Medical reason for no beta  | X           | -                         |
| G9191   | Pt reason for no beta   | X           | -                         |
| G9192   | System reason for no beta   | X           | -                         |
| G9196   | Med reason for no ceph  | X           | -                         |
| G9197   | Order for ceph  | X           | -                         |
| G9198   | No order for ceph no reason   | X           | -                         |

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| G9212   | Doc of dsm-iv init eval      | X           | -                         |
| G9213   | No doc of dsm-iv             | X           | -                         |
| G9223   | Pjp proph ordered cd4 low    | X           | -                         |
| G9225   | Norsn no foot exam           | X           | -                         |
| G9226   | 3 comp foot exam completed   | X           | -                         |
| G9227   | Docrsn no care plan          | X           | -                         |
| G9228   | Gc chl syp documented        | X           | -                         |
| G9229   | Ptrsno gc chl syp test       | X           | -                         |
| G9230   | Norsn for gc chl syp test    | X           | -                         |
| G9231   | Doc esrd dia trans preg      | X           | -                         |
| G9242   | Doc viral load >=200         | X           | -                         |
| G9243   | Doc viral load <200          | X           | -                         |
| G9246   | No med visit in 24mo         | X           | -                         |
| G9247   | 1 med visit in 24mo          | X           | -                         |
| G9250   | Doc of pain comfort 48hr     | X           | -                         |
| G9251   | Doc no pain comfort 48hr     | X           | -                         |
| G9254   | Doc pt dischg >2d            | X           | -                         |
| G9255   | Doc pt dischg <=2d           | X           | -                         |
| G9273   | Sys<140 and dia<90           | X           | -                         |
| G9274   | Bp out of nrml limits        | X           | -                         |
| G9275   | Doc of non tobacco user      | X           | -                         |
| G9276   | Doc of tobacco user          | X           | -                         |
| G9277   | Doc daily aspirin or contra  | X           | -                         |
| G9278   | Doc no daily aspirin         | X           | -                         |
| G9279   | Pne scrn done doc vac done   | X           | -                         |
| G9280   | Pne not given norsn          | X           | -                         |
| G9281   | Pne scrn done doc not ind    | X           | -                         |
| G9282   | Doc medrsn no histo type     | X           | -                         |
| G9283   | Hist type doc on report      | X           | -                         |
| G9284   | No hist type doc on report   | X           | -                         |
| G9285   | Site not small cell lung ca  | X           | -                         |
| G9286   | Doc antibio order w in 7d    | X           | -                         |
| G9287   | No doc antibio order w in 7d | X           | -                         |
| G9288   | Doc medrsn no hist type rpt  | X           | -                         |
| G9289   | Doc type nsm lung ca         | X           | -                         |
| G9290   | No doc type nsm lung ca      | X           | -                         |
| G9291   | Not nsm lung ca              | X           | -                         |
| G9292   | Medrsn no pt category        | X           | -                         |
| G9293   | No pt category on report     | X           | -                         |

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| G9294   | Pt cat and thck on report                                   | X           | -                         |
| G9295   | Non cutaneous loc   | X           | -                         |
| G9296   | Doc share dec prior proc                                    | X           | -                         |
| G9297   | No doc share dec prior proc                                 | X           | -                         |
| G9298   | Eval risk vte card 30d prior                                | X           | -                         |
| G9299   | No eval riskk vte card prior                                | X           | -                         |
| G9305   | No interv req for leak                                      | X           | -                         |
| G9306   | Interv req for leak   | X           | -                         |
| G9307   | No ret for surg w in 30d                                    | X           | -                         |
| G9308   | Unplnd ret to surg w in 30d                                 | X           | -                         |
| G9309   | No unplnd hosp readm in 30d                                 | X           | -                         |
| G9310   | Unplnd hosp readm in 30d                                    | X           | -                         |
| G9311   | No surg site infection                                      | X           | -                         |
| G9312   | Surgical site infection                                     | X           | -                         |
| G9313   | Docrsn not first line amox                                  | X           | -                         |
| G9314   | Norsn not first line amox                                   | X           | -                         |
| G9315   | Doc first line amox   | X           | -                         |
| G9316   | Doc comm risk calc  | X           | -                         |
| G9317   | No doc comm risk calc                                       | X           | -                         |
| G9318   | Image std nomenclature                                      | X           | -                         |
| G9319   | Image not std nomenclature                                  | X           | -                         |
| G9321   | Doc count of ct in 12mo                                     | X           | -                         |
| G9322   | No doc count of ct in 12mo                                  | X           | -                         |
| G9341   | Srch for ct w in 12 mos                                     | X           | -                         |
| G9342   | No srch for ct in 12mo norsn                                | X           | -                         |
| G9344   | Sysrsn no dicom srch  | X           | -                         |
| G9345   | Follow up pulm nod  | X           | -                         |
| G9347   | No follow up pulm nod norsn                                 | X           | -                         |
| G9351   | Doc >1 sinus ct w 90d dx                                    | X           | -                         |
| G9352   | Not >1 sinus ct w 90d dx                                    | X           | -                         |
| G9353   | Medrsn >1 sinus ct w 90d dx                                 | X           | -                         |
| G9354   | Norsn >1 sinus ct w 90d dx                                  | X           | -                         |
| G9355   | No early ind/delivery                                       | X           | -                         |
| G9356   | Early ind/delivery  | X           | -                         |
| G9357   | Pp eval/edu perf  | X           | -                         |
| G9358   | Pp eval/edu not perf  | X           | -                         |
| G9359   | Neg mgd pos tb notact                                       | X           | -                         |
| G9360   | No doc of neg or man pos tb                                 | X           | -                         |
| G9361   | Medical indication for elective delivery or early induction | X           | -                         |

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| G9364   | Sinus caus bac inx           | X           | -                         |
| G9367   | 2high risk med ord           | X           | -                         |
| G9368   | 2high risk no ord            | X           | -                         |
| G9380   | Off assis eol iss            | X           | -                         |
| G9382   | No off assis eol             | X           | -                         |
| G9383   | Recd scrn hcv infec          | X           | -                         |
| G9384   | Doc med reas no offer eol    | X           | -                         |
| G9385   | Doc pt reas not rec hcv srn  | X           | -                         |
| G9386   | Scrn hcv infec not recd      | X           | -                         |
| G9393   | Ini phq9 >9 remiss <5        | X           | -                         |
| G9394   | Dx bipol, death, nhres, hosp | X           | -                         |
| G9395   | Ini phq9 >9 no remiss >=5    | X           | -                         |
| G9396   | Ini phq9 >9 not assess       | X           | -                         |
| G9408   | Card tamp w/in 30d           | X           | -                         |
| G9409   | No card tamp e/in 30d        | X           | -                         |
| G9410   | Admit w/in 180d req remov    | X           | -                         |
| G9411   | No admit w/in 180d req remov | X           | -                         |
| G9412   | Admit w/in 180d req surg rev | X           | -                         |
| G9413   | No admit req surg rev        | X           | -                         |
| G9414   | 1dose menig vac btwn 11 & 13 | X           | -                         |
| G9415   | No 1dose meni vac btwn 11&13 | X           | -                         |
| G9416   | Tdap or td or 1tet/diph      | X           | -                         |
| G9417   | No tdap or td or 1tet/diph   | X           | -                         |
| G9418   | Lungcx bx rpt docs class     | X           | -                         |
| G9419   | Med reas no rpt histo type   | X           | -                         |
| G9420   | Spec site no lung            | X           | -                         |
| G9421   | Lung cx bx rpt no doc class  | X           | -                         |
| G9422   | Rpt doc class histo type     | X           | -                         |
| G9423   | Med reas rpt no histo type   | X           | -                         |
| G9424   | Site no lung or lung cx      | X           | -                         |
| G9425   | Spec rpt no doc class histo  | X           | -                         |
| G9426   | Impr med time edarr pain med | X           | -                         |
| G9427   | No impro med time pain med   | X           | -                         |
| G9428   | Rpt pt cat and pt1           | X           | -                         |
| G9429   | Doc med reas no pt cat       | X           | -                         |
| G9430   | Spec site no cutaneous       | X           | -                         |
| G9431   | No pt cat and pt1            | X           | -                         |
| G9432   | Asth controlled              | X           | -                         |
| G9434   | Asth not controlled          | X           | -                         |

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| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| G9451   | 1x scrn hcv infect   | X           | -                         |
| G9452   | Doc med reas no scrn hcv   | X           | -                         |
| G9453   | Pt reas no hcv infect  | X           | -                         |
| G9454   | No hcv infect srn  | X           | -                         |
| G9455   | Abd imag w/us, ct or mri   | X           | -                         |
| G9456   | Doc med pt reas no hcc scrn  | X           | -                         |
| G9457   | No abd imag w/o reason   | X           | -                         |
| G9468   | No recd cortico>=10mg/d >60d   | X           | -                         |
| G9470   | No rec cortico>60d 1rx 600mg   | X           | -                         |
| G9471   | W/in 2yr dxa not order   | X           | -                         |
| G9473   | Services performed by chaplain in the hospice setting, each 15 minutes   | X           | -                         |
| G9474   | Services performed by dietary counselor in the hospice setting, each 15 minutes  | X           | -                         |
| G9475   | Services performed by other counselor in the hospice setting, each 15 minutes  | X           | -                         |
| G9476   | Services performed by volunteer in the hospice setting, each 15 minutes  | X           | -                         |
| G9477   | Services performed by care coordinator in the hospice setting, each 15 minutes   | X           | -                         |
| G9478   | Services performed by other qualified therapist in the hospice setting, each 15 minutes  | X           | -                         |
| G9479   | Services performed by qualified pharmacist in the hospice setting, each 15 minutes   | X           | -                         |
| G9480   | Admission to medicare care choice model program (mccm)   | X           | -                         |
| G9481   | Remote e/m new pt 10mins   | X           | -                         |
| G9482   | Remote e/m new pt 20mins   | X           | -                         |
| G9483   | Remote e/m new pt 30mins   | X           | -                         |
| G9484   | Remote e/m new pt 45mins   | X           | -                         |
| G9485   | Remote e/m new pt 60mins   | X           | -                         |
| G9486   | Remote e/m est. pt 10mins  | X           | -                         |
| G9487   | Remote e/m est. pt 15mins  | X           | -                         |
| G9488   | Remote e/m est. pt 25mins  | X           | -                         |
| G9489   | Remote e/m est. pt 40mins  | X           | -                         |
| G9490   | Joint replac mod home visit  | X           | -                         |
| G9497   | Seen pre-operatively by anesthesiologist or proxy prior to the day of surgery  | X           | -                         |
| G9498   | Antibiotic regimen prescribed  | X           | -                         |
| G9500   | Radiation exposure indices, exposure time or number of fluorographic images in final report for procedures using fluoroscopy, documented                     | X           | -                         |
| G9501   | Radiation exposure indices, exposure time or number of fluorographic images not documented in final report for procedure using fluoroscopy, reason not given | X           | -                         |
| G9502   | Med reas no perf foot exam   | X           | -                         |
| G9504   | Doc reas no hbv status   | X           | -                         |
| G9505   | Antibiotic regimen prescribed within 10 days after onset of symptoms for documented medical reason   | X           | -                         |
| G9506   | Biologic immune response modifier prescribed   | X           | -                         |
| G9507   | Doc reas on statin or contra   | X           | -                         |

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| G9508   | Documentation that the patient is not on a statin medication  | X           | -                         |
| G9509   | Remission at twelve months as demonstrated by a twelve month (+/-30 days) phq-9 score of less than 5  | X           | -                         |
| G9510   | Remis12m not phq-9 score <5   | X           | -                         |
| G9511   | Index date phq-9 score greater than 9 documented during the twelve month denominator identification period  | X           | -                         |
| G9512   | Individual had a pdc of 0.8 or greater  | X           | -                         |
| G9513   | Individual did not have a pdc of 0.8 or greater   | X           | -                         |
| G9514   | Patient required a return to the operating room within 90 days of surgery   | X           | -                         |
| G9515   | Patient did not require a return to the operating room within 90 days of surgery  | X           | -                         |
| G9516   | Patient achieved an improvement in visual acuity, from their preoperative level, within 90 days of surgery  | X           | -                         |
| G9517   | Patient did not achieve an improvement in visual acuity, from their preoperative level, within 90 days of surgery, reason not given                                     | X           | -                         |
| G9518   | Documentation of active injection drug use  | X           | -                         |
| G9519   | Final ref +/- 1.0 w/in 90d  | X           | -                         |
| G9520   | Refract not +/- 1.0 w/in 90d  | X           | -                         |
| G9521   | Total number of emergency department visits and inpatient hospitalizations less than two in the past 12 months  | 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 | X           | -                         |
| G9529   | Patient with minor blunt head trauma had an appropriate indication(s) for a head ct   | X           | -                         |
| G9530   | Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider                | X           | -                         |
| G9531   | Pt doc  | X           | -                         |
| G9533   | Patient with minor blunt head trauma did not have an appropriate indication(s) for a head ct  | X           | -                         |
| G9537   | Documentation of system reason(s) for ordering an advanced brain imaging study (i.e., needed as part of a clinical trial; other clinician ordered the study)            | X           | -                         |
| G9539   | Intent for potential removal at time of placement   | X           | -                         |
| G9540   | Patient alive 3 months post procedure   | X           | -                         |
| G9541   | Filter removed within 3 months of placement   | X           | -                         |
| G9542   | Documented re-assessment for the appropriateness of filter removal within 3 months of placement   | X           | -                         |
| G9543   | Documentation of at least two attempts to reach the patient to arrange a clinical re-assessment for the appropriateness of filter removal within 3 months of placement  | X           | -                         |
| G9544   | No filt remov w/in 3mos plcm  | X           | -                         |
| G9547   | Cys ren les or adren  | X           | -                         |
| G9548   | No f/u rec image study  | X           | -                         |
| G9549   | Doc med rsn for f/u imag  | X           | -                         |
| G9550   | Imag rec  | X           | -                         |
| G9551   | Imag no les   | X           | -                         |
| G9552   | Incidental thyroid nodule < 1.0 cm noted in report  | X           | -                         |
| G9553   | Prior thyroid disease diagnosis   | X           | -                         |

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| G9554   | Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging recommended   | X           | -                         |
| G9555   | Doc med reas no follow imag   | X           | -                         |
| G9556   | Final reports for ct or mri of the chest or neck or ultrasound of the neck with follow-up imaging not recommended   | X           | -                         |
| G9557   | Final reports for ct or mri studies of the chest or neck or ultrasound of the neck without a thyroid nodule < 1.0 cm noted                                | X           | -                         |
| G9580   | Door to puncture time of less than 2 hours  | X           | -                         |
| G9582   | Door to puncture time of greater than 2 hours, no reason given  | X           | -                         |
| G9593   | Pediatric patient with minor blunt head trauma classified as low risk according to the pecarn prediction rules  | X           | -                         |
| G9594   | Patient presented within 24 hours of a minor blunt head trauma with a gcs score of 15 and had a head ct ordered for trauma by an emergency care provider  | X           | -                         |
| G9595   | Doc shnt/tum/coag   | X           | -                         |
| G9596   | Hd inj >24h/gcs >15/no res  | X           | -                         |
| G9597   | Pediatric patient with minor blunt head trauma not classified as low risk according to the pecarn prediction rules  | X           | -                         |
| G9598   | Aortic aneurysm 5.5 - 5.9 cm maximum diameter on centerline formatted ct or minor diameter on axial formatted ct  | X           | -                         |
| G9599   | Aortic aneurysm 6.0 cm or greater maximum diameter on centerline formatted ct or minor diameter on axial formatted ct                                     | X           | -                         |
| G9603   | Patient survey score improved from baseline following treatment   | X           | -                         |
| G9604   | Patient survey results not available  | X           | -                         |
| G9605   | Patient survey score did not improve from baseline following treatment  | X           | -                         |
| G9606   | Intraoperative cystoscopy performed to evaluate for lower tract injury  | X           | -                         |
| G9607   | Patient is not eligible (e.g., patient death during procedure, absent urethra or an otherwise inaccessible bladder)                                       | X           | -                         |
| G9608   | Intraoperative cystoscopy not performed to evaluate for lower tract injury  | X           | -                         |
| G9609   | Documentation of an order for anti-platelet agents or p2y12 antagonists   | X           | -                         |
| G9610   | Doc md rsn no antipla/p2y12   | X           | -                         |
| G9611   | Order for anti-platelet agents or p2y12 antagonists was not documented, reason not otherwise specified  | X           | -                         |
| G9612   | Photodocumentation of one or more cecal landmarks to establish a complete examination   | X           | -                         |
| G9613   | Documentation of post-surgical anatomy (e.g., right hemicolectomy, ileocecal resection, etc.)   | X           | -                         |
| G9614   | No photodocumentation of cecal landmarks to establish a complete examination  | X           | -                         |
| G9618   | Documentation of screening for uterine malignancy or those that had an ultrasound and/or endometrial sampling of any kind                                 | X           | -                         |
| G9620   | Patient not screened for uterine malignancy, or those that have not had an ultrasound and/or endometrial sampling of any kind, reason not given           | X           | -                         |
| G9621   | Patient identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method and received brief counseling | X           | -                         |

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| G9622   | Patient not identified as an unhealthy alcohol user when screened for unhealthy alcohol use using a systematic screening method                                    | X           | -                         |
| G9623   | Documentation of medical reason(s) for not screening for unhealthy alcohol use (e.g., limited life expectancy, other medical reasons)                              | X           | -                         |
| G9624   | Patient not screened for unhealthy alcohol screening using a systematic screening method or patient did not receive brief counseling, reason not given             | X           | -                         |
| G9625   | Patient sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery   | X           | -                         |
| G9626   | Pt not elig  | X           | -                         |
| G9627   | Patient did not sustained bladder injury at the time of surgery or subsequently up to 1 month post-surgery   | X           | -                         |
| G9628   | Patient sustained major viscus injury at the time of surgery or subsequently up to 1 month post-surgery  | X           | -                         |
| G9629   | Pt not elig  | X           | -                         |
| G9630   | Patient did not sustain major viscus injury at the time of surgery or subsequently up to 1 month post-surgery  | X           | -                         |
| G9631   | Patient sustained ureter injury at the time of surgery or discovered subsequently up to 1 month post-surgery   | X           | -                         |
| G9632   | Pt not elig  | X           | -                         |
| G9633   | Patient did not sustain ureter injury at the time of surgery or subsequently up to 1 month post-surgery  | X           | -                         |
| G9637   | Doc >1 dose reduc tech   | X           | -                         |
| G9638   | No doc >1 dose reduc tech  | X           | -                         |
| G9642   | Current cigarette smokers  | X           | -                         |
| G9643   | Elective surgery   | X           | -                         |
| G9644   | Patients who abstained from smoking prior to anesthesia on the day of surgery or procedure   | X           | -                         |
| G9645   | Patients who did not abstain from smoking prior to anesthesia on the day of surgery or procedure   | X           | -                         |
| G9646   | Patients with 90 day mrs score of 0 to 2   | X           | -                         |
| G9648   | Patients with 90 day mrs score greater than 2  | X           | -                         |
| G9649   | Psori tool doc w/benchmk   | X           | -                         |
| G9651   | Psori tool doc/no bnchmk met   | X           | -                         |
| G9654   | Monitored anesthesia care (mac)  | X           | -                         |
| G9655   | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is used  | X           | -                         |
| G9656   | Patient transferred directly from anesthetizing location to pacu   | X           | -                         |
| G9658   | A transfer of care protocol or handoff tool/checklist that includes the required key handoff elements is not used  | X           | -                         |
| G9659   | >85y no hx colo ca/rsn scope   | X           | -                         |
| G9660   | Doc med rsn scope pt >85y  | X           | -                         |
| G9661   | >85y scope othr rsn  | X           | -                         |
| G9662   | Previously diagnosed or have an active diagnosis of clinical ascvd   | X           | -                         |
| G9663   | Fast/dir ldl <= 190 mg/dl  | X           | -                         |
| G9664   | Patients who are currently statin therapy users or received an order (prescription) for statin therapy   | X           | -                         |
| G9665   | Patients who are not currently statin therapy users or did not receive an order (prescription) for statin therapy  | X           | -                         |
| 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 | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| G9674   | Patients with clinical ascvd diagnosis  | X           | -                         |
| G9675   | Patients who have ever had a fasting or direct laboratory result of ldl-c = 190 mg/dl | X           | -                         |
| G9676   | 40-75y w/type 1/2 w/ldl-c rs  | X           | -                         |
| G9679   | Acute care pneumonia  | X           | -                         |
| G9680   | Acute care congestive heart   | X           | -                         |
| G9681   | Acute care chronic obstruct   | X           | -                         |
| G9682   | Acute care skin infection   | X           | -                         |
| G9683   | Acute care fluid or electrol  | X           | -                         |
| G9684   | Acute care urinary tract inf  | X           | -                         |
| G9685   | Acute nursing facility care   | X           | -                         |
| G9687   | Hospice anytime msmt per  | X           | -                         |
| G9688   | Pt w/hosp anytime msmt per  | X           | -                         |
| G9689   | Inpt elect carotid intervent  | X           | -                         |
| G9690   | Pt rec hospice dur msmt per   | X           | -                         |
| G9691   | Pt hosp dur msmt period   | X           | -                         |
| G9692   | Hosp recd by pt dur msmt per  | X           | -                         |
| G9693   | Pt use hosp during msmt per   | X           | -                         |
| G9694   | Hosp srv used pt in msmt per  | X           | -                         |
| G9695   | Long act inhal bronchdil pre  | X           | -                         |
| G9696   | Med rsn no presc bronchdil  | X           | -                         |
| G9697   | Pt rsn no presc bronchdil   | X           | -                         |
| G9698   | Sys rsn no presc bronchdil  | X           | -                         |
| G9699   | Long inhal bronchdil no pres  | X           | -                         |
| G9700   | Pt is w/hosp during msmt per  | X           | -                         |
| G9702   | Pt use hosp during msmt per   | X           | -                         |
| G9703   | Child anbx 30 prior dx phary  | X           | -                         |
| G9704   | Ajcc br ca stg i: t1 mic/t1a  | X           | -                         |
| G9705   | Ajcc br ca stg ib   | X           | -                         |
| G9706   | Low recur prost ca  | X           | -                         |
| G9708   | Bilat mast/hx bi /unilat mas  | X           | -                         |
| G9709   | Hosp srv used pt in msmt per  | X           | -                         |
| G9710   | Pt prov hosp srv msmt per   | X           | -                         |
| G9711   | Pt hx tot col or colon ca   | X           | -                         |
| G9712   | Doc med rsn presc anbx  | X           | -                         |
| G9713   | Pt use hosp during msmt per   | X           | -                         |
| G9714   | Pt is w/hosp during msmt per  | X           | -                         |
| G9715   | Pt w/hosp anytime msmt per  | X           | -                         |
| G9716   | Bmi not norm, no follow, doc  | X           | -                         |
| G9717   | Doc dx depr/dx bipolar, no scr  | X           | -                         |

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| G9718   | Hospice anytime msmt per     | X           | -                         |
| G9719   | Pt not ambul/immob/wc        | X           | -                         |
| G9720   | Hospice anytime msmt per     | X           | -                         |
| G9721   | Pt not ambul/immob/wc        | X           | -                         |
| G9722   | Doc hx renal fail or cr+ >4  | X           | -                         |
| G9723   | Hosp recd by pt dur msmt per | X           | -                         |
| G9724   | Pt w/doc use anticoag mst yr | X           | -                         |
| G9725   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9726   | Refused to participate       | X           | -                         |
| G9727   | Pt unable cmplt knee fs prom | X           | -                         |
| G9728   | Refused to participate       | X           | -                         |
| G9729   | Pt unbl cmplt hip fs prom    | X           | -                         |
| G9730   | Refused to participate       | X           | -                         |
| G9731   | Pt unbl cmplt ft/ank fs prom | X           | -                         |
| G9732   | Refused to participate       | X           | -                         |
| G9733   | Pt unbl cmplt lb fs prom     | X           | -                         |
| G9734   | Refused to participate       | X           | -                         |
| G9735   | Pt unbl cmplt shld fs prom   | X           | -                         |
| G9736   | Refused to participate       | X           | -                         |
| G9737   | Pt unbl cmplt ewh fs prom    | X           | -                         |
| G9740   | Hosp srv to pt dur msmt per  | X           | -                         |
| G9741   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9744   | Pt not elig, dx htn          | X           | -                         |
| G9745   | Doc rsn no scr high bp       | X           | -                         |
| G9746   | Mit sten, valve or trans af  | X           | -                         |
| G9752   | Urgent surgery               | X           | -                         |
| G9753   | Doc no dicom, ct other fac   | X           | -                         |
| G9754   | Incid pulm nodule            | X           | -                         |
| G9755   | Doc med rsn for imaging      | X           | -                         |
| G9756   | Surg proc w/silicone oil     | X           | -                         |
| G9757   | Surg proc w/silicone oil     | X           | -                         |
| G9758   | Hospice or term phase        | X           | -                         |
| G9761   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9762   | Pt had hpv b/t 9-13 yr       | X           | -                         |
| G9763   | Pt no hpv b/t 9-13 yr        | X           | -                         |
| G9764   | Pt tx oral syst/bio med psor | X           | -                         |
| G9765   | Pt decl chan/conind or <6m   | X           | -                         |
| G9766   | Cva stroke dx tx transf fac  | X           | -                         |
| G9767   | Hosp new dx cva consid evst  | X           | -                         |

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| G9768   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9769   | Bn den 2yr/got ost med/ther  | X           | -                         |
| G9770   | Perip nerve block            | X           | -                         |
| G9771   | Anes end, 1 temp >35.5(95.9) | X           | -                         |
| G9772   | Doc med rsn no temp >= 35.5  | X           | -                         |
| G9773   | No temp >35.5(95.9), anes    | X           | -                         |
| G9774   | Pt had hyst                  | X           | -                         |
| G9775   | Recd 2 anti-emet pre/intraop | X           | -                         |
| G9776   | Doc med rsn no proph antiem  | X           | -                         |
| G9777   | Pt no antiemet pre/intraop   | X           | -                         |
| G9778   | Pts dx w/pregn               | X           | -                         |
| G9779   | Pts breastfeeding            | X           | -                         |
| G9780   | Pts dx w/rhabdomyolysis      | X           | -                         |
| G9781   | Doc rsn no statin            | X           | -                         |
| G9782   | Hx dx fam/pure hypercholes   | X           | -                         |
| G9784   | Path/derm 2nd opin bx        | X           | -                         |
| G9785   | Path report sent             | X           | -                         |
| G9786   | Path report not sent         | X           | -                         |
| G9787   | Pt alive 1st day msmt yr     | X           | -                         |
| G9788   | Most rct bp <= 140/90        | X           | -                         |
| G9789   | Record bp ip, er, urg/self   | X           | -                         |
| G9790   | Most rct bp >= 140/90        | X           | -                         |
| G9791   | Most rct tob stat free       | X           | -                         |
| G9792   | Most rct tob stat not free   | X           | -                         |
| G9793   | Pt on daily asa/antiplat     | X           | -                         |
| G9794   | Doc med rsn no asa/antiplat  | X           | -                         |
| G9795   | Pt no daily asa/antiplat     | X           | -                         |
| G9796   | Pt not currently on statin   | X           | -                         |
| G9797   | Pt currently on statin       | X           | -                         |
| G9805   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9806   | Pt recd cerv cyto/hpv        | X           | -                         |
| G9807   | Pt no recd cerv cyto/hpv     | X           | -                         |
| G9808   | Pt no asthm cont med mst per | X           | -                         |
| G9809   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9810   | Pdc 75% w/asth cont med      | X           | -                         |
| G9811   | No pdc 75% w/asth cont med   | X           | -                         |
| G9812   | Pt died during inpt/30d aft  | X           | -                         |
| G9813   | Pt not died w/in 30d of proc | X           | -                         |
| G9818   | Doc sex activity             | X           | -                         |

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| G9819   | Pt w/hosp anytime msmt per   | X           | -                         |
| G9820   | Doc chlam scr test w/follow  | X           | -                         |
| G9821   | No doc chlam scr ts w/follow   | X           | -                         |
| G9822   | Endo abl proc yr prev ind dt   | X           | -                         |
| G9823   | Endo smpl/hyst bx res doc  | X           | -                         |
| G9824   | Endo smpl/hyst bx res no doc   | X           | -                         |
| G9830   | Her-2 pos  | X           | -                         |
| G9831   | Ajcc stg brt ca dx ii or iii   | X           | -                         |
| G9832   | Brt ca dx i, no t1/t1a/t1b   | X           | -                         |
| G9838   | Pt met dis at dx   | X           | -                         |
| G9839   | Anti-egfr mon anti ther  | X           | -                         |
| G9840   | Kras tst bfr beg anti moab   | X           | -                         |
| G9841   | No kras tst bfr beg ant moab   | X           | -                         |
| G9842   | Pt met dis at dx   | X           | -                         |
| G9843   | Kras gene mut  | X           | -                         |
| G9844   | Pt no recd anti-egfr ther  | X           | -                         |
| G9845   | Pt recd anti-egfr ther   | X           | -                         |
| G9846   | Pt died from cancer  | X           | -                         |
| G9847   | Pt recd chemo last 14d life  | X           | -                         |
| G9848   | Pt no chemo last 14d life  | X           | -                         |
| G9852   | Pt died from cancer  | X           | -                         |
| G9853   | Icu stay last 30d life   | X           | -                         |
| G9854   | No icu stay last 30d life  | X           | -                         |
| G9858   | Pt enroll hospice  | X           | -                         |
| G9859   | Pt died from cancer  | X           | -                         |
| G9860   | Pt less 3d hospice   | X           | -                         |
| G9861   | Pt more than 3d hospice  | X           | -                         |
| G9862   | Doc rsn no 10 yr follow  | X           | -                         |
| G9868   | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, less than 10 minutes | X           | -                         |
| G9869   | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 10-20 minutes        | X           | -                         |
| G9870   | Receipt and analysis of remote, asynchronous images for dermatologic and/or ophthalmologic evaluation, for use under the next generation aco model, 20 or more minutes   | X           | -                         |
| G9873   | 1 em core session  | X           | -                         |
| G9874   | 4 em core sessions   | X           | -                         |
| G9875   | 9 em core sessions   | X           | -                         |
| G9876   | 2 em core ms mo 7-9 no wl  | X           | -                         |
| G9877   | 2 em core ms mo 10-12 no wl  | X           | -                         |

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| G9878   | 2 em core ms mo 7-9 wl       | X           | -                         |
| G9879   | 2 em core ms mo 10-12 wl     | X           | -                         |
| G9880   | Em 5 percent wl              | X           | -                         |
| G9881   | Em 9 percent wl              | X           | -                         |
| G9882   | 2 em ongoing ms mo 13-15 wl  | X           | -                         |
| G9883   | 2 em ongoing ms mo 16-18 wl  | X           | -                         |
| G9884   | 2 em ongoing ms mo 19-21 wl  | X           | -                         |
| G9885   | 2 em ongoing ms mo 22-24 wl  | X           | -                         |
| G9890   | Em bridge payment            | X           | -                         |
| G9891   | Em session reporting         | X           | -                         |
| G9894   | Adr dep thrpy prescribed     | X           | -                         |
| G9895   | Doc med rsn no adr dep thrpy | X           | -                         |
| G9896   | Doc pt rsn no adr dep thrpy  | X           | -                         |
| G9897   | Pt nt prsc adr dep thrpy rng | X           | -                         |
| G9898   | Pt 66+ snp or ltc pos        | X           | -                         |
| G9899   | Scrn mam perf rsults doc     | X           | -                         |
| G9900   | Scrn mam perf rsults not doc | X           | -                         |
| G9901   | Pt 66+ snp or ltc pos        | X           | -                         |
| G9902   | Pt scrn tbco and id as user  | X           | -                         |
| G9903   | Pt scrn tbco id as non user  | X           | -                         |
| G9904   | Doc med rsn no tbco scrn     | X           | -                         |
| G9905   | No pt tbco scrn rng          | X           | -                         |
| G9906   | Pt recv tbco cess interv     | X           | -                         |
| G9907   | Doc med rsn no tbco interv   | X           | -                         |
| G9908   | No pt tbco cess interv rng   | X           | -                         |
| G9909   | Doc med rsn no tbco interv   | X           | -                         |
| G9910   | Pt 66+ snp or ltc pos        | X           | -                         |
| G9911   | Node neg pre/post syst ther  | X           | -                         |
| G9912   | Hbv status assesd and int    | X           | -                         |
| G9913   | No hbv status assesd and int | X           | -                         |
| G9914   | Pt receiving anti-tnf agent  | X           | -                         |
| G9915   | No documntd hbv results rcd  | X           | -                         |
| G9916   | Funct status past 12 months  | X           | -                         |
| G9917   | Adv dem crgvr limited        | X           | -                         |
| G9918   | No funct stat perf, rsn nos  | X           | -                         |
| G9922   | Sfty cncrns scrn nd mit recs | X           | -                         |
| G9923   | Safty cncrns scrn and neg    | X           | -                         |
| G9925   | No scrn prov rsn nos         | X           | -                         |
| G9926   | Sfty cncrns scrn but no recs | X           | -                         |

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| G9927   | Doc no warf /fda pt trial     | X           | -                         |
| G9928   | No warf or fda drug presc     | X           | -                         |
| G9929   | Trs/rev af                    | X           | -                         |
| G9930   | Com care                      | X           | -                         |
| G9931   | No chad or chad scr 0 or 1    | X           | -                         |
| G9932   | Doc pt rsn no tb scrn recrds  | X           | -                         |
| G9938   | Pt 66+ snp or ltc pos         | X           | -                         |
| G9939   | Same path/derm perf biopsy    | X           | -                         |
| G9940   | Doc reas no statin therapy    | X           | -                         |
| G9942   | Adtl spine proc on same date  | X           | -                         |
| G9943   | Bk pn nt msr vas scl pre/pst  | X           | -                         |
| G9945   | Pt w/cancer scoliosis         | X           | -                         |
| G9946   | Bk pain no vas                | X           | -                         |
| G9948   | Adtl spine proc on same date  | X           | -                         |
| G9949   | Leg pain no vas               | X           | -                         |
| G9954   | Pt >2 rsk fac post-op vomit   | X           | -                         |
| G9955   | Inhlnt anesth only for induc  | X           | -                         |
| G9956   | Combo thrpy of >= 2 prophly   | X           | -                         |
| G9957   | Doc med rsn no combo thrpy    | X           | -                         |
| G9958   | No combo prohypyl thrp for pt | X           | -                         |
| G9959   | Systemic antimicro not presc  | X           | -                         |
| G9960   | Med rsn sys antimi nt rx      | X           | -                         |
| G9961   | Systemic antimicro presc      | X           | -                         |
| G9962   | Embolization doc separatly    | X           | -                         |
| G9963   | Embolization not doc separat  | X           | -                         |
| G9964   | Pt recv >=1 well-chld visit   | X           | -                         |
| G9965   | No well-chld vist recv by pt  | X           | -                         |
| G9968   | Pt refrd 2 pvdr/spclst in pp  | X           | -                         |
| G9969   | Pvdr rfrd pt rpt rcvd         | X           | -                         |
| G9970   | Pvdr rfrd pt no rpt rcvd      | X           | -                         |
| G9976   | Doc pat rsn no mac exm perf   | X           | -                         |
| G9977   | Dil mac exam no perf rsn nos  | X           | -                         |
| G9978   | Remote e/m new pt 10 mins     | X           | -                         |
| G9979   | Remote e/m new pt 20 mins     | X           | -                         |
| G9980   | Remote e/m new pt 30 mins     | X           | -                         |
| G9981   | Remote e/m new pt 45 mins     | X           | -                         |
| G9982   | Remote e/m new pt 60 mins     | X           | -                         |
| G9983   | Remote e/m est. pt 10 mins    | X           | -                         |
| G9984   | Remote e/m est. pt 15 mins    | X           | -                         |

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| G9985   | Remote e/m est. pt 25 mins   | X           | -                         |
| G9986   | Remote e/m est. pt 40 mins   | X           | -                         |
| G9987   | Bpci advanced in home visit  | X           | -                         |
| G9988   | Pall serv during meas        | X           | -                         |
| G9989   | Med rsn no pneum vax         | X           | -                         |
| G9992   | Pall serv during meas        | X           | -                         |
| G9993   | Pall serv during meas        | X           | -                         |
| G9994   | Pall serv during meas        | X           | -                         |
| G9995   | Pall serv during meas        | X           | -                         |
| G9996   | Doc pt pal or hospice        | X           | -                         |
| G9997   | Doc pt preg dur msrmt pd     | X           | -                         |
| G9998   | Doc med rsn <3 colon         | X           | -                         |
| G9999   | Doc sys rsn <3 colon         | X           | -                         |
| H0001   | Alcohol and/or drug assess   | X           | -                         |
| H0002   | Alcohol and/or drug screenin | X           | -                         |
| H0003   | Alcohol and/or drug screenin | X           | -                         |
| H0004   | Alcohol and/or drug services | X           | -                         |
| H0005   | Alcohol and/or drug services | X           | -                         |
| H0006   | Alcohol and/or drug services | X           | -                         |
| H0007   | Alcohol and/or drug services | X           | -                         |
| H0008   | Alcohol and/or drug services | X           | -                         |
| H0009   | Alcohol and/or drug services | X           | -                         |
| H0010   | Alcohol and/or drug services | X           | -                         |
| H0011   | Alcohol and/or drug services | X           | -                         |
| H0012   | Alcohol and/or drug services | X           | -                         |
| H0013   | Alcohol and/or drug services | X           | -                         |
| H0014   | Alcohol and/or drug services | X           | -                         |
| H0015   | Alcohol and/or drug services | X           | -                         |
| H0016   | Alcohol and/or drug services | X           | -                         |
| H0017   | Alcohol and/or drug services | X           | -                         |
| H0018   | Alcohol and/or drug services | X           | -                         |
| H0019   | Alcohol and/or drug services | X           | -                         |
| H0020   | Alcohol and/or drug services | X           | -                         |
| H0021   | Alcohol and/or drug training | X           | -                         |
| H0022   | Alcohol and/or drug interven | X           | -                         |
| H0023   | Alcohol and/or drug outreach | X           | -                         |
| H0024   | Alcohol and/or drug preventi | X           | -                         |
| H0025   | Alcohol and/or drug preventi | X           | -                         |
| H0026   | Alcohol and/or drug preventi | X           | -                         |

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| H0027   | Alcohol and/or drug preventi   | X           | -                         |
| H0028   | Alcohol and/or drug preventi   | X           | -                         |
| H0029   | Alcohol and/or drug preventi   | X           | -                         |
| H0030   | Alcohol and/or drug hotline  | X           | -                         |
| H0031   | Mental health assessment, by non-physician   | X           | -                         |
| H0032   | Mental health service plan development by non-physician                                    | X           | -                         |
| H0033   | Oral medication administration, direct observation   | X           | -                         |
| H0034   | Medication training and support, per 15 minutes  | X           | -                         |
| H0035   | Mental health partial hospitalization, treatment, less than 24 hours                       | X           | -                         |
| H0036   | Community psychiatric supportive treatment, face-to-face, per 15 minutes                   | X           | -                         |
| H0037   | Community psychiatric supportive treatment program, per diem                               | X           | -                         |
| H0038   | Self-help/peer services, per 15 minutes  | X           | -                         |
| H0039   | Assertive community treatment, face-to-face, per 15 minutes                                | X           | -                         |
| H0040   | Assertive community treatment program, per diem  | X           | -                         |
| H0041   | Foster care, child, non-therapeutic, per diem  | X           | -                         |
| H0042   | Foster care, child, non-therapeutic, per month   | X           | -                         |
| H0043   | Supported housing, per diem  | X           | -                         |
| H0044   | Supported housing, per month   | X           | -                         |
| H0045   | Respite care services, not in the home, per diem   | X           | -                         |
| H0046   | Mental health services, not otherwise specified  | X           | -                         |
| H0047   | Alcohol and/or other drug abuse services, not otherwise specified                          | X           | -                         |
| H0048   | Alcohol and/or other drug testing: collection and handling only, specimensother than blood | X           | -                         |
| H0049   | Alcohol/drug screening   | X           | -                         |
| H0050   | Alcohol/drug service 15 min  | X           | -                         |
| H0051   | Traditional healing service  | X           | -                         |
| H0052   | Missing and murdered indigenous persons (mmip) mental health and clinical care             | X           | -                         |
| H0053   | Historical trauma (ht) mental health and clinical care for indigenous persons              | X           | -                         |
| H1000   | Prenatal care, at-risk assessment  | X           | -                         |
| H1001   | Prenatal care, at-risk enhanced service; antepartum management                             | X           | -                         |
| H1002   | Prenatal care, at-risk enhanced service; care coordination                                 | X           | -                         |
| H1003   | Prenatal care, at-risk enhanced service; education   | X           | -                         |
| H1004   | Prenatal care, at-risk enhanced service; follow-up home visit.                             | X           | -                         |
| H1005   | Prenatal care, at-risk enhanced service package (includes h1001-h1004)                     | X           | -                         |
| H1010   | Non-medical family planning education, per session   | X           | -                         |
| H1011   | Family assessment by licensed behavioral health professional for state definedpurposes     | X           | -                         |
| H2000   | Comprehensive multidisciplinary evaluation   | X           | -                         |
| H2001   | Rehabilitation program, per 1/2 day  | X           | -                         |
| H2010   | Comprehensive medication services, per 15 minutes  | X           | -                         |
| H2011   | Crisis intervention service, per 15 minutes  | X           | -                         |

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| H2012   | Behavioral health day treatment, per hour  | X           | -                         |
| H2013   | Psychiatric health facility service, per diem  | X           | -                         |
| H2014   | Skills training and development, per 15 minutes  | X           | -                         |
| H2015   | Comprehensive community support services, per 15 minutes   | X           | -                         |
| H2016   | Comprehensive community support services, per diem   | X           | -                         |
| H2017   | Psychosocial rehabilitation services, per 15 minutes   | X           | -                         |
| H2018   | Psychosocial rehabilitation services, per diem   | X           | -                         |
| H2019   | Therapeutic behavioral services, per 15 minutes  | X           | -                         |
| H2020   | Therapeutic behavioral services, per diem  | X           | -                         |
| H2021   | Community-based wrap-around services, per 15 minutes   | X           | -                         |
| H2022   | Community-based wrap-around services, per diem   | X           | -                         |
| H2023   | Supported employment, per 15 minutes   | X           | -                         |
| H2024   | Supported employment, per diem   | X           | -                         |
| H2025   | Ongoing support to maintain employment, per 15 minutes   | X           | -                         |
| H2026   | Ongoing support to maintain employment, per diem   | X           | -                         |
| H2027   | Psychoeducational service, per 15 minutes  | X           | -                         |
| H2028   | Sexual offender treatment service, per 15 minutes  | X           | -                         |
| H2029   | Sexual offender treatment service, per diem  | X           | -                         |
| H2030   | Mental health clubhouse services, per 15 minutes   | X           | -                         |
| H2031   | Mental health clubhouse services, per diem   | X           | -                         |
| H2032   | Activity therapy, per 15 minutes   | X           | -                         |
| H2033   | Multisystemic therapy for juveniles, per 15 minutes  | X           | -                         |
| H2034   | Alcohol and/or drug abuse halfway house services, per diem   | X           | -                         |
| H2035   | Alcohol and/or other drug treatment program, per hour  | X           | -                         |
| H2036   | Alcohol and/or other drug treatment program, per diem  | X           | -                         |
| H2037   | Developmental delay prevention activities, dependent child of client, per 15 minutes                                   | X           | -                         |
| H2038   | Skill train and dev/diem   | X           | -                         |
| H2040   | Coordinated specialty care, team-based, for first episode psychosis, per month   | X           | -                         |
| H2041   | Coordinated specialty care, team-based, for first episode psychosis, per encounter                                     | X           | -                         |
| K0005   | Ultralightweight wheelchair  | -           | X                         |
| K0010   | Stnd wt frame power whlchr   | -           | X                         |
| K0011   | Stnd wt pwr whlchr w control   | -           | X                         |
| K0012   | Ltwt portbl power whlchr   | -           | X                         |
| K0108   | W/c component-accessory nos  | -           | X                         |
| K0553   | Ther cgm supply allowance  | -           | X                         |
| K0554   | Ther cgm receiver/monitor  | -           | X                         |
| K0606   | Automatic external defibrillator, with integrated electrocardiogram analysis, garment type                             | -           | X                         |
| K0740   | Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes | X           | -                         |

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| K0800   | Pov group 1 std up to 300 lbs | -           | X                         |
| K0801   | Pov group 1 hd 301-450 lbs    | -           | X                         |
| K0802   | Pov group 1 vhd 451-600 lbs   | -           | X                         |
| K0806   | Pov group 2 std up to 300lbs  | -           | X                         |
| K0807   | Pov group 2 hd 301-450 lbs    | -           | X                         |
| K0808   | Pov group 2 vhd 451-600 lbs   | -           | X                         |
| K0812   | Power operated vehicle noc    | -           | X                         |
| K0813   | Pwc gp 1 std port seat/back   | -           | X                         |
| K0814   | Pwc gp 1 std port cap chair   | -           | X                         |
| K0815   | Pwc gp 1 std seat/back        | -           | X                         |
| K0816   | Pwc gp 1 std cap chair        | -           | X                         |
| K0820   | Pwc gp 2 std port seat/back   | -           | X                         |
| K0821   | Pwc gp 2 std port cap chair   | -           | X                         |
| K0822   | Pwc gp 2 std seat/back        | -           | X                         |
| K0823   | Pwc gp 2 std cap chair        | -           | X                         |
| K0824   | Pwc gp 2 hd seat/back         | -           | X                         |
| K0825   | Pwc gp 2 hd cap chair         | -           | X                         |
| K0826   | Pwc gp2 vhd seat/back         | -           | X                         |
| K0827   | Pwc gp 2 vhd cap chair        | -           | X                         |
| K0828   | Pwc gp 2 xtra hd seat/back    | -           | X                         |
| K0829   | Pwc gp 2 xtra hd cap chair    | -           | X                         |
| K0830   | Pwc gp2 std seat elevate s/b  | -           | X                         |
| K0831   | Pwc gp2 std seat elevate cap  | -           | X                         |
| K0835   | Pwc gp2 std sing pow opt s/b  | -           | X                         |
| K0836   | Pwc gp2 std sing pow opt cap  | -           | X                         |
| K0837   | Pwc gp 2 hd sing pow opt s/b  | -           | X                         |
| K0838   | Pwc gp 2 hd sing pow opt cap  | -           | X                         |
| K0839   | Pwc gp2 vhd sing pow opt s/b  | -           | X                         |
| K0840   | Pwc gp2 xhd sing pow opt s/b  | -           | X                         |
| K0841   | Pwc gp2 std mult pow opt s/b  | -           | X                         |
| K0842   | Pwc gp2 std mult pow opt cap  | -           | X                         |
| K0843   | Pwc gp2 hd mult pow opt s/b   | -           | X                         |
| K0848   | Pwc gp 3 std seat/back        | -           | X                         |
| K0849   | Pwc gp 3 std cap chair        | -           | X                         |
| K0850   | Pwc gp 3 hd seat/back         | -           | X                         |
| K0851   | Pwc gp 3 hd cap chair         | -           | X                         |
| K0852   | Pwc gp 3 vhd seat/back        | -           | X                         |
| K0853   | Pwc gp 3 vhd cap chair        | -           | X                         |
| K0854   | Pwc gp 3 xhd seat/back        | -           | X                         |

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| K0855   | Pwc gp 3 xhd cap chair  | -           | X                         |
| K0856   | Pwc gp3 std sing pow opt s/b  | -           | X                         |
| K0857   | Pwc gp3 std sing pow opt cap  | -           | X                         |
| K0858   | Pwc gp3 hd sing pow opt s/b   | -           | X                         |
| K0859   | Pwc gp3 hd sing pow opt cap   | -           | X                         |
| K0860   | Pwc gp3 vhd sing pow opt s/b  | -           | X                         |
| K0861   | Pwc gp3 std mult pow opt s/b  | -           | X                         |
| K0862   | Pwc gp3 hd mult pow opt s/b   | -           | X                         |
| K0863   | Pwc gp3 vhd mult pow opt s/b  | -           | X                         |
| K0864   | Pwc gp3 xhd mult pow opt s/b  | -           | X                         |
| K0868   | Pwc gp 4 std seat/back  | -           | X                         |
| K0869   | Pwc gp 4 std cap chair  | -           | X                         |
| K0870   | Pwc gp 4 hd seat/back   | -           | X                         |
| K0871   | Pwc gp 4 vhd seat/back  | -           | X                         |
| K0877   | Pwc gp4 std sing pow opt s/b  | -           | X                         |
| K0878   | Pwc gp4 std sing pow opt cap  | -           | X                         |
| K0879   | Pwc gp4 hd sing pow opt s/b   | -           | X                         |
| K0880   | Pwc gp4 vhd sing pow opt s/b  | -           | X                         |
| K0884   | Pwc gp4 std mult pow opt s/b  | -           | X                         |
| K0885   | Pwc gp4 std mult pow opt cap  | -           | X                         |
| K0886   | Pwc gp4 hd mult pow s/b   | -           | X                         |
| K0890   | Pwc gp5 ped sing pow opt s/b  | -           | X                         |
| K0891   | Pwc gp5 ped mult pow opt s/b  | -           | X                         |
| K0898   | Power wheelchair noc  | -           | X                         |
| K0900   | Cstm dme other than wheelchr  | -           | X                         |
| K1001   | Electronic posa treatment   | X           | -                         |
| K1002   | Ces system w/supplies access  | X           | -                         |
| K1003   | Whirlpool tub walkin portabl  | X           | -                         |
| K1004   | Lo freq us diathermy device   | X           | -                         |
| K1005   | Disp col sto bag breast milk  | X           | -                         |
| K1007   | Bil hkaf pc s/d micro sensor  | -           | X                         |
| K1009   | Speech volume modulation sys  | X           | -                         |
| K1018   | External upper limb tremor stimulator of the peripheral nerves of the wrist | -           | X                         |
| K1020   | Non-invasive vagus nerve stimulator   | -           | X                         |
| K1022   | Endoskel posit rotat unit   | -           | X                         |
| K1024   | Non pneum comp control cal  | -           | X                         |
| K1025   | Non pneum compress full arm   | -           | X                         |
| K1026   | Mech allergen parti barrier   | X           | -                         |
| K1027   | Oral dev without fix mech   | -           | X                         |

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

\*\*Preauth after 3rd rental month when criteria not met

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| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |   |             |                           |
| K1028   | Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle for the reduction of snoring and obstructive sleep apnea, controlled by phone application   | X           | -                         |
| K1029   | Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phone application, 90-day supply   | X           | -                         |
| K1030   | External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only   | X           | -                         |
| K1031   | Non-pneumatic compression controller without calibrated gradient pressure   | -           | X                         |
| K1032   | Non-pneumatic sequential compression garment, full leg  | -           | X                         |
| K1033   | Non-pneumatic sequential compression garment, half leg  | -           | X                         |
| K1035   | Molecular diagnostic test reader, nonprescription self-administered and self-collected use, fda approved, authorized or cleared   | X           | -                         |
| K1036   | Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month  | X           | -                         |
| K1037   | Docking station for oral dev  | X           | -                         |
| L0480   | Tlso, triplanar control, one piece rigid plastic shell without interface liner,with multiple straps and closures, poster  | -           | X                         |
| L0482   | Tlso, triplanar control, one piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte  | -           | X                         |
| L0484   | Tlso, triplanar control, two piece rigid plastic shell without interface liner,with multiple straps and closures, poster  | -           | X                         |
| L0486   | Tlso, triplanar control, two piece rigid plastic shell with interface liner,multiple straps and closures, posterior exte  | -           | X                         |
| L0700   | Ctlso a-p-l control molded  | -           | X                         |
| L0710   | Ctlso a-p-l control w/ inter  | -           | X                         |
| L0810   | Halo cervical into jckt vest  | -           | X                         |
| L0820   | Halo cervical into body jack  | -           | X                         |
| L0830   | Halo cerv into milwaukee typ  | -           | X                         |
| L0859   | Addition to halo procedure, magnetic resonance image compatible systems, rings abd pins, any material   | -           | X                         |
| L0984   | Protective body sock each   | X           | -                         |
| L0999   | Add to spinal orthosis nos  | -           | X                         |
| L1000   | Ctlso milwauke initial model  | -           | X                         |
| L1005   | Tension based scoliosis orthosis and accessory pads, includes fitting and adjustment  | -           | X                         |
| L1200   | Furnsh initial orthosis only  | -           | X                         |
| L1300   | Body jacket mold to patient   | -           | X                         |
| L1310   | Post-operative body jacket  | -           | X                         |
| L1499   | Spinal orthosis nos   | -           | X                         |
| L1681   | Hip orthosis, bilateral hip joints and thigh cuffs, adjustable flexion, extension, abduction control of hip joint, postoperative hip abduction type, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise | -           | X                         |

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

\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |  |             |                           |
| L1690   | Combination bilateral ho   | -           | X                         |
| L1844   | Ko w/adj jt rot cntrl molded   | -           | X                         |
| L2005   | Knee ankle foot orthosis, any material, single or double upright, stance control, automatic lock and swing phase release, any type activation, includes ankle joint, any type, | -           | X                         |
| L2006   | Kaf sng/dbl swg/stn mcpr cus   | -           | X                         |
| L2034   | Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, medial lateral rotation contro   | -           | X                         |
| L2036   | Kafo plas doub free knee mol   | -           | X                         |
| L2037   | Kafo plas sing free knee mol   | -           | X                         |
| L2038   | Kafo w/o joint multi-axis an   | -           | X                         |
| L2128   | Kafo fem fx cast molded to p   | -           | X                         |
| L2627   | Plastic mold recipro hip & c   | -           | X                         |
| L2628   | Metal frame recipro hip & ca   | -           | X                         |
| L2840   | Tibial length sock fx or equ   | X           | -                         |
| L2850   | Femoral lgth sock fx or equa   | X           | -                         |
| L2999   | Lower extremity orthosis nos   | -           | X                         |
| L3215   | Orthopedic ftwear ladies oxf   | X           | -                         |
| L3216   | Orthoped ladies shoes dpth i   | X           | -                         |
| L3217   | Ladies shoes hightop depth i   | X           | -                         |
| L3219   | Orthopedic mens shoes oxford   | X           | -                         |
| L3221   | Orthopedic mens shoes dpth i   | X           | -                         |
| L3222   | Mens shoes hightop depth inl   | X           | -                         |
| L3224   | Woman's shoe oxford brace  | -           | X                         |
| L3620   | Trans shoe solid stirrup exi   | -           | X                         |
| L3640   | Shoe dennis browne splint bo   | -           | X                         |
| L3649   | Orthopedic shoe modifica nos   | -           | X                         |
| L3901   | Hinge ext/flex wrist finger  | -           | X                         |
| L3904   | Whfo electric custom fitted  | -           | X                         |
| L3960   | Sewho airplan desig abdu pos   | -           | X                         |
| L3961   | Shoulder elbow wrist hand orthosis, shoulder cap design, without joints, may include soft interface, straps, custom fabr   | -           | X                         |
| L3967   | Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, without   | -           | X                         |
| L3971   | Shoulder elbow wrist hand orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, turnbuck   | -           | X                         |
| L3973   | Shoulder elbow wrist hand orthosis, abduction positioning (airplane design), thoracic component and support bar, include   | -           | X                         |
| L3975   | Shoulder elbow wrist hand finger orthosis, shoulder cap design, without joints, may include soft interface, straps, cust   | -           | X                         |

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

\*\*Preauth after 3rd rental month when criteria not met

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| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |  |             |                           |
| L3976   | Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,  | -           | X                         |
| L3977   | Shoulder elbow wrist hand finger orthosis, shoulder cap design, includes one or more nontorsion joints, elastic bands, t | -           | X                         |
| L3978   | Shoulder elbow wrist hand finger orthosis, abduction positioning (airplane design), thoracic component and support bar,  | -           | X                         |
| L3999   | Upper limb orthosis nos  | -           | X                         |
| L5010   | Mold socket ank hgt w/ toe f   | -           | X                         |
| L5020   | Tibial tubercle hgt w/ toe f   | -           | X                         |
| L5050   | Ank symes mold sckt sach ft  | -           | X                         |
| L5060   | Symes met fr leath socket ar   | -           | X                         |
| L5100   | Molded socket shin sach foot   | -           | X                         |
| L5105   | Plast socket jts/thgh lacer  | -           | X                         |
| L5150   | Mold sckt ext knee shin sach   | -           | X                         |
| L5160   | Mold socket bent knee shin s   | -           | X                         |
| L5200   | Kne sing axis fric shin sach   | -           | X                         |
| L5210   | No knee/ankle joints w/ ft b   | -           | X                         |
| L5220   | No knee joint with artic ali   | -           | X                         |
| L5230   | Fem focal defic constant fri   | -           | X                         |
| L5250   | Hip canad sing axi cons fric   | -           | X                         |
| L5270   | Tilt table locking hip sing  | -           | X                         |
| L5280   | Hemipelvect canad sing axis  | -           | X                         |
| L5301   | Below knee, molded socket, shin, sach foot, endoskeletal system  | -           | X                         |
| L5312   | Knee disarticulation (or through knee), molded socket, single axis knee, pylon, sach foot, endoskeletal system           | -           | X                         |
| L5321   | Above knee, molded socket, open end, sach foot, endoskeletal system, single axis knee                                    | -           | X                         |
| L5331   | Hip disarticulation, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot           | -           | X                         |
| L5341   | Hemipelvectomy, canadian type, molded socket, endoskeletal system, hip joint, single axis knee, sach foot                | -           | X                         |
| L5500   | Init bk ptb plaster direct   | -           | X                         |
| L5505   | Init ak ischal plstr direct  | -           | X                         |
| L5510   | Prep bk ptb plaster molded   | -           | X                         |
| L5520   | Perp bk ptb thermopls direct   | -           | X                         |
| L5530   | Prep bk ptb thermopls molded   | -           | X                         |
| L5535   | Prep bk ptb open end socket  | -           | X                         |
| L5540   | Prep bk ptb laminated socket   | -           | X                         |
| L5560   | Prep ak ischial plast molded   | -           | X                         |
| L5570   | Prep ak ischial direct form  | -           | X                         |
| L5580   | Prep ak ischial thermo mold  | -           | X                         |

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| L5585   | Prep ak ischial open end   | -           | X                         |
| L5590   | Prep ak ischial laminated  | -           | X                         |
| L5595   | Hip disartic sacch thermopls   | -           | X                         |
| L5600   | Hip disartic sacch laminat mold  | -           | X                         |
| L5610   | Above knee hydracandence   | -           | X                         |
| L5611   | Ak 4 bar link w/fric swing   | -           | X                         |
| L5613   | Ak 4 bar link w/hydraulic swig   | -           | X                         |
| L5614   | 4-bar link above knee w/swng   | -           | X                         |
| L5615   | Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control                 | -           | X                         |
| L5616   | Ak univ multiplex sys frict  | -           | X                         |
| L5639   | Below knee wood socket   | -           | X                         |
| L5643   | Hip flex inner socket ext fr   | -           | X                         |
| L5649   | Isch containment/narrow m-l so   | -           | X                         |
| L5651   | Ak flex inner socket ext fra   | -           | X                         |
| L5673   | Addition to lower extremity, below knee/above knee, custom fabricated  | -           | X                         |
| L5679   | Addition to lower extremity, below knee/above knee, custom fabricated  | -           | X                         |
| L5681   | Addition to lower extremity, below knee/above knee, custom fabricated socket insert  | -           | X                         |
| L5683   | Addition to lower extremity, below knee/above knee, custom fabricated socket insert  | -           | X                         |
| L5700   | Replace socket below knee  | -           | X                         |
| L5701   | Replace socket above knee  | -           | X                         |
| L5702   | Replace socket hip   | -           | X                         |
| L5703   | Ankle, symes, molded to patient model, socket without solid ankle cushion heel (sach) foot, replacement only               | -           | X                         |
| L5707   | Custom shape cover hip disartic  | -           | X                         |
| L5724   | Knee-shin exo fluid swing ph   | -           | X                         |
| L5726   | Knee-shin ext joints fluid swing e   | -           | X                         |
| L5728   | Knee-shin fluid swing & stance   | -           | X                         |
| L5780   | Knee-shin pneumatic/hydraulic pneumatic  | -           | X                         |
| L5781   | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system             | -           | X                         |
| L5782   | Addition to lower limb prosthesis, vacuum pump, residual limb volume management and moisture evacuation system, heavy duty | -           | X                         |
| L5783   | Add low ext mechanical limb vol sys  | -           | X                         |
| L5795   | Exoskeleton hip ultra-light mate   | -           | X                         |
| L5814   | Endo knee-shin hydraulic swing ph  | -           | X                         |
| L5816   | Endo knee-shin polymeric mch sta   | -           | X                         |
| L5818   | Endo knee-shin friction swing & st   | -           | X                         |
| L5822   | Endo knee-shin pneumatic swing frc   | -           | X                         |
| L5824   | Endo knee-shin fluid swing p   | -           | X                         |

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| L5826   | Miniature knee joint   | -           | X                         |
| L5827   | Endo knee shin single axis   | -           | X                         |
| L5828   | Endo knee-shin fluid swg/sta   | -           | X                         |
| L5830   | Endo knee-shin pneum/swg pha   | -           | X                         |
| L5840   | Multi-axial knee/shin system   | -           | X                         |
| L5841   | Addition endoskletl knee-shi   | -           | X                         |
| L5845   | Knee-shin sys stance flexion   | -           | X                         |
| L5848   | Addition to endoskeletal, knee-shin system, hydraulic stance extension,dampening feature, adjustable   | -           | X                         |
| L5856   | Elec knee-shin swing/stance  | -           | X                         |
| L5857   | Elec knee-shin swing only  | -           | X                         |
| L5858   | Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only                                     | -           | X                         |
| L5859   | Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s) | -           | X                         |
| L5926   | Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type              | -           | X                         |
| L5930   | High activity knee frame   | -           | X                         |
| L5960   | Endo hip ultra-light materia   | -           | X                         |
| L5961   | Endo poly hip, pneu/hyd/rot  | -           | X                         |
| L5964   | Above knee flex cover system   | -           | X                         |
| L5966   | Hip flexible cover system  | -           | X                         |
| L5968   | Multiaxial ankle w dorsiflex   | -           | X                         |
| L5973   | Endoskeletal ankle foot system, microprocessor controlled feature, dorsiflexion and/or plantar flexion control, includes                                     | -           | X                         |
| L5979   | Multi-axial ankle/ft prosth  | -           | X                         |
| L5980   | Flex foot system   | -           | X                         |
| L5981   | Flex-walk sys low ext prosth   | -           | X                         |
| L5984   | Endoskeletal axial rotation  | -           | X                         |
| L5987   | Shank ft w vert load pylon   | -           | X                         |
| L5988   | Vertical shock reducing pylo   | -           | X                         |
| L5990   | Addition to lower extremity prosthesis, user adjustable heel height  | -           | X                         |
| L5991   | Addition to lower extremity prostheses, osseointegrated external prosthetic connector  | -           | X                         |
| L5999   | Lowr extremity prosthes nos  | -           | X                         |
| L6026   | Part hand myo exclu term dev   | -           | X                         |
| L6028   | Part handfng endoskel molded   | -           | X                         |
| L6029   | Test interface part handfng  | -           | X                         |
| L6030   | External frame part handfng  | -           | X                         |
| L6031   | Rep interface handfng molded   | -           | X                         |
| L6032   | Part handfng ultralite tcf/=   | -           | X                         |

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\*\*Preauth after 3rd rental month when criteria not met

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| Codes   | Description  | Not Covered | Preauthorization Required |
|---|--|-------------|---------------------------|
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| L6033   | Part handfing acrylic  | -           | X                         |
| L6200   | Elbow mold outsid lock hinge   | -           | X                         |
| L6205   | Elbow molded w/ expand inter   | -           | X                         |
| L6250   | Elbow inter loc elbow forarm   | -           | X                         |
| L6300   | Shlder disart int lock elbow   | -           | X                         |
| L6310   | Shoulder passive restor comp   | -           | X                         |
| L6320   | Shoulder passive restor cap  | -           | X                         |
| L6350   | Thoracic intern lock elbow   | -           | X                         |
| L6360   | Thoracic passive restor comp   | -           | X                         |
| L6370   | Thoracic passive restor cap  | -           | X                         |
| L6400   | Below elbow prosth tiss shap   | -           | X                         |
| L6450   | Elb disart prosth tiss shap  | -           | X                         |
| L6500   | Above elbow prosth tiss shap   | -           | X                         |
| L6550   | Shldr disar prosth tiss shap   | -           | X                         |
| L6570   | Scap thorac prosth tiss shap   | -           | X                         |
| L6580   | Wrist/elbow bowden cable mol   | -           | X                         |
| L6582   | Wrist/elbow bowden cbl dir f   | -           | X                         |
| L6584   | Elbow fair lead cable molded   | -           | X                         |
| L6586   | Elbow fair lead cable dir fo   | -           | X                         |
| L6588   | Shdr fair lead cable molded  | -           | X                         |
| L6590   | Shdr fair lead cable direct  | -           | X                         |
| L6611   | Addition to upper extremity prosthesis, external powered, additional switch, any type                                    | -           | X                         |
| L6624   | Upper extremity addition, flexion/extension and rotation wrist unit  | -           | X                         |
| L6638   | Upper extremity addition to prosthesis, electric locking feature, only for usewith manually powered elbow                | -           | X                         |
| L6646   | Upper extremity addition, shoulder joint, multipositional locking, flexion,adjustable abduction friction control, for us | -           | X                         |
| L6648   | Upper extremity addition, shoulder lock mechanism, external powered actuator   | -           | X                         |
| L6660   | Heavy duty control cable   | -           | X                         |
| L6693   | Lockingelbow forearm cntrbal   | -           | X                         |
| L6694   | Elbow socket ins use w/lock  | -           | X                         |
| L6700   | Ue add ext power myoel   | -           | X                         |
| L6712   | Terminal device, hook, mechanical, voluntary closing, any material, any size, lined or unlined, pediatric                | -           | X                         |
| L6713   | Terminal device, hand, mechanical, voluntary opening, any material, any size, pediatric                                  | -           | X                         |
| L6714   | Terminal device, hand, mechanical, voluntary closing, any material, any size, pediatric                                  | -           | X                         |
| L6715   | Terminal device model #5xa   | -           | X                         |
| L6721   | Terminal device, hook or hand, heavy duty, mechanical, voluntary opening, any 'material, any size, lined or unlined      | -           | X                         |
| L6722   | Terminal device, hook or hand, heavy duty, mechanical, voluntary closing, any 'material, any size, lined or unlined      | -           | X                         |

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

\*\*Preauth after 3rd rental month when criteria not met

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

| Codes   | Description   | Not Covered | Preauthorization Required |
|---|---|-------------|---------------------------|
| Disclaimer: Please note that coverage may vary by plan type and may not follow the listed services. These codes are updated quarterly. Additionally, these coding lists do not reflect information regarding immunizations, injectable drugs, or specialty medications and should be directed to the Pharmacy link option within the website. |   |             |                           |
| L6880   | Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s) | -           | X                         |
| L6881   | Automatic grasp feature, additional to upper limb prosthetic terminal device.   | -           | X                         |
| L6882   | Microprocessor control feature, addition to upper limb prosthesis terminal device   | -           | X                         |
| L6883   | Replacement socket, below elbow/wrist disarticulation, molded to patient model, for use with or without external power                                    | -           | X                         |
| L6884   | Replacement socket, above elbow disarticulation, molded to patient model, for use with or without external power  | -           | X                         |
| L6885   | Replacement socket, shoulder disarticulation/interscapular thoracic, molded to patient model, for use with or without ex                                  | -           | X                         |
| L6890   | Production glove  | -           | X                         |
| L6920   | Wrist disarticul switch ctrl  | -           | X                         |
| L6925   | Wrist disart myoelectronic c  | -           | X                         |
| L6930   | Below elbow switch control  | -           | X                         |
| L6935   | Below elbow myoelectronic ct  | -           | X                         |
| L6940   | Elbow disarticulation switch  | -           | X                         |
| L6945   | Elbow disart myoelectronic c  | -           | X                         |
| L6950   | Above elbow switch control  | -           | X                         |
| L6955   | Above elbow myoelectronic ct  | -           | X                         |
| L6960   | Shldr disartic switch contro  | -           | X                         |
| L6965   | Shldr disartic myoelectronic  | -           | X                         |
| L6970   | Interscapular-thor switch ct  | -           | X                         |
| L6975   | Interscap-thor myoelectronic  | -           | X                         |
| L7007   | Electric hand, switch or myoelectric controlled, adult  | -           | X                         |
| L7008   | Electric hand, switch or myoelectric, controlled, pediatric   | -           | X                         |
| L7009   | Electric hook, switch or myoelectric controlled, adult  | -           | X                         |
| L7040   | Prehensile actuator hosmer s  | -           | X                         |
| L7045   | Electron hook child michigan  | -           | X                         |
| L7170   | Electronic elbow hosmer swit  | -           | X                         |
| L7180   | Electronic elbow utah myoele  | -           | X                         |
| L7181   | Electronic elbo simultaneous  | -           | X                         |
| L7185   | Electron elbow adolescent sw  | -           | X                         |
| L7186   | Electron elbow child switch   | -           | X                         |
| L7190   | Elbow adolescent myoelectron  | -           | X                         |
| L7191   | Elbow child myoelectronic ct  | -           | X                         |
| L7259   | Electronic wrist rotator any  | -           | X                         |
| L7406   | Add to upp extr user adj mec  | -           | X                         |
| L7499   | Upper extremity prosthes nos  | -           | X                         |
| L7600   | Prosthetic donning sleeve, any material, each   | X           | -                         |

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| L7900   | Vacuum erection system   | X           | -                         |
| L7902   | Tension ring, for vacuum erection device, any type, replacement only, each   | X           | -                         |
| L8031   | Breast prosthesis, silicone or equal, with integral adhesive   | X           | -                         |
| L8033   | Nipple prosthesis custom, ea   | X           | -                         |
| L8035   | Custom breast prosthesis   | X           | -                         |
| L8040   | Nasal prosthesis   | -           | X                         |
| L8041   | Midfacial prosthesis   | -           | X                         |
| L8042   | Orbital prosthesis   | -           | X                         |
| L8043   | Upper facial prosthesis  | -           | X                         |
| L8044   | Hemi-facial prosthesis   | -           | X                         |
| L8045   | Auricular prosthesis   | -           | X                         |
| L8046   | Partial facial prosthesis  | -           | X                         |
| L8047   | Nasal septal prosthesis  | -           | X                         |
| L8048   | Unspec maxillofacial prosth  | -           | X                         |
| L8049   | Repair maxillofacial prosth  | -           | X                         |
| L8410   | Sheath above knee  | -           | X                         |
| L8465   | Shrinker upper limb  | -           | X                         |
| L8499   | Unlisted misc prosthetic ser   | -           | X                         |
| L8511   | Insert for indwelling tracheoesophageal prosthesis, with or without valve, replacement only                        | -           | X                         |
| L8512   | Gelatin capsules or equivalent, for use with tracheoesophageal voice prosthesis                                    | -           | X                         |
| L8515   | Gel cap app device for trach   | -           | X                         |
| L8600   | Implant breast silicone/eq   | -           | X                         |
| L8605   | Tissue expander implant  | -           | X                         |
| L8609   | Artificial cornea  | -           | X                         |
| L8614   | Cochlear device/system   | -           | X                         |
| L8615   | Coch implant headset replace   | -           | X                         |
| L8616   | Coch implant microphone repl   | -           | X                         |
| L8617   | Coch implant trans coil repl   | -           | X                         |
| L8618   | Coch implant tran cable repl   | -           | X                         |
| L8619   | Cochlear implant, external speech processor and controller, integrated system, replacement                         | -           | X                         |
| L8621   | Repl zinc air battery  | -           | X                         |
| L8623   | Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each | -           | X                         |
| L8624   | Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each            | -           | X                         |
| L8627   | Cochlear implant, external speech processor, component, replacement  | -           | X                         |
| L8629   | Transmitting coil and cable, integrated, for use with cochlear implant device, replacement                         | -           | X                         |
| L8630   | Metacarpophalangeal implant  | -           | X                         |
| L8631   | Metacarpal phalangeal joint replacement, two or more pieces, metal   | -           | X                         |
| L8641   | Metatarsal joint implant   | -           | X                         |

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| L8658   | Interphalangeal joint implnt  | -           | X                         |
| L8659   | Interphalangeal finger joint replacement, 2 or more pieces, metal   | -           | X                         |
| L8670   | Vascular graft, synthetic   | -           | X                         |
| L8679   | Imp neurosti pls gn any type  | -           | X                         |
| L8680   | Implantable neurostimulator electrode (with any number of contact points), each   | X           | -                         |
| L8681   | Patient programmer (external) for use with implantable programmable neurostimulator pulse generator                       | -           | X                         |
| L8682   | Implantable neurostimulator radiofrequency receiver   | -           | X                         |
| L8683   | Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver                    | -           | X                         |
| L8684   | Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder | -           | X                         |
| L8685   | Implantable neurostimulator pulse generator, single array, rechargeable, includes extension                               | X           | -                         |
| L8686   | Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension                           | X           | -                         |
| L8687   | Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension                                 | X           | -                         |
| L8688   | Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension                             | X           | -                         |
| L8689   | External recharging system for implanted neurostimulator, replacement only prosthetic implant, not otherwise specified    | -           | X                         |
| L8690   | Auditory osseointegrated device, includes all internal and external components  | -           | X                         |
| L8691   | Auditory osseointegrated device, external sound processor, replacement  | -           | X                         |
| L8692   | Auditory osseointegrated device, external sound processor, used without osseointegration, body worn, includes headband    | X           | -                         |
| L8693   | Aud osseo dev, abutment   | -           | X                         |
| L8699   | Prosthetic implant nos  | -           | X                         |
| L8701   | Pow ue rom dev ewh uprt cust  | -           | X                         |
| L8702   | Pow ue rom dev ewhf uprt cus  | -           | X                         |
| L8720   | External lower extremity sensory prosthesis, cutaneous stimulation of mechanoreceptors proximal to the ankle, per leg     | X           | -                         |
| L8721   | Receptor sole for use with L8720, replacement, each   | X           | -                         |
| L9900   | O&p supply/accessory/service  | -           | X                         |
| M0001   | Advancing cancer care mips value pathways   | X           | -                         |
| M0002   | Optimal care for kidney health mips value pathways  | X           | -                         |
| M0003   | Optimal care for patients with episodic neurological conditions mips value pathways                                       | X           | -                         |
| M0004   | Supportive care for neurodegenerative conditions mips value pathways  | X           | -                         |
| M0005   | Promoting wellness mips value pathways  | X           | -                         |
| M0010   | Enhancing oncology model (eom) monthly enhanced oncology services (meos) payment for eom enhanced services                | X           | -                         |
| M0075   | Cellular therapy  | X           | -                         |
| M0076   | Prolotherapy  | X           | -                         |
| M0100   | Intragastric hypothermia  | X           | -                         |
| M0300   | Iv chelationtherapy   | X           | -                         |

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| M0301   | Fabric wrapping of aneurysm  | X           | -                         |
| M1004   | Doc med rsn no srn tb  | X           | -                         |
| M1005   | Tb screening not performed or results not interpreted, reason not given  | X           | -                         |
| M1006   | Disease activity not assessed, reason not given  | X           | -                         |
| M1007   | >=50% of total number of a patient's outpatient ra encounters assessed   | X           | -                         |
| M1008   | <50% of total number of a patient's outpatient ra encounters assessed  | X           | -                         |
| M1009   | Dc eoc doc med rec   | X           | -                         |
| M1010   | Dc eoc doc med rec   | X           | -                         |
| M1011   | Dc eoc doc med rec   | X           | -                         |
| M1012   | Dc eoc doc med rec   | X           | -                         |
| M1013   | Dc eoc doc med rec   | X           | -                         |
| M1014   | Dc epi care doc medrec   | X           | -                         |
| M1016   | Female patients unable to bear children  | X           | -                         |
| M1017   | Patient admitted to palliative care services   | X           | -                         |
| M1018   | Pt dx hst cr pt sk lg cr scr   | X           | -                         |
| M1019   | Adl pt mj dep ds rs 12 phq<5   | X           | -                         |
| M1020   | Adl pt mj dep ds no rs 12 mo   | X           | -                         |
| M1021   | Patient had only urgent care visits during the performance period  | X           | -                         |
| M1027   | Imaging of the head (ct or mri) was obtained   | X           | -                         |
| M1028   | Documentation of patients with primary headache diagnosis and imaging other than ct or mri obtained  | X           | -                         |
| M1029   | Imaging of the head (ct or mri) was not obtained, reason not given   | X           | -                         |
| M1032   | Adults currently taking pharmacotherapy for oud  | X           | -                         |
| M1034   | Adults who have at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days         | X           | -                         |
| M1035   | Adults who are deliberately phased out of medication assisted treatment (mat) prior to 180 days of continuous treatment                            | X           | -                         |
| M1036   | Adults who have not had at least 180 days of continuous pharmacotherapy with a medication prescribed for oud without a gap of more than seven days | X           | -                         |
| M1037   | Patients with a diagnosis of lumbar spine region cancer at the time of the procedure   | X           | -                         |
| M1038   | Patients with a diagnosis of lumbar spine region fracture at the time of the procedure   | X           | -                         |
| M1039   | Patients with a diagnosis of lumbar spine region infection at the time of the procedure  | X           | -                         |
| M1040   | Patients with a diagnosis of lumbar idiopathic or congenital scoliosis   | X           | -                         |
| M1041   | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis                            | X           | -                         |
| M1043   | Fs no odi 9-15mo   | X           | -                         |
| M1045   | Fs oks 9-15mo = 37   | X           | -                         |
| M1046   | Fs oks 9-15mo = 37   | X           | -                         |
| M1049   | Fs wth scr no odi pre and p  | X           | -                         |

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| M1051   | Patient had cancer, fracture or infection related to the lumbar spine or patient had idiopathic or congenital scoliosis | X           | -                         |
| M1052   | Lg pn not meas w/ vas 1yr po  | X           | -                         |
| M1054   | Patient had only urgent care visits during the performance period   | X           | -                         |
| M1055   | Aspirin or another antiplatelet therapy used  | X           | -                         |
| M1056   | Presc antico med in pp  | X           | -                         |
| M1057   | Aspirin or another antiplatelet therapy not used, reason not given  | X           | -                         |
| M1058   | Patient was a permanent nursing home resident at any time during the performance period                                 | X           | -                         |
| M1059   | Patient was in hospice or receiving palliative care at any time during the performance period                           | X           | -                         |
| M1060   | Patient died prior to the end of the performance period   | X           | -                         |
| M1067   | Hospice services for patient provided any time during the measurement period  | X           | -                         |
| M1068   | Adults who are not ambulatory   | X           | -                         |
| M1069   | Patient screened for future fall risk   | X           | -                         |
| M1070   | Patient not screened for future fall risk, reason not given   | X           | -                         |
| M1071   | Patient had any additional spine procedures performed on the same date as the lumbar discectomy/laminotomy              | X           | -                         |
| M1072   | Rom rad therapy anal, pc  | X           | -                         |
| M1073   | Rom rad therapy anal, tc  | X           | -                         |
| M1074   | Rom rad therapy bladder, pc   | X           | -                         |
| M1075   | Rom rad therapy bladder, tc   | X           | -                         |
| M1076   | Rom rad ther bone mets, pc  | X           | -                         |
| M1077   | Rom rad ther bone mets, tc  | X           | -                         |
| M1078   | Rom rad ther brain mets, pc   | X           | -                         |
| M1079   | Rom rad ther brain mets, tc   | X           | -                         |
| M1080   | Rom rad therapy breast, pc  | X           | -                         |
| M1081   | Rom rad therapy breast, tc  | X           | -                         |
| M1082   | Rom rad therapy cervical, pc  | X           | -                         |
| M1083   | Rom rad therapy cervical, tc  | X           | -                         |
| M1084   | Rom rad therapy cns, pc   | X           | -                         |
| M1085   | Rom rad therapy cns, tc   | X           | -                         |
| M1086   | Rom rad ther colorectal, pc   | X           | -                         |
| M1087   | Rom rad ther colorectal, tc   | X           | -                         |
| M1088   | Rom rad ther head/neck, pc  | X           | -                         |
| M1089   | Rom rad ther head/neck, tc  | X           | -                         |
| M1094   | Rom rad therapy lung, pc  | X           | -                         |
| M1095   | Rom rad therapy lung, tc  | X           | -                         |
| M1096   | Rom rad therapy lymphoma, pc  | X           | -                         |
| M1097   | Rom rad therapy lymphoma, tc  | X           | -                         |
| M1098   | Rom rad therapy pancreas, pc  | X           | -                         |

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| M1099   | Rom rad therapy pancreas, pc | X           | -                         |
| M1100   | Rom rad therapy prostate, pc | X           | -                         |
| M1101   | Rom rad therapy prostate, tc | X           | -                         |
| M1102   | Rom rad therapy gi, pc       | X           | -                         |
| M1103   | Rom rad therapy gi, tc       | X           | -                         |
| M1104   | Rom rad therapy uterus, pc   | X           | -                         |
| M1105   | Rom rad therapy uterus, tc   | X           | -                         |
| M1106   | Start eoc doc med rec        | X           | -                         |
| M1107   | Docu dx degen neuro          | X           | -                         |
| M1108   | Oc ni pt 1-2 vis             | X           | -                         |
| M1109   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1110   | Oc ni pt selfdc 1-2 vis      | X           | -                         |
| M1111   | Start eoc doc med rec        | X           | -                         |
| M1112   | Docu dx degen neuro          | X           | -                         |
| M1113   | Oc ni pt 1-2 vis             | X           | -                         |
| M1114   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1115   | Oc ni pt selfdc 1-2 vis      | X           | -                         |
| M1116   | Start eoc doc med rec        | X           | -                         |
| M1117   | Docu dx degen neuro          | X           | -                         |
| M1118   | Oc ni pt 1-2 vis             | X           | -                         |
| M1119   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1120   | Oc ni pt selfdc 1-2 vis      | X           | -                         |
| M1121   | Start eoc doc med rec        | X           | -                         |
| M1122   | Docu dx degen neuro          | X           | -                         |
| M1123   | Oc ni pt 1-2 vis             | X           | -                         |
| M1124   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1125   | Oc ni pt selfdc 1-2 vis      | X           | -                         |
| M1126   | Start eoc doc med rec        | X           | -                         |
| M1127   | Docu dx degen neuro          | X           | -                         |
| M1128   | Oc ni pt 1-2 vis             | X           | -                         |
| M1129   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1130   | Oc ni pt self dc 1-2 vis     | X           | -                         |
| M1131   | Docu dx degen neuro          | X           | -                         |
| M1132   | Oc ni pt 1-2 vis             | X           | -                         |
| M1133   | Oc ni pt dc 1-2 vis          | X           | -                         |
| M1134   | Oc ni pt self dc 1-2 vis     | X           | -                         |
| M1135   | Start eoc doc med rec        | X           | -                         |
| M1141   | Fs no oks                    | X           | -                         |
| M1142   | Emerge cases                 | X           | -                         |

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| M1143   | Ni rehab med chiro  | X           | -                         |
| M1146   | Ongoing care not ind  | X           | -                         |
| M1147   | Care not poss med rsn   | X           | -                         |
| M1148   | Pt self dschg   | X           | -                         |
| M1149   | No neck fs prom incap   | X           | -                         |
| M1150   | Left ventricular ejection fraction (lvef) less than or equal to 40% or documentation of moderately or severely depressed left ventricular systolic function   | X           | -                         |
| M1151   | Patients with a history of heart transplant or with a left ventricular assist device (lvad)   | X           | -                         |
| M1152   | Patients with a history of heart transplant or with a left ventricular assist device (lvad)   | X           | -                         |
| M1153   | Patient with diagnosis of osteoporosis on date of encounter   | X           | -                         |
| M1156   | Patient received active chemotherapy any time during the measurement period   | X           | -                         |
| M1157   | Patient received bone marrow transplant any time during the measurement period  | X           | -                         |
| M1158   | Patient had history of immunocompromising conditions prior to or during the measurement period  | X           | -                         |
| M1159   | Hospice services provided to patient any time during the measurement period   | X           | -                         |
| M1160   | Patient had anaphylaxis due to the meningococcal vaccine any time on or before the patient's 13th birthday  | X           | -                         |
| M1161   | Patient had anaphylaxis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday   | X           | -                         |
| M1162   | Patient had encephalitis due to the tetanus, diphtheria or pertussis vaccine any time on or before the patient's 13th birthday  | X           | -                         |
| M1163   | Patient had anaphylaxis due to the hpv vaccine any time on or before the patient's 13th birthday  | X           | -                         |
| M1164   | Patients with dementia any time during the patient's history through the end of the measurement period  | X           | -                         |
| M1165   | Patients who use hospice services any time during the measurement period  | X           | -                         |
| M1166   | Pathology report for tissue specimens produced from wide local excisions or re-excisions  | X           | -                         |
| M1167   | In hospice or using hospice services during the measurement period  | X           | -                         |
| M1168   | Patient received an influenza vaccine on or between july 1 of the year prior to the measurement period and june 30 of the measurement period  | X           | -                         |
| M1169   | Documentation of medical reason(s) for not administering influenza vaccine (e.g., prior anaphylaxis due to the influenza vaccine)   | X           | -                         |
| 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   | X           | -                         |
| 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  | X           | -                         |
| M1172   | Documentation of medical reason(s) for not administering td or tdap vaccine (e.g., prior anaphylaxis due to the td or tdap vaccine or history of encephalopathy within seven days after a previous dose of a td-containing vaccine) | X           | -                         |
| M1173   | Patient did not receive at least one td vaccine or one tdap vaccine between nine years prior to the encounter and the end of the measurement period   | X           | -                         |

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| M1174   | Patient received at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period   | X           | -                         |
| M1175   | Documentation of medical reason(s) for not administering zoster vaccine (e.g., prior anaphylaxis due to the zoster vaccine)   | X           | -                         |
| M1176   | Patient did not receive at least one dose of the herpes zoster live vaccine or two doses of the herpes zoster recombinant vaccine (at least 28 days apart) anytime on or after the patient's 50th birthday before or during the measurement period  | X           | -                         |
| M1177   | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 60th birthday and before the end of the measurement period  | X           | -                         |
| M1178   | Documentation of medical reason(s) for not administering pneumococcal vaccine (e.g., prior anaphylaxis due to the pneumococcal vaccine)   | X           | -                         |
| M1179   | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine, on or after their 60th birthday and before or during measurement period   | X           | -                         |
| M1180   | Patients on immune checkpoint inhibitor therapy   | X           | -                         |
| M1181   | Grade 2 or above diarrhea and/or grade 2 or above colitis   | X           | -                         |
| M1182   | Patients not eligible due to pre-existing inflammatory bowel disease (ibd) (e.g., ulcerative colitis, crohn's disease)  | X           | -                         |
| M1183   | Documentation of immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered  | X           | -                         |
| 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) | X           | -                         |
| M1185   | Documentation of immune checkpoint inhibitor therapy not held and/or corticosteroids or immunosuppressants prescribed or administered was not performed, reason not given   | X           | -                         |
| M1186   | Patients who have an order for or are receiving hospice or palliative care  | X           | -                         |
| M1187   | Patients with a diagnosis of end stage renal disease (esrd)   | X           | -                         |
| M1188   | Patients with a diagnosis of chronic kidney disease (ckd) stage 5   | X           | -                         |
| M1189   | Documentation of a kidney health evaluation defined by an estimated glomerular filtration rate (egfr) and urine albumin-creatinine ratio (uacr) performed   | X           | -                         |
| 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)  | X           | -                         |
| M1191   | Hospice services provided to patient any time during the measurement period   | X           | -                         |
| M1192   | Patients with an existing diagnosis of squamous cell carcinoma of the esophagus   | X           | -                         |
| M1193   | Surgical pathology reports that contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both  | X           | -                         |

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| M1194   | 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) | X           | -                         |
| M1195   | Surgical pathology reports that do not contain impression or conclusion of or recommendation for testing of mmr by immunohistochemistry, msi by dna-based testing status, or both, reason not given  | X           | -                         |
| M1196   | Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4  | X           | -                         |
| M1197   | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score   | X           | -                         |
| 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   | X           | -                         |
| M1199   | Patients receiving rrt   | X           | -                         |
| M1200   | Ace inhibitor (ace-i) or arb therapy prescribed during the measurement period  | X           | -                         |
| M1201   | Documentation of medical reason(s) for not prescribing ace inhibitor (ace-i) or arb therapy during the measurement period (e.g., pregnancy, history of angioedema to ace-i, other allergy to ace-i and arb, hyperkalemia or history of hyperkalemia while on ace-i or arb therapy, acute kidney injury due to ace-i or arb therapy), other medical reasons)  | X           | -                         |
| M1202   | Documentation of patient reason(s) for not prescribing ace inhibitor or arb therapy during the measurement period, (e.g., patient declined, other patient reasons)   | X           | -                         |
| M1203   | Ace inhibitor or arb therapy not prescribed during the measurement period, reason not given  | X           | -                         |
| M1204   | Initial (index visit) numeric rating scale (nrs), visual rating scale (vrs), or itchyquant assessment score of greater than or equal to 4  | X           | -                         |
| M1205   | Itch severity assessment score is reduced by 2 or more points from the initial (index) assessment score to the follow-up visit score   | X           | -                         |
| M1206   | 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   | X           | -                         |
| M1207   | Number of patients screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety   | X           | -                         |
| M1208   | Number of patients not screened for food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety   | X           | -                         |
| M1209   | At least two orders for high-risk medications from the same drug class, (table 4), not ordered   | X           | -                         |
| M1210   | At least two orders for high-risk medications from the same drug class, (table 4), not ordered   | X           | -                         |
| M1211   | Most recent hemoglobin a1c level > 9.0%  | X           | -                         |
| M1212   | Hemoglobin a1c level is missing, or was not performed during the measurement period (12 months)  | X           | -                         |
| M1213   | No history of spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) and present spirometry is >= 70%  | X           | -                         |
| M1214   | Spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and reviewed   | X           | -                         |

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\*\*Preauth after 3rd rental month when criteria not met

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| M1215   | Documentation of medical reason(s) for not documenting and reviewing spirometry results (e.g., patients with dementia or tracheostomy)  | X           | -                         |
| M1216   | No spirometry results with confirmed airflow obstruction (fev1/fvc < 70%) documented and/or no spirometry performed with results documented during the encounter  | X           | -                         |
| M1217   | Documentation of system reason(s) for not documenting and reviewing spirometry results (e.g., spirometry equipment not available at the time of the encounter)  | X           | -                         |
| M1218   | Patient has copd symptoms (e.g., dyspnea, cough/sputum, wheezing)   | X           | -                         |
| M1220   | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; with evidence of retinopathy  | X           | -                         |
| M1221   | Dilated retinal eye exam with interpretation by an ophthalmologist or optometrist or artificial intelligence (ai) interpretation documented and reviewed; without evidence of retinopathy   | X           | -                         |
| M1222   | Glaucoma plan of care not documented, reason not otherwise specified  | X           | -                         |
| M1223   | Glaucoma plan of care documented  | X           | -                         |
| M1224   | Intraocular pressure (iop) reduced by a value less than 20% from the pre-intervention level   | X           | -                         |
| M1225   | Intraocular pressure (iop) reduced by a value of greater than or equal to 20% from the pre-intervention level   | X           | -                         |
| M1226   | IOP measurement not documented, reason not otherwise specified  | X           | -                         |
| M1227   | Evidence-based therapy was prescribed   | X           | -                         |
| M1228   | Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, has hcv treatment initiated within 3 months of the reactive hcv antibody test  | X           | -                         |
| M1229   | Patient, who has a reactive hcv antibody test, and has a follow up hcv viral test that detected hcv viremia, is referred within 1 month of the reactive hcv antibody test to a clinician who treats hcv infection   | X           | -                         |
| 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           | -                         |
| M1231   | Patient receives hcv antibody test with nonreactive result  | X           | -                         |
| M1232   | Patient receives hcv antibody test with reactive result   | X           | -                         |
| M1233   | Patient does not receive hcv antibody test or patient does receive hcv antibody test but results not documented, reason not given   | X           | -                         |
| M1234   | Patient has a reactive hcv antibody test, and has a follow up hcv viral test that does not detect hcv viremia   | X           | -                         |
| M1235   | Documentation or patient report of hcv antibody test or hcv rna test which occurred prior to the performance period   | X           | -                         |
| M1236   | Baseline mrs > 2  | 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)   | X           | -                         |
| M1238   | Documentation that administration of second recombinant zoster vaccine could not occur during the performance period due to the recommended 2-6 month interval between doses (i.e, first dose received after october 31)  | X           | -                         |
| M1239   | Patient did not respond to the question of patient felt heard and understood by this provider and team  | X           | -                         |

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| M1240   | Patient did not respond to the question of patient felt this provider and team put my best interests first when making recommendations about my care  | X           | -                         |
| 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  | X           | -                         |
| M1242   | Patient did not respond to the question of patient felt this provider and team understood what is important to me in my life  | X           | -                         |
| M1243   | Patient provided a response other than "completely true" for the question of patient felt heard and understood by this provider and team  | X           | -                         |
| M1244   | Patient provided a response other than "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care  | X           | -                         |
| 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  | X           | -                         |
| M1246   | Patient provided a response other than "completely true" for the question of patient felt this provider and team understood what is important to me in my life  | X           | -                         |
| M1247   | Patient responded "completely true" for the question of patient felt this provider and team put my best interests first when making recommendations about my care   | X           | -                         |
| M1248   | Patient responded "completely true" for the question of patient felt this provider and team saw me as a person, not just someone with a medical problem   | X           | -                         |
| M1249   | Patient responded "completely true" for the question of patient felt this provider and team understood what is important to me in my life   | X           | -                         |
| M1250   | Patient responded as "completely true" for the question of patient felt heard and understood by this provider and team  | X           | -                         |
| M1251   | Patients for whom a proxy completed the entire hu survey on their behalf for any reason (no patient involvement)  | X           | -                         |
| 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   | X           | -                         |
| 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)   | X           | -                         |
| M1254   | Patients who were deceased when the hu survey reached them  | X           | -                         |
| M1255   | 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) | X           | -                         |
| M1256   | Prior history of known cvd  | X           | -                         |
| M1257   | CVD risk assessment not performed or incomplete (e.g., cvd risk assessment was not documented), reason not otherwise specified  | X           | -                         |
| M1258   | CVD risk assessment performed, have a documented calculated risk score  | X           | -                         |
| M1259   | Patients listed on the kidney-pancreas transplant waitlist or who received a living donor transplant within the first year following initiation of dialysis   | X           | -                         |

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| 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                         | X           | -                         |
| M1261   | Patients that were on the kidney or kidney-pancreas waitlist prior to initiation of dialysis   | X           | -                         |
| M1262   | Patients who had a transplant prior to initiation of dialysis  | X           | -                         |
| M1263   | Patients in hospice on their initiation of dialysis date or during the month of evaluation   | X           | -                         |
| M1265   | CMS medical evidence form 2728 for dialysis patients: initial form completed   | X           | -                         |
| M1266   | Patients admitted to a skilled nursing facility (snf)  | X           | -                         |
| M1267   | patients not on any kidney or kidney-pancreas transplant waitlist or is not in active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period | X           | -                         |
| M1268   | patients on active status on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period  | X           | -                         |
| M1269   | receiving esrd mcp dialysis services by the provider on the last day of the reporting month  | X           | -                         |
| M1270   | Patients not on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period   | X           | -                         |
| M1271   | Patients with dementia at any time prior to or during the month  | X           | -                         |
| M1272   | Patients on any kidney or kidney-pancreas transplant waitlist as of the last day of each month during the measurement period   | X           | -                         |
| M1273   | Patients who were admitted to a skilled nursing facility (snf) within one year of dialysis initiation according to the cms-2728 form   | X           | -                         |
| M1274   | Patients who were admitted to a skilled nursing facility (snf) during the month of evaluation were excluded from that month  | X           | -                         |
| M1275   | Patients determined to be in hospice were excluded from month of evaluation and the remainder of reporting period  | X           | -                         |
| M1276   | BMI documented outside normal parameters, no follow-up plan documented, no reason given  | X           | -                         |
| M1277   | Colorectal cancer screening results documented and reviewed  | X           | -                         |
| M1278   | Elevated or hypertensive blood pressure reading documented, and the indicated follow-up is documented  | X           | -                         |
| M1279   | Elevated or hypertensive blood pressure reading documented, indicated follow-up not documented, reason not given   | X           | -                         |
| M1280   | Women who had a bilateral mastectomy or who have a history of a bilateral mastectomy or for whom there is evidence of a right and a left unilateral mastectomy   | X           | -                         |
| M1281   | Blood pressure reading not documented, reason not given  | X           | -                         |
| M1282   | Patient screened for tobacco use and identified as a tobacco non-user  | X           | -                         |
| M1283   | Patient screened for tobacco use and identified as a tobacco user  | X           | -                         |
| M1284   | Patients age 66 or older in institutional special needs plans (snp) or residing in long term care with pos code 32, 33, 34, 54, or 56 for more than 90 consecutive days during the measurement period            | X           | -                         |
| M1285   | Screening, diagnostic, film, digital or digital breast tomosynthesis (3d) mammography results were not documented and reviewed, reason not otherwise specified   | X           | -                         |
| M1286   | BMI is documented as being outside of normal parameters, follow-up plan is not completed for documented medical reason   | X           | -                         |

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| M1287   | BMI is documented below normal parameters and a follow-up plan is documented  | X           | -                         |
| M1288   | Documented reason for not screening or recommending a follow-up for high blood pressure   | X           | -                         |
| M1289   | Patient identified as tobacco user did not receive tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)  | X           | -                         |
| M1290   | Patient not eligible due to active diagnosis of hypertension  | X           | -                         |
| M1291   | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and a dispensed medication for dementia during the measurement period or the year prior to the measurement period  | X           | -                         |
| M1292   | Patients 66 years of age and older with at least one claim/encounter for frailty during the measurement period and either one acute inpatient encounter with a diagnosis of advanced illness or two outpatient, observation, ed or nonacute inpatient encounters on different dates of service with an advanced illness diagnosis during the measurement period or the year prior to the measurement period | X           | -                         |
| M1293   | BMI is documented above normal parameters and a follow-up plan is documented  | X           | -                         |
| M1294   | Normal blood pressure reading documented, follow-up not required  | X           | -                         |
| M1295   | Patients with a diagnosis or past history of total colectomy or colorectal cancer   | X           | -                         |
| M1296   | BMI is documented within normal parameters and no follow-up plan is required  | X           | -                         |
| M1297   | BMI not documented due to medical reason or patient refusal of height or weight measurement   | X           | -                         |
| M1298   | Documentation of patient pregnancy anytime during the measurement period prior to and including the current encounter   | X           | -                         |
| M1299   | Influenza immunization administered or previously received  | X           | -                         |
| 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 other system reasons)  | X           | -                         |
| M1301   | Patient identified as a tobacco user received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling and/or pharmacotherapy)   | X           | -                         |
| M1302   | Screening, diagnostic, film digital or digital breast tomosynthesis (3d) mammography results documented and reviewed  | X           | -                         |
| M1303   | Hospice services provided to patient any time during the measurement period   | X           | -                         |
| M1304   | Patient did not receive any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period   | X           | -                         |
| M1305   | Patient received any pneumococcal conjugate or polysaccharide vaccine on or after their 19th birthday and before the end of the measurement period  | X           | -                         |
| M1306   | Patient had anaphylaxis due to the pneumococcal vaccine any time during or before the measurement period  | X           | -                         |
| M1307   | Documentation stating the patient has received or is currently receiving palliative or hospice care   | X           | -                         |
| M1308   | Influenza immunization was not administered, reason not given   | X           | -                         |
| M1309   | Palliative care services provided to patient any time during the measurement period   | X           | -                         |
| M1310   | Patient screened for tobacco use and received tobacco cessation intervention during the measurement period or in the six months prior to the measurement period (counseling, pharmacotherapy, or both), if identified as a tobacco user   | X           | -                         |

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| M1311   | Anaphylaxis due to the vaccine on or before the date of the encounter  | X           | -                         |
| M1312   | Patient not screened for tobacco use   | X           | -                         |
| M1313   | Tobacco screening not performed or tobacco cessation intervention not provided during the measurement period or in the six months prior to the measurement period  | X           | -                         |
| M1314   | BMI not documented and no reason is given  | X           | -                         |
| M1315   | Colorectal cancer screening results were not documented and reviewed; reason not otherwise specified   | X           | -                         |
| M1316   | Current tobacco non-user   | X           | -                         |
| M1317   | Patients who are counseled on connection with a csp and explicitly opt out   | 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 csp   | X           | -                         |
| M1319   | Patients who had documented contact with a csp for at least one of their screened positive hrsns within 60 days after screening  | X           | -                         |
| M1320   | Patients who screened positive for at least 1 of the 5 hrsns   | X           | -                         |
| 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  | 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   | X           | -                         |
| 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   | X           | -                         |
| M1324   | Patients who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluocinolone intravitreal implant)  | X           | -                         |
| M1325   | Patients who were not seen for reasons documented by clinician for patient or medical reasons (e.g., inadequate time for follow-up, patients who received a prior intravitreal or periocular steroid injection within the last six (6) months and had a subsequent iop evaluation with iop <25mm hg within seven (7) weeks of treatment) | X           | -                         |
| M1326   | Patients with a diagnosis of hypotony  | X           | -                         |
| M1327   | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 8 weeks  | X           | -                         |
| M1328   | Patients with a diagnosis of acute vitreous hemorrhage   | X           | -                         |
| 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  | X           | -                         |
| M1330   | Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)   | X           | -                         |
| M1331   | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks from initial exam  | X           | -                         |
| M1332   | Patients who were not appropriately evaluated during the initial exam and/or who were not re-evaluated within 2 weeks  | X           | -                         |
| M1333   | Acute vitreous hemorrhage  | X           | -                         |
| M1334   | Patients with a post-operative encounter of the eye with the acute pvd within 2 weeks before the initial encounter or 2 weeks after initial acute pvd encounter  | X           | -                         |

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| M1335   | Documentation of patient reason(s) for not having a follow up exam (e.g., inadequate time for follow up)   | X           | -                         |
| M1336   | Patients who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks  | X           | -                         |
| M1337   | Acute PVD  | X           | -                         |
| M1338   | Patients who had follow-up assessment 30 to 180 days after the index assessment who did not demonstrate positive improvement or maintenance of functioning scores during the performance period  | X           | -                         |
| M1339   | Patients who had follow-up assessment 30 to 180 days after the index assessment who demonstrated positive improvement or maintenance of functioning scores during the performance period   | X           | -                         |
| M1340   | Index assessment completed using the 12-item whodas 2.0 or sds during the denominator identification period  | X           | -                         |
| 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  | X           | -                         |
| M1342   | Patients who died during the performance period  | X           | -                         |
| M1343   | Patients who are at pam level 4 at baseline or patients who are flagged with extreme straight line response sets on the pam  | X           | -                         |
| M1344   | Patients who did not have a baseline pam score and/or a second score within 6 to 12 month of baseline pam score  | X           | -                         |
| M1345   | Patients who had a baseline pam score and a second score within 6 to 12 month of baseline pam score  | X           | -                         |
| M1346   | Patients who did not have a net increase in pam score of at least 6 points within a 6 to 12 month period   | X           | -                         |
| M1347   | Patients who achieved a net increase in pam score of at least 3 points in a 6 to 12 month period (passing)   | X           | -                         |
| M1348   | Patients who achieved a net increase in pam score of at least 6-points in a 6 to 12 month period (excellent)   | X           | -                         |
| M1349   | Patients who did not have a net increase in pam score of at least 3 points within 6 to 12 month period   | X           | -                         |
| M1350   | Patients who had a completed suicide safety plan initiated, reviewed or updated in collaboration with their clinician (concurrent or within 24 hours) of the index clinical encounter  | X           | -                         |
| M1351   | Patients who had a suicide safety plan initiated, reviewed, or updated and reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation         | X           | -                         |
| M1352   | Suicidal ideation and/or behavior symptoms based on the c-ssrs or equivalent assessment  | X           | -                         |
| 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   | X           | -                         |
| M1354   | Patients who did not have a suicide safety plan initiated, reviewed, or updated or reviewed and updated in collaboration with the patient and their clinician concurrent or within 24 hours of clinical encounter and within 120 days after initiation | X           | -                         |
| M1355   | Suicide risk based on their clinician's evaluation or a clinician-rated tool   | X           | -                         |
| M1356   | Patients who died during the measurement period  | X           | -                         |
| M1357   | Patients who had a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment  | X           | -                         |
| M1358   | Patients who did not have a reduction in suicidal ideation and/or behavior upon follow-up assessment within 120 days of index assessment   | X           | -                         |

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| 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  | X           | -                         |
| M1360   | Suicidal ideation and/or behavior symptoms based on the c-ssrs  | X           | -                         |
| M1361   | Suicide risk based on their clinician's evaluation or a clinician-rated tool  | X           | -                         |
| M1362   | Patients who died during the measurement period   | X           | -                         |
| M1363   | Patients who did not have a follow-up assessment within 120 days of the index assessment  | X           | -                         |
| M1364   | Calculated 10-year ascvd risk score of = 20 percent during the performance period   | X           | -                         |
| M1365   | Patient encounter during the performance period with hospice and palliative care specialty code 17  | X           | -                         |
| M1366   | Focusing on women's health mips value pathway   | X           | -                         |
| M1367   | Quality care for the treatment of ear, nose, and throat disorders mips value pathway  | X           | -                         |
| M1368   | Prevention and treatment of infectious disorders including hepatitis c and hiv mips value pathway   | X           | -                         |
| M1369   | Quality care in mental health and substance use disorders mips value pathway  | X           | -                         |
| M1370   | Rehabilitative support for musculoskeletal care mips value pathway  | X           | -                         |
| M1371   | Most recent glycemic status assessment (hba1c or gmi) level < 7.0%  | X           | -                         |
| M1372   | Most recent glycemic status assessment (hba1c or gmi) level >= 7.0% and < 8.0%  | X           | -                         |
| M1373   | Most recent glycemic status assessment (hba1c or gmi) level >= 8.0% and <= 9.0%   | X           | -                         |
| M1374   | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period   | X           | -                         |
| M1375   | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period   | X           | -                         |
| M1376   | An additional encounter with an ra diagnosis during the performance period or prior performance period that is at least 90 days before or after an encounter with an ra diagnosis during the performance period   | X           | -                         |
| M1377   | Recommended follow-up interval for repeat colonoscopy of 10 years documented in colonoscopy report and communicated with patient  | X           | -                         |
| M1378   | Documentation of medical reason(s) for not recommending a 10 year follow-up interval (e.g., inadequate prep, familial or personal history of colonic polyps, patient had no adenoma and age is >= 66 years old, or life expectancy < 10 years, other medical reasons) | X           | -                         |
| M1379   | A 10 year follow-up interval for colonoscopy not recommended, reason not otherwise specified  | X           | -                         |
| M1380   | Filled at least two prescriptions during the performance period for any combination of the qualifying oral antipsychotic medications listed under "denominator note" or the long-acting injectable antipsychotic medications listed under "denominator note"          | X           | -                         |
| M1381   | Patients with secondary stroke (e.g., a subsequent stroke that may occur with vasospasm in the setting of subarachnoid hemorrhage) within 5 days of the initial procedure   | X           | -                         |
| M1382   | Patient encounter during the performance period with place of service code 11   | X           | -                         |
| M1383   | Acute pvd   | X           | -                         |
| M1384   | Patients who died during the performance period   | X           | -                         |
| M1385   | Documentation of patient reasons for patients who were not seen for the second pam survey (e.g., less than four months between baseline pam assessment and follow-up  | X           | -                         |

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| M1386   | Patients with an excisional surgery for melanoma or melanoma in situ in the past 5 years with an initial ajcc staging of 0, i, or ii at the start of the performance period  | X           | -                         |
| M1387   | Patients who died during the performance period  | X           | -                         |
| M1388   | Patients with documentation of an exam performed for recurrence of melanoma  | X           | -                         |
| M1389   | Documentation of patient reasons for no examination i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)  | X           | -                         |
| M1390   | Patients who do not have a documented exam performed for recurrence of melanoma or no documentation within the performance period  | X           | -                         |
| M1391   | All patients who were diagnosed with recurrent melanoma during the current performance period  | X           | -                         |
| M1392   | Documentation of patient reasons for no examination, i.e., refusal of examination or lost to follow-up (documentation must include information that the clinician was unable to reach the patient by phone, mail or secure electronic mail - at least one method must be documented)   | X           | -                         |
| M1393   | Patients who were not diagnosed with recurrent melanoma during the current performance period  | X           | -                         |
| M1394   | Stages i-iii breast cancer   | X           | -                         |
| M1395   | Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group  | X           | -                         |
| M1396   | Patients on a therapeutic clinical trial   | X           | -                         |
| M1397   | Patients with recurrence/disease progression   | X           | -                         |
| M1398   | Patients with baseline and follow-up promis surveys documented in the medical record   | X           | -                         |
| M1399   | Patients who leave the practice during the follow-up period  | X           | -                         |
| M1400   | Patients who died during the follow-up period  | X           | -                         |
| M1401   | Stages i-iii breast cancer   | X           | -                         |
| M1402   | Patients receiving an initial chemotherapy regimen with a defined duration with the eligible clinician or group  | X           | -                         |
| M1403   | Patients with baseline and follow-up promis surveys documented in the medical record   | X           | -                         |
| M1404   | Patients on a therapeutic clinical trial   | X           | -                         |
| M1405   | Patients with recurrence/disease progression   | X           | -                         |
| M1406   | Patients who leave the practice during the follow-up period  | X           | -                         |
| M1407   | Patients who died during the follow-up period  | X           | -                         |
| M1408   | Patients who have germline brca testing completed before diagnosis of epithelial ovarian, fallopian tube, or primary peritoneal cancer   | X           | -                         |
| M1409   | Patients who received germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis  | X           | -                         |
| M1410   | Patients who did not have germline testing for brca1 and brca2 or genetic counseling completed within 6 months of diagnosis  | X           | -                         |
| M1411   | Currently on first-line immune checkpoint inhibitors without chemotherapy  | X           | -                         |
| M1412   | Patients with metastatic nsclc with epidermal growth factor receptor (egfr) mutations, alk genomic tumor aberrations, or other targetable genomic abnormalities with approved first-line targeted therapy, such as nsclc with ros1 rearrangement, braf v600e mutation, ntrk 1/2/3 gene fusion, met ex14 skipping mutation, and ret rearrangement | X           | -                         |

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| M1413   | Patients who had a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy  | X           | -                         |
| M1414   | Documentation of medical reason(s) for not performing the pd-l1 biomarker expression test prior to initiation of first-line immune checkpoint inhibitor therapy (e.g., patient is in an urgent or emergent situation where delay of treatment would jeopardize the patient's health status; other medical reasons/contraindication) | X           | -                         |
| M1415   | Patients who did not have a positive pd-l1 biomarker expression test result prior to the initiation of first-line immune checkpoint inhibitor therapy   | X           | -                         |
| M1416   | Patient received hospice services any time during the performance period  | X           | -                         |
| M1417   | Patients who are up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination   | X           | -                         |
| M1418   | Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination because of a medical contraindication documented by clinician   | X           | -                         |
| M1419   | Patients who are not up to date on their covid-19 vaccinations as defined by cdc recommendations on current vaccination   | X           | -                         |
| M1420   | Complete ophthalmologic care mips value pathway   | X           | -                         |
| M1421   | Dermatological care mips value pathway  | X           | -                         |
| M1422   | Gastroenterology care mips value pathway  | X           | -                         |
| M1423   | Optimal care for patients with urologic conditions mips value pathway   | X           | -                         |
| M1424   | Pulmonology care mips value pathway   | X           | -                         |
| M1425   | Surgical care mips value pathway  | X           | -                         |
| P9020   | Platelet rich plasma, each unit   | X           | -                         |
| P9099   | Blood component/product noc   | -           | X                         |
| Q0479   | Power module combo vad, rep   | -           | X                         |
| Q0480   | Driver for use with pneumatic ventricular assist device, replacement only   | -           | X                         |
| Q0481   | Microprocessor control unit for use with electric ventricular assist device, replacement only   | -           | X                         |
| Q0482   | Microprocessor control unit for use with electric/pneumatic combination ventricular assist device, replacement only   | -           | X                         |
| Q0483   | Monitor/display module for use with electric ventricular assist device, replacement only  | -           | X                         |
| Q0484   | Monitor/display module for use with electric or electric/pneumatic ventricular assist device, replacement only  | -           | X                         |
| Q0489   | Power pack base for use with electric/pneumatic ventricular assist device, replacement only   | -           | X                         |
| Q0495   | Battery/power pack charger for use with electric or electric/pneumatic ventricular assist device, replacement only  | -           | X                         |
| Q0496   | Battery, other than lithium-ion, for use with electric or electric/pneumatic ventricular assist device, replacement only  | -           | X                         |
| Q0508   | Miscellaneous supply or accessory for use with an implanted ventricular assist device   | -           | X                         |
| Q4047   | Cast supplies, short leg splint, pediatric (0-10 years), plaster  | -           | X                         |
| Q4050   | Cast supplies, for unlisted types and materials of casts  | -           | X                         |
| Q9001   | Va chaplain assessment  | X           | -                         |
| Q9002   | Va chaplain counsel individu  | X           | -                         |

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| Q9003   | Va chaplain counsel group  | X           | -                         |
| Q9004   | Va whole health partner serv   | X           | -                         |
| S0201   | Partial hospitalization services, less than 24 hours, per diem   | X           | -                         |
| S0207   | Paramedic intercept, non-hospital based als service, non-voluntary, non-transport  | X           | -                         |
| S0208   | Paramedic intercept, hospital-based als service (non-voluntary), non transport   | X           | -                         |
| S0209   | Wheelchair van, mileage, per mile  | X           | -                         |
| S0215   | Non-emergency transportation; mileage  | X           | -                         |
| S0220   | Medical conference by physic   | X           | -                         |
| S0221   | Medical conference, 60 min   | X           | -                         |
| S0250   | Comprehensive geriatric assessment and treatment planning performed by assessment team                                   | X           | -                         |
| S0255   | Hospice referral visit (advising patient and family of care options) performed by nurse, social worker, or other designa | X           | -                         |
| S0257   | End of life counseling   | X           | -                         |
| S0260   | History and physical (outpatient or office) related to surgical procedure (list separately in addition to code for appro | X           | -                         |
| S0265   | Genetic counseling, under physician supervision, each 15 minutes   | X           | -                         |
| S0270   | Physician management f patient home care standard monthly case rate per 30 days  | X           | -                         |
| S0271   | Physician management of patient home care hospice monthly case rate per 30 days  | X           | -                         |
| S0272   | Physician management of patient home care episodic care monthly case rate per 30 days                                    | X           | -                         |
| S0273   | Physician visit at members home outside of a capitation arrangement  | X           | -                         |
| S0274   | Nurse practioner visit at members home outside of a capitation arrangement   | X           | -                         |
| S0280   | Medical home program, comprehensive care coordination and planning, initial plan   | X           | -                         |
| S0281   | Medical home program, comprehensive care coordination and planning, maintenance of plan                                  | X           | -                         |
| S0285   | Colonoscopy consultation performed prior to a screening colonoscopy procedure  | X           | -                         |
| S0302   | Completed early periodic screening diagnosis and treatment (epsdt) service (list in addition to code for appropriate eva | X           | -                         |
| S0310   | Hospitalist services (list separately in addition to code for appropriate evaluation and management service.)            | X           | -                         |
| S0311   | Comprehensive management and care coordination for advanced illness, per calendar month                                  | X           | -                         |
| S0315   | Disease management program, initial assessment and initiation of program   | X           | -                         |
| S0316   | Disease management program, followup assessment  | X           | -                         |
| S0317   | Disease management program; per diem   | X           | -                         |
| S0320   | Telephone calls by reg nurse to disease management program member  | X           | -                         |
| S0340   | Lifestyle modification program for management for coronary artery disease, including all supportive services; first quar | X           | -                         |
| S0341   | Lifestyle modification program for management for coronary artery disease, including all supportive services; second or  | X           | -                         |
| S0342   | Lifestyle modification program for management for coronary artery disease, including all supportive services; fourth qua | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| S0390   | Routine foot care; removal and/or trimming of corns, calluses and/or nails and preventive maintenance in specific medical | X           | -                         |
| S0395   | Impression casting of a foot performed by a practitioner other than the manufacturer of the orthotic                      | X           | -                         |
| S0400   | Global fee for extracorporeal shock wave lithotripsy treatment of kidney stone(s)   | X           | -                         |
| S0500   | Disposable contact lens, per lens   | X           | -                         |
| S0504   | Single vision prescription lens (safety, athletic, or sunglass), per lens   | X           | -                         |
| S0506   | Bifocal vision prescription lens (safety, athletic, or sunglass), per lens  | X           | -                         |
| S0508   | Trifocal vision prescription lens (safety, athletic, or sunglass), per lens   | X           | -                         |
| S0510   | Non-prescription lens (safety, athletic, or sunglass), per lens   | X           | -                         |
| S0512   | Daily wear specialty contact lens, per lens   | X           | -                         |
| S0514   | Color contract lens, per lens   | X           | -                         |
| S0515   | Scleral lens, liquid bandage device, per lens   | X           | -                         |
| S0516   | Safety eyeglass frames  | X           | -                         |
| S0518   | Sunglasses frames   | X           | -                         |
| S0580   | Polycarbonate lens (list this code in addition to the basic code for the lens)  | X           | -                         |
| S0581   | Nonstandard lens (list this code in addition to the basic code for the lens)  | X           | -                         |
| S0590   | Integral lens service, miscellaneous services reported separately   | X           | -                         |
| S0592   | Comprehensive contact lens evaluation   | X           | -                         |
| S0595   | Dispensing new spectacle lenses for patient supplied frame  | X           | -                         |
| S0596   | Phakic intraocular lens for correction of refractive error  | X           | -                         |
| S0601   | Screening proctoscopy   | X           | -                         |
| S0610   | Annual gynecological examina  | X           | -                         |
| S0612   | Annual gynecological examina  | X           | -                         |
| S0613   | Annual gynecological examination; clinical breast examination without pelvic examination                                  | X           | -                         |
| S0618   | Audiometry for hearing aid evaluation to determine the level and degree of hearing loss                                   | X           | -                         |
| S0620   | Routine ophthalmological exa  | X           | -                         |
| S0621   | Routine ophthalmological exa  | X           | -                         |
| S0622   | Physical exam for college, new or established patient (list separately in addition to appropriate evaluation and managem  | X           | -                         |
| S0630   | Removal of sutures  | X           | -                         |
| S0800   | Laser in situ keratomileusis  | X           | -                         |
| S0810   | Photorefractive keratectomy   | X           | -                         |
| S0812   | Phototherapeutic keratectomy (ptk)  | X           | -                         |
| S1001   | Deluxe item, patient aware (list in addition to code for basic item)  | X           | -                         |
| S1002   | Customized item (list in addition to code for basic item)   | X           | -                         |
| S1015   | Iv tubing extension set   | X           | -                         |
| S1016   | Non-pvc intravenous administ  | X           | -                         |
| S1030   | Continuous noninvasive glucose monitoring device, purchase (for physician interpretation of data, use cpt code)           | X           | -                         |

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| S1031   | Continuous noninvasive glucose monitoring device, rental, including sensor, sensor replacement, and download to monitor  | X           | -                         |
| S1034   | Art pancreas system  | X           | -                         |
| S1035   | Art pancreas inv disp sensor   | X           | -                         |
| S1036   | Art pancreas ext transmitter   | X           | -                         |
| S1037   | Art pancreas ext receiver  | X           | -                         |
| S1040   | Cranial remodeling orthosis, rigid w/soft interface material   | X           | -                         |
| S1091   | Stent, non-coronary, temporary, with delivery system (propel)  | X           | -                         |
| S2053   | Transplantation of small int   | X           | -                         |
| S2054   | Transplantation of multivisc   | X           | -                         |
| S2055   | Harvesting of donor multivisc  | X           | -                         |
| S2060   | Lobar lung transplantation   | X           | -                         |
| S2061   | Donor lobectomy (lung)   | X           | -                         |
| S2065   | Simultaneous pancreas kidney transplantation   | X           | -                         |
| S2066   | Breast reconstruction with gluteal artery perforator (gap) flap, including harvesting of the flap, microvascular transfe | X           | -                         |
| S2067   | Breast reconstruction of a single breast with "stacked" depp inferior epigastric perforator (diep) flap(s) and/or glutea | X           | -                         |
| S2068   | Breast reconstruction with deep inferior epigastric perforator (diep) flap, including microvascular anastomosis and clos | X           | -                         |
| S2070   | Cystourethroscopy, with ureteroscopy and/or pyeloscopy; with endoscopic laser  | X           | -                         |
| S2079   | Laparoscopic esophagomyotomy (heller type)   | X           | -                         |
| S2080   | Laser-assisted uvulopalatoplasty (laup)  | X           | -                         |
| S2083   | Adjustment of gastric band diameter via subcutaneous port by injection or aspiration of saline                           | X           | -                         |
| S2095   | Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method                                  | X           | -                         |
| S2102   | Islet cell tissue transplant   | X           | -                         |
| S2103   | Adrenal tissue transplant  | X           | -                         |
| S2107   | Adoptive immunotherapy i.e. development of specific anti-tumor reactivity (e.g.tumor-infiltrating lymphocyte therapy) pe | X           | -                         |
| S2112   | Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)  | X           | -                         |
| S2115   | Osteotomy, periacetabular, with internal fixation  | X           | -                         |
| S2117   | Arthroereisis, subtalar  | X           | -                         |
| S2118   | Metal-on-metal total hip resurfacing, including acetabular and femoral components  | X           | -                         |
| S2120   | Low density lipoprotein(ldl)   | X           | -                         |
| S2140   | Cord blood harvesting  | X           | -                         |
| S2142   | Cord blood-derived stem-cell   | X           | -                         |
| S2150   | Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe | X           | -                         |

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| S2152   | Solid organ(s), complete or segmental, single organ or combination of organs; deceased or living donor(s), procurement,  | X           | -                         |
| S2202   | Echosclerotherapy  | X           | -                         |
| S2205   | Minimally invasive direct co   | X           | -                         |
| S2206   | Minimally invasive direct co   | X           | -                         |
| S2207   | Minimally invasive direct co   | X           | -                         |
| S2208   | Minimally invasive direct co   | X           | -                         |
| S2209   | Minimally invasive direct co   | X           | -                         |
| S2225   | Myringotomy, laser-assisted  | X           | -                         |
| S2230   | Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear                          | X           | -                         |
| S2235   | Implantation of auditory brain stem implant  | X           | -                         |
| S2260   | Induced abortion, 17 to 24 weeks, any surgical method  | X           | -                         |
| S2265   | Abortion for fetal indication, 25-28 weeks   | X           | -                         |
| S2266   | Abortion for fetal indication, 29-31 weeks   | X           | -                         |
| S2267   | Abortion for fetal induction, 32 weeks or greater  | X           | -                         |
| S2300   | Arthroscopy, shoulder, surgi   | X           | -                         |
| S2325   | Hip core decompression   | X           | -                         |
| S2340   | Chemodenervation of abductor   | X           | -                         |
| S2341   | Chemodenervation of adductor muscle(s) of vocal cord   | X           | -                         |
| S2342   | Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity( | X           | -                         |
| S2348   | Decompress disc rf lumbar  | X           | -                         |
| S2350   | Disectomy, anterior, with d  | X           | -                         |
| S2351   | Disectomy, anterior, with d  | X           | -                         |
| S2400   | Repair, congenital hernia in the fetus, procedure performed in utero   | X           | -                         |
| S2401   | Repair, urinary tract obstruction in the fetus, procedure performed in utero   | X           | -                         |
| S2402   | Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero                            | X           | -                         |
| S2403   | Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero                                    | X           | -                         |
| S2404   | Repair, myelomeningocele in the fetus, procedure performed in utero  | X           | -                         |
| S2405   | Repair of sacrococcygeal teratoma in the fetus, procedure performed in utero   | X           | -                         |
| S2409   | Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified                         | X           | -                         |
| S2411   | Fetoscopic laser therapy for treatment of twin-to-twin transfusion syndrome  | X           | -                         |
| S2900   | Surgical techniques requiring use of robotic surgical system (list separately in addition to code for primary procedure  | X           | -                         |
| S3000   | Diabetic indicator; retinal eye exam, dilated, bilateral   | X           | -                         |
| S3005   | Performance measurement, evaluation of patient self assessment, depression   | X           | -                         |
| S3600   | Stat laboratory request (situations other than s3601)  | X           | -                         |
| S3601   | Emergency stat laboratory charge for patient who is homebound or residing in a nursing facility                          | X           | -                         |
| S3620   | Newborn metabolic screening  | X           | -                         |

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| S3630   | Eosinophil count, blood direct   | X           | -                         |
| S3645   | Hiv-1 antibody testing of or   | X           | -                         |
| S3650   | Saliva test, hormone level;  | X           | -                         |
| S3652   | Saliva test, hormone level;  | X           | -                         |
| S3655   | Antisperm antibodies test (immunobead)   | X           | -                         |
| S3708   | Gastrointestinal fat absorpt   | X           | -                         |
| S3722   | Dose optimization by area under the curve (auc) analysis, for infusional 5-fluorouracil                                    | X           | -                         |
| S3800   | Genetic testing for amyotrophic lateral sclerosis (als)  | X           | -                         |
| S3840   | Dna analysis for germline mutations of the ret proto-oncogene  | X           | -                         |
| S3841   | Genetic testing for retinoblastoma   | X           | -                         |
| S3842   | Genetic testing for von hippel-lindau disease  | X           | -                         |
| S3844   | Dna analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness                            | X           | -                         |
| S3845   | Genetic testing for alpha-thalassemia  | X           | -                         |
| S3846   | Genetic testing for hemoglobin e beta-thalassemia  | X           | -                         |
| S3849   | Genetic testing for niemann-pick disease   | X           | -                         |
| S3850   | Genetic testing for sickle cell anemia   | X           | -                         |
| S3852   | Dna analysis for apoe epsilon 4 allele for susceptibility to alzheimer's disease   | X           | -                         |
| S3853   | Genetic testing for myotonic muscular dystrophy  | X           | -                         |
| S3854   | Gene expression profiling panel for use in the management of breast cancer treatment                                       | X           | -                         |
| S3861   | Genetic testing, sodium channel, voltage-gated, type v, alpha subunit (scn5a) and variants for suspected brugada syndrom   | X           | -                         |
| S3865   | Comprehensive gene sequence analysis for hypertrophic cardiomyopathy   | X           | -                         |
| S3866   | Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (hcm) in an individual with a known hcm mu   | X           | -                         |
| S3870   | Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or mental | X           | -                         |
| S3900   | Surface electromyography (emg)   | X           | -                         |
| S3902   | Ballistocardiogram   | X           | -                         |
| S3904   | Masters two step   | X           | -                         |
| S4005   | Interim labor facility global (labor occurring but not resulting in delivery)  | X           | -                         |
| S4011   | In vitro fertilization; including but not limited to identification and incubation of mature oocytes, fertilization with   | X           | -                         |
| S4013   | Complete cycle, gamete intrafallopian transfer (gift), case rate   | X           | -                         |
| S4014   | Complete cycle, zygote intrafallopian transfer (zift), case rate   | X           | -                         |
| S4015   | Complete in vitro fertilization cycle, case rate   | X           | -                         |
| S4016   | Frozen in vitro fertilization cycle, case rate   | X           | -                         |
| S4017   | Incomplete cycle, treatment cancelled prior to stimulation, case rate  | X           | -                         |
| S4018   | Frozen embryo transfer procedure cancelled before transfer, case rate  | X           | -                         |
| S4020   | In vitro fertilization procedure cancelled before aspiration, case rate  | X           | -                         |

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| S4021   | In vitro fertilization procedure cancellation after aspiration, case rate                   | X           | -                         |
| S4022   | Assisted oocyte fertilization, case rate  | X           | -                         |
| S4023   | Donor egg cycle, incomplete, case rate  | X           | -                         |
| S4024   | Air polymer-type a intrauterine foam, per study dose  | X           | -                         |
| S4025   | Donor services for in vitro fertilization (sperm or embryo), case rate                      | X           | -                         |
| S4026   | Procurement of donor sperm from sperm bank  | X           | -                         |
| S4027   | Storage of previously frozen embryos  | X           | -                         |
| S4028   | Microsurgical epididymal sperm aspiration (mesa)  | X           | -                         |
| S4030   | Sperm procurement and cryopreservation services; initial visit                              | X           | -                         |
| S4031   | Sperm procurement and cryopreservation services; subsequent visit                           | X           | -                         |
| S4035   | Stimulated intrauterine insemination (iui), case rate                                       | X           | -                         |
| S4037   | Cryopreserved embryo transfer, case rate  | X           | -                         |
| S4040   | Monitoring and storage of cryopreserved embryos, per 30 days                                | X           | -                         |
| S4042   | Ovulation mgmt per cycle  | X           | -                         |
| S4981   | Insertion of levonorgestrel-releasing intrauterine system                                   | X           | -                         |
| S4989   | Contraceptive intrauterine device (e.g., progestacert iud), including implants and supplies | X           | -                         |
| S4990   | Nicotine patches, legend  | X           | -                         |
| S4991   | Nicotine patches, non-legend  | X           | -                         |
| S4993   | Contraceptive pills for birth control   | X           | -                         |
| S4995   | Smoking cessation gum   | X           | -                         |
| S5035   | Home infusion therapy, routine service of infusion device (e.g., pump maintenance)          | X           | -                         |
| S5036   | Home infusion therapy, repair of infusion device (e.g., pump repair)                        | X           | -                         |
| S5100   | Day care services, adult, per 15 minutes  | X           | -                         |
| S5101   | Day care services, adult, per half day  | X           | -                         |
| S5102   | Day care services, adult, per diem  | X           | -                         |
| S5105   | Day care services, center based, not incl in program fee, per diem                          | X           | -                         |
| S5108   | Home care training to home care client, per 15 minutes                                      | X           | -                         |
| S5109   | Home care training to home care client, per 15 minutes per session                          | X           | -                         |
| S5110   | Home care training, family, per 15 minutes  | X           | -                         |
| S5111   | Home care training, family, per session   | X           | -                         |
| S5115   | Home care training, non-family, per 15 minutes  | X           | -                         |
| S5116   | Home care training, non-family, per session   | X           | -                         |
| S5120   | Chore services, per 15 minutes  | X           | -                         |
| S5121   | Home care training, family, per diem  | X           | -                         |
| S5125   | Attendant care services, per 15 minutes   | X           | -                         |
| S5126   | Attendant care services, per diem   | X           | -                         |
| S5130   | Homemaker service, nos, per 15 minutes  | X           | -                         |
| S5131   | Homemaker services, nos, per diem   | X           | -                         |
| S5135   | Companion care, adult, per 15 minutes   | X           | -                         |

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

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| S8097   | Asthma kit (including but not limited to portable peak expiratory flow meter, instructional vide, brochure, and/or space | X           | -                         |
| S8100   | Holding chamber or spacer for use with an inhaler or nebulizer; without mask   | X           | -                         |
| S8101   | Holding chamber or spacer for use with an inhaler or nebulizer; with mask  | X           | -                         |
| S8110   | Peak expiratory flow rate (p   | X           | -                         |
| S8120   | Oxygen contents, gaseous, 1 unit equals 1 cubic foot   | X           | -                         |
| S8121   | Oxygen contents, liquid, 1 unit equals 1 pound   | X           | -                         |
| S8130   | Interferential current stimulator, 2 channel   | X           | -                         |
| S8131   | Interferential current stimulator, 4 channel   | X           | -                         |
| S8185   | Flutter device   | X           | -                         |
| S8186   | Swivel adaptor   | X           | -                         |
| S8189   | Tracheotomy supply, not otherwise classified   | X           | -                         |
| S8210   | Mucus trap   | X           | -                         |
| S8265   | Haberman feeder for cleft lip/palate   | X           | -                         |
| S8270   | Enuresis alarm, using auditory buzzer and/or vibration device  | X           | -                         |
| S8301   | Infect control supplies nos  | X           | -                         |
| S8415   | Supplies for home delivery of infant   | X           | -                         |
| S8420   | Gradient pressure aid (sleeve and glove combination), custom made  | X           | -                         |
| S8421   | Gradient pressure aid (sleeve and glove combination), ready made   | X           | -                         |
| S8422   | Gradient pressure aid (sleeve), custom made, medium weight   | X           | -                         |
| S8423   | Gradient pressure aid (sleeve), custom made, heavy weight  | X           | -                         |
| S8424   | Gradient pressure aid (sleeve), ready made   | X           | -                         |
| S8425   | Gradient pressure aid (glove), custom made, medium weight  | X           | -                         |
| S8426   | Gradient pressure aid (glove), custom made, heavy weight   | X           | -                         |
| S8427   | Gradient pressure aid (glove), ready made  | X           | -                         |
| S8428   | Gradient pressure aid (gauntlet), ready made   | X           | -                         |
| S8429   | Gradient pressure exterior wrap  | X           | -                         |
| S8430   | Padding for compression bandage, roll  | X           | -                         |
| S8431   | Compression bandage, roll  | X           | -                         |
| S8450   | Splint, prefabricated, digit (specify digit by use of modifier)  | X           | -                         |
| S8451   | Splint, prefabricated, wrist or ankle  | X           | -                         |
| S8452   | Splint, prefabricated, elbow   | X           | -                         |
| S8460   | Camisole, post-mastectomy  | X           | -                         |
| S8490   | Insulin syringes (100 syringes, any size)  | X           | -                         |
| S8930   | Auricular electrostim  | X           | -                         |
| S8940   | Equestrian/hippotherapy, per session   | X           | -                         |
| S8948   | Application of a modality (requiring constant provider attendance) to one or   | X           | -                         |
| S8950   | Complex lymphedema therapy,  | X           | -                         |
| S8990   | Physical or manipulative therapy performed for maintenance rather than restoration                                       | X           | -                         |

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| S8999   | Resuscitation bag   | X           | -                         |
| S9001   | Home uterine monitor with or  | X           | -                         |
| S9002   | Intra-vag motion sens biofk   | X           | -                         |
| S9007   | Ultrafiltration monitor   | X           | -                         |
| S9024   | Paranasal sinus ultrasound  | X           | -                         |
| S9025   | Omnicrodiogram/cardiointegra  | X           | -                         |
| S9034   | Extracorporeal shockwave lithotripsy for gall stones (if performed with ercp,   | X           | -                         |
| S9055   | Procuren or other growth fac  | X           | -                         |
| S9056   | Coma stimulation per diem   | X           | -                         |
| S9061   | Medical supplies and equipme  | X           | -                         |
| S9083   | Global fee urgent care centers  | X           | -                         |
| S9088   | Services provided in urgent   | X           | -                         |
| S9090   | Vertebral axial decompressio  | X           | -                         |
| S9097   | Home visit for wound care   | X           | -                         |
| S9098   | Home visit, phototherapy services (e.g., bililite), including equipment rental, nursing services, blood draw, supplies a  | X           | -                         |
| S9110   | Telemonitoring of patient in their home, including all necessary equipment; computer system, connections, and software; maintenance; patient education and support; per | X           | -                         |
| S9117   | Back school, per visit  | X           | -                         |
| S9122   | Home health aide or certifie  | X           | -                         |
| S9123   | Nursing care, in the home; b  | X           | -                         |
| S9124   | Nursing care, in the home; b  | X           | -                         |
| S9125   | Respite care, in the home, p  | X           | -                         |
| S9126   | Hospice care, in the home, p  | X           | -                         |
| S9127   | Social work visit, in the ho  | X           | -                         |
| S9128   | Speech therapy, in the home,  | X           | -                         |
| S9129   | Occupational therapy, in the  | X           | -                         |
| S9131   | Physical therapy, in the home, per diem   | X           | -                         |
| S9140   | Diabetic management program,  | X           | -                         |
| S9141   | Diabetic management program,  | X           | -                         |
| S9145   | Insulin pump initiation, instruction in initial use of pump (pump not included)   | X           | -                         |
| S9150   | Evaluation by ocularist   | X           | -                         |
| S9152   | Speech therapy, re-evaluation   | X           | -                         |
| S9208   | Home management of preterm labor, (do not use this code with any home infusion per diem code)   | X           | -                         |
| S9209   | Home management of preterm premature rupture of membranes (pprom)   | X           | -                         |
| S9211   | Home management of gestational hypertension   | X           | -                         |
| S9212   | Home management of postpartum hypertension  | X           | -                         |
| S9213   | Home management of preeclampsia   | X           | -                         |
| S9214   | Home management of gestational diabetes   | X           | -                         |

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| S9341   | Home therapy; enteral nutrition; via gravity   | X           | -                         |
| S9342   | Home therapy; enteral nutrition via pump   | X           | -                         |
| S9343   | Home therapy; enteral nutrition via bolus  | X           | -                         |
| S9381   | Delivery or service to high risk areas requiring escort or extra protection, per visit         | X           | -                         |
| S9401   | Anticoagulation clinic, inclusive of all services except laboratory tests, persession          | X           | -                         |
| S9430   | Pharmacy compounding and dispensing services   | X           | -                         |
| S9432   | Med food non inborn err meta   | X           | -                         |
| S9433   | Medical food nutritionally complete, administered orally, providing 100% of nutritional intake | X           | -                         |
| S9434   | Modified solid food supplements for inborn errors of metabolism                                | X           | -                         |
| S9436   | Childbirth preparation/lamaze classes, non-physician provider, per session                     | X           | -                         |
| S9437   | Childbirth refresher classes, non-physician provider, per session                              | X           | -                         |
| S9438   | Cesarean birth classes, non-physician provider, per session                                    | X           | -                         |
| S9439   | Vbac (vaginal birth after cesarean) classes, non-physician provider, per session               | X           | -                         |
| S9441   | Asthma education, non-physician provider, per session  | X           | -                         |
| S9442   | Birthing classes, non-physician provider, per session  | X           | -                         |
| S9443   | Lactation classes, non-physical provider per session   | X           | -                         |
| S9444   | Parenting classes, non-physician provider, per session   | X           | -                         |
| S9445   | Patient education, not otherwise classified, non-physician provider, individual, per session   | X           | -                         |
| S9446   | Patient education, not otherwise classified, non-physician provider, group, per session        | X           | -                         |
| S9447   | Infant safety (including cpr) classes, non-physician provider, per session                     | X           | -                         |
| S9449   | Weight management classes, non-physician provider, per session                                 | X           | -                         |
| S9451   | Exercise classes, non-physician provider, per session  | X           | -                         |
| S9452   | Nutrition classes, non-physician provider, per session   | X           | -                         |
| S9453   | Smoking cessation classes, non-physician provider, per session                                 | X           | -                         |
| S9454   | Stress management classes, non-physician provider, per session                                 | X           | -                         |
| S9455   | Diabetic management program,   | X           | -                         |
| S9460   | Diabetic management program,   | X           | -                         |
| S9465   | Diabetic management program,   | X           | -                         |
| S9470   | Nutritional counseling, diet   | X           | -                         |
| S9472   | Cardiac rehabilitation progr   | X           | -                         |
| S9473   | Pulmonary rehabilitation pro   | X           | -                         |
| S9474   | Enterostomal therapy by a re   | X           | -                         |
| S9475   | Ambulatory setting substance   | X           | -                         |
| S9476   | Vestibular rehabilitation program, non-physician provider, per diem                            | X           | -                         |
| S9480   | Intensive outpatient psychia   | X           | -                         |
| S9482   | Family stabilization services, per 15 minutes  | X           | -                         |
| S9484   | Crisis intervention mental health services, per hour   | X           | -                         |
| S9485   | Crisis intervention mental h   | X           | -                         |

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| S9529   | Routine venipuncture for collection of specimen(s), single home bound, nursing home, or skilled nursing facility patient   | X           | -                         |
| S9563   | Home injectable therapy, immunotherapy, including administrative services, professional pharmacy services, care coordination, and all necessary supplies and equipment (drugs and nursing visits coded separately), per diem | X           | -                         |
| S9900   | Services by a journal-listed christian science practitioner for the purpose of healing, per diem   | X           | -                         |
| S9901   | Christian sci nurse visit  | X           | -                         |
| S9960   | Air ambulanc nonemerg fixed  | X           | -                         |
| S9961   | Air ambulan nonemerg rotary  | X           | -                         |
| S9970   | Health club membership, annual   | X           | -                         |
| S9975   | Transplant related lodging, meals and transportation, per diem   | X           | -                         |
| S9976   | Lodging, per diem, not otherwise specified   | X           | -                         |
| S9977   | Meals, per diem, not otherwise specified   | X           | -                         |
| S9981   | Medical records copying fee, administrative  | X           | -                         |
| S9982   | Medical records copying fee, per page  | X           | -                         |
| S9986   | Not medically necessary service (patient is aware that service not medically necessary)  | X           | -                         |
| S9988   | Services provided as part of a phase i clinical trial  | X           | -                         |
| S9989   | Services provided outside of the united states of america (list in addition to code(s) for service(s))   | X           | -                         |
| S9990   | Services provided as part of   | X           | -                         |
| S9991   | Services provided as part of   | X           | -                         |
| S9992   | Transportation costs to and  | X           | -                         |
| S9994   | Lodging costs (e.g. hotel ch   | X           | -                         |
| S9996   | Meals for clinical trial par   | X           | -                         |
| S9999   | Sales tax  | X           | -                         |
| T1000   | Private duty/independent nursing service(s) - licensed, up to 15 minutes   | X           | -                         |
| T1001   | Nursing assessment/evaluation  | X           | -                         |
| T1002   | Rn services, up to 15 minutes  | X           | -                         |
| T1003   | Lpn/lvn services, up to 15 minutes   | X           | -                         |
| T1004   | Services of a qualified nursing aide, up to 15 minutes   | X           | -                         |
| T1005   | Respite care services, up to 15 minutes  | X           | -                         |
| T1006   | Alcohol and/or substance abuse services, family/couple counseling  | X           | -                         |
| T1007   | Alcohol and/or substance abuse services, treatment plan development and/or modification  | X           | -                         |
| T1009   | Child sitting services for children of the individual receiving alcohol and/or substance abuse services  | X           | -                         |
| T1010   | Meals for individuals receiving alcohol and/or substance abuse services (when meals not included in the program)   | X           | -                         |
| T1012   | Alcohol and/or substance abuse services, skills development  | X           | -                         |
| T1013   | Sign language or oral interpreter services   | X           | -                         |
| T1014   | Telehealth transmission, per minute, professional services bill separately   | X           | -                         |
| T1015   | Clinic visit/encounter, all-inclusive  | X           | -                         |

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| T1016   | Case management, each 15 minutes  | X           | -                         |
| T1017   | Targeted case management, each 15 minutes   | X           | -                         |
| T1018   | School-based individualized education program (iep) services, bundled   | X           | -                         |
| T1019   | Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd,  | X           | -                         |
| T1020   | Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, icf/mr or imd, part o | X           | -                         |
| T1021   | Home health aide or certified nurse assistant, per visit  | X           | -                         |
| T1022   | Contracted home health agency services, all services provided under contract, per day                                     | X           | -                         |
| T1023   | Screening to determine the appropriateness of consideration of an individual for participation in a specified program, pr | X           | -                         |
| T1024   | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely  | X           | -                         |
| T1025   | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, m | X           | -                         |
| T1026   | Intensive, extended multidisciplinary services provided in a clinic setting to children with complex medical, physical, m | X           | -                         |
| T1027   | Family training and counseling for child development, per 15 minutes  | X           | -                         |
| T1028   | Assessment of home, physical and family environment, to determine suitability to meet patient's medical needs             | X           | -                         |
| T1029   | Comprehensive environmental lead investigation, not including laboratory analysis, per dwelling                           | X           | -                         |
| T1030   | Nursing care, in the home, by registered nurse, per diem  | X           | -                         |
| T1031   | Nursing care, in the home, by licensed practical nurse, per diem  | X           | -                         |
| T1032   | Sv doula brth wrk per 15 min  | X           | -                         |
| T1033   | Sv doula brth wrk per diem  | X           | -                         |
| T1040   | Comm bh clinic svc per diem   | X           | -                         |
| T1041   | Comm bh clinic svc per month  | X           | -                         |
| T1502   | Administration of oral, intramuscular and/or subcutaneous medication by healthcare agency/professional, per visit         | X           | -                         |
| T1503   | Administration of medication other than oral and/or injectable by a health care agency professional per visit             | X           | -                         |
| T1505   | Elec med comp dev, noc  | X           | -                         |
| T1999   | Miscellaneous therapeutic items and supplies, retail purchases, not otherwise classified; identify product in "remarks"   | X           | -                         |
| T2001   | Non-emergency transportation; patient attendant/escort  | X           | -                         |
| T2002   | Non-emergency transportation; per diem  | X           | -                         |
| T2003   | Non-emergency transportation; encounter/trip  | X           | -                         |
| T2004   | Non-emergency transport; commercial carrier, multi-pass   | X           | -                         |
| T2005   | Non-emergency transportation; non-ambulatory stretcher van  | X           | -                         |
| T2007   | Transportation waiting time, air ambulance and non-emergency vehicle, one-half(1/2) hour increments                       | X           | -                         |

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## Medicare codes not covered or requiring preauthorization - Colorado

As of: 06/17/25

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| T2010   | Preadmission screening and resident review (pasrr) level i id screening, per screen              | X           | -                         |
| T2011   | Preadmission screening and resident review (pasrr) level ii eval, per eval                       | X           | -                         |
| T2012   | Habilitation, educational; waiver; per diem  | X           | -                         |
| T2013   | Habilitation, educational; waiver; per hour  | X           | -                         |
| T2014   | Habilitation, prevocational, waiver; per diem  | X           | -                         |
| T2015   | Habilitation, prevocational, waiver; per hour  | X           | -                         |
| T2016   | Habilitation, residential, waiver; per diem  | X           | -                         |
| T2017   | Habilitation, residential, waiver; 15 minutes  | X           | -                         |
| T2018   | Habilitation, supported employment, waiver; per diem   | X           | -                         |
| T2019   | Habilitation, supported employment, waiver; per 15 minutes                                       | X           | -                         |
| T2020   | Day habilitation, waiver; per diem   | X           | -                         |
| T2021   | Day habilitation, waiver; per 15 minutes   | X           | -                         |
| T2022   | Case management, per month   | X           | -                         |
| T2023   | Targeted case management; per month  | X           | -                         |
| T2024   | Service assessment/plan of care development, waiver  | X           | -                         |
| T2025   | Waiver services; not otherwise specified (nos)   | X           | -                         |
| T2026   | Specialized childcare, waiver; per diem  | X           | -                         |
| T2027   | Specialized childcare, waiver; per 15 minutes  | X           | -                         |
| T2028   | Specialized supply, not otherwise specified, waiver  | X           | -                         |
| T2029   | Specialized medical equipment, not otherwise specified, waiver                                   | X           | -                         |
| T2030   | Assisted living, waiver; per month   | X           | -                         |
| T2031   | Assisted living; waiver; per diem  | X           | -                         |
| T2032   | Residential care, not otherwise specified (nos), waiver; per month                               | X           | -                         |
| T2033   | Residential care, not otherwise specified (nos), waiver; per diem                                | X           | -                         |
| T2034   | Crisis intervention, waiver; per diem  | X           | -                         |
| T2035   | Utility services to support medical equipment and assistive technology/devices, waiver           | X           | -                         |
| T2036   | Therapeutic camping, overnight, waiver; each session   | X           | -                         |
| T2037   | Therapeutic camping, day, waiver; each session   | X           | -                         |
| T2038   | Community transition, waiver; per service  | X           | -                         |
| T2039   | Vehicle modifications, waiver; per service   | X           | -                         |
| T2040   | Financial management, self-directed, waiver; per 15 minutes                                      | X           | -                         |
| T2041   | Supports brokerage, self-directed, waiver; per 15 minutes  | X           | -                         |
| T2042   | Hospice routine home care; per diem  | X           | -                         |
| T2043   | Hospice continuous home care; per hour   | X           | -                         |
| T2044   | Hospice inpatient respite care; per diem   | X           | -                         |
| T2045   | Hospice general inpatient care; per diem   | X           | -                         |
| T2046   | Hospice long term care, room and board only; per diem  | X           | -                         |
| T2047   | Hab prevo waiver per 15  | X           | -                         |
| T2048   | Behavioral health; long-term care residential (non-acute care in a residential program, per diem | X           | -                         |

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| T2049   | Non-emergency transportation; stretcher van, mileage; per mile                  | X           | -                         |
| T2050   | Financial mgt waiver/diem   | X           | -                         |
| T2051   | Support broker waiver/diem  | X           | -                         |
| T2101   | Human breast milk processing, storage and distribution only                     | X           | -                         |
| T4521   | Adult size brief/diaper sm  | X           | -                         |
| T4522   | Adult size brief/diaper med   | X           | -                         |
| T4523   | Adult size brief/diaper lg  | X           | -                         |
| T4524   | Adult size brief/diaper xl  | X           | -                         |
| T4525   | Adult size pull-on sm   | X           | -                         |
| T4526   | Adult size pull-on med  | X           | -                         |
| T4527   | Adult size pull-on lg   | X           | -                         |
| T4528   | Adult size pull-on xl   | X           | -                         |
| T4529   | Ped size brief/diaper sm/med  | X           | -                         |
| T4530   | Ped size brief/diaper lg  | X           | -                         |
| T4531   | Ped size pull-on sm/med   | X           | -                         |
| T4532   | Ped size pull-on lg   | X           | -                         |
| T4533   | Youth size brief/diaper   | X           | -                         |
| T4534   | Youth size pull-on  | X           | -                         |
| T4535   | Disposable liner/shield/pad   | X           | -                         |
| T4536   | Reusable pull-on any size   | X           | -                         |
| T4537   | Reusable underpad bed size  | X           | -                         |
| T4538   | Diaper serv reusable diaper   | X           | -                         |
| T4539   | Reuse diaper/brief any size   | X           | -                         |
| T4540   | Reusable underpad chair size  | X           | -                         |
| T4541   | Large disposable underpad   | X           | -                         |
| T4542   | Small disposable underpad   | X           | -                         |
| T4543   | Disposable incontinence product, brief/diaper, bariatric, each                  | X           | -                         |
| T4544   | Adlt disp und/pull on abv xl  | X           | -                         |
| T4545   | Incontinence product, disposable, penile wrap, each                             | X           | -                         |
| T5001   | Positioning seat for persons with special orthopedic needs, for use in vehicles | X           | -                         |
| T5999   | Supply, not otherwise specified   | X           | -                         |
| V2025   | Eyeglasses delux frames   | X           | -                         |
| V2199   | Lens single vision not oth c  | -           | X                         |
| V2524   | Cntct lens hydrophil photoch  | X           | -                         |
| V2526   | Contact lens, hydrophilic, with blue-violet filter, per lens                    | X           | -                         |
| V2599   | Contact lens/es other type  | -           | X                         |
| V2600   | Hand held low vision aids   | X           | -                         |
| V2610   | Single lens spectacle mount   | X           | -                         |
| V2615   | Telescop/othr compound lens   | X           | -                         |

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| V2626   | Reduction of eye prosthesis   | -           | X                         |
| V2627   | Scleral cover shell   | -           | X                         |
| V2702   | Deluxe lens feature   | X           | -                         |
| V2755   | Uv lens/es  | -           | X                         |
| V2756   | Eye glass case  | X           | -                         |
| V2760   | Scratch resistant coating   | X           | -                         |
| V2761   | Mirror coating, any type, solid, gradient or equal, any lens material, per lens | X           | -                         |
| V2762   | Polarization, any lens material, per lens                                       | X           | -                         |
| V2781   | Progressive lens per lens   | X           | -                         |
| V2786   | Specialty occupational multifocal lens, per lens                                | X           | -                         |
| V2787   | Astigmatism correcting function of intraocular lens                             | X           | -                         |
| V2788   | Presbyopia correcting function of intraocular lens                              | X           | -                         |
| V2799   | Miscellaneous vision service  | -           | X                         |
| V5008   | Hearing screening   | X           | -                         |
| V5010   | Assessment for hearing aid  | X           | -                         |
| V5011   | Hearing aid fitting/checking  | X           | -                         |
| V5014   | Hearing aid repair/modifying  | X           | -                         |
| V5020   | Conformity evaluation   | X           | -                         |
| V5030   | Body-worn hearing aid air   | X           | -                         |
| V5040   | Body-worn hearing aid bone  | X           | -                         |
| V5050   | Hearing aid monaural in ear   | X           | -                         |
| V5060   | Behind ear hearing aid  | X           | -                         |
| V5070   | Glasses air conduction  | X           | -                         |
| V5080   | Glasses bone conduction   | X           | -                         |
| V5090   | Hearing aid dispensing fee  | X           | -                         |
| V5095   | Semi-implantable middle ear hearing prosthesis                                  | X           | -                         |
| V5100   | Body-worn bilat hearing aid   | X           | -                         |
| V5110   | Hearing aid dispensing fee  | X           | -                         |
| V5120   | Body-worn binaur hearing aid  | X           | -                         |
| V5130   | In ear binaural hearing aid   | X           | -                         |
| V5140   | Behind ear binaur hearing ai  | X           | -                         |
| V5150   | Glasses binaural hearing aid  | X           | -                         |
| V5160   | Dispensing fee binaural   | X           | -                         |
| V5171   | Hearing aid, contralateral routing device, monaural, in the ear (ite)           | X           | -                         |
| V5172   | Hearing aid, contralateral routing device, monaural, in the canal (itc)         | X           | -                         |
| V5181   | Hearing aid, contralateral routing device, monaural, behind the ear (bte)       | X           | -                         |
| V5190   | Glasses cros hearing aid  | X           | -                         |
| V5200   | Cros hearing aid dispense fee   | X           | -                         |
| V5211   | Hearing aid, contralateral routing system, binaural, ite/ite                    | X           | -                         |

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| V5212   | Hearing aid, contralateral routing system, binaural, ite/itc               | X           | -                         |
| V5213   | Hearing aid, contralateral routing system, binaural, ite/bte               | X           | -                         |
| V5214   | Hearing aid, contralateral routing system, binaural, itc/itc               | X           | -                         |
| V5215   | Hearing aid, contralateral routing system, binaural, itc/bte               | X           | -                         |
| V5221   | Hearing aid, contralateral routing system, binaural, bte/bte               | X           | -                         |
| V5230   | Glasses bicros hearing aid   | X           | -                         |
| V5240   | Dispensing fee bicros  | X           | -                         |
| V5241   | Dispensing fee, monaural hearing aid, any type                             | X           | -                         |
| V5242   | Hearing aid, analog, monaural, cic (completely in the ear canal)           | X           | -                         |
| V5243   | Hearing aid, analog, monaural, itc (in the canal)                          | X           | -                         |
| V5244   | Hearing aid, digitally programmable analog, monaural, cic                  | X           | -                         |
| V5245   | Hearing aid, digitally programmable analog, monaural, itc                  | X           | -                         |
| V5246   | Hearing aid, digitally programmable analog, monaural, ite (in the ear)     | X           | -                         |
| V5247   | Hearing aid, digitally programmable analog, monaural, bte (behind the ear) | X           | -                         |
| V5248   | Hearing aid, analog, binaural, cic   | X           | -                         |
| V5249   | Hearing aid, analog, binaural, itc   | X           | -                         |
| V5250   | Hearing aid, digitally programmable analog, binaural, cic                  | X           | -                         |
| V5251   | Hearing aid, digitally programmable analog, binaural, itc                  | X           | -                         |
| V5252   | Hearing aid, digitally programmable binaural, ite                          | X           | -                         |
| V5253   | Hearing aid, digitally programmable binaural, bte                          | X           | -                         |
| V5254   | Hearing aid, digital, monaural, cic  | X           | -                         |
| V5255   | Hearing aid, digital, monaural, itc  | X           | -                         |
| V5256   | Hearing aid, digital, monaural, ite  | X           | -                         |
| V5257   | Hearing aid, digital, monaural, bte  | X           | -                         |
| V5258   | Hearing aid, digital, binaural, cic  | X           | -                         |
| V5259   | Hearing aid, digital, binaural, itc  | X           | -                         |
| V5260   | Hearing aid, digital, binaural, ite  | X           | -                         |
| V5261   | Hearing aid, digital, binaural, bte  | X           | -                         |
| V5262   | Hearing aid, disposable, and type, monaural                                | X           | -                         |
| V5263   | Hearing aid, disposable, and type, binaural                                | X           | -                         |
| V5264   | Ear mold/insert, not disposable, any type                                  | X           | -                         |
| V5265   | Ear mold/insert, disposable, any type                                      | X           | -                         |
| V5266   | Battery for use in hearing device  | X           | -                         |
| V5267   | Hearing aid supplies/accessories   | X           | -                         |
| V5268   | Assistive listening device, telephone amplifier, any type                  | X           | -                         |
| V5269   | Assistive listening device, alerting, any type                             | X           | -                         |
| V5270   | Assistive listening device, television amplifier, any type                 | X           | -                         |
| V5271   | Assistive listening device, television caption decoder                     | X           | -                         |
| V5272   | Assistive listening device, tdd  | X           | -                         |

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| V5273   | Assistive listening device, for use with cochlear implant   | X           | -                         |
| V5274   | Assistive listening device, not otherwise specified   | X           | -                         |
| V5275   | Ear impression, each  | X           | -                         |
| V5281   | Assistive listening device, personal fm/dm system, monaural, (1 receiver, transmitter, microphone), any type  | X           | -                         |
| V5282   | Assistive listening device, personal fm/dm system, binaural, (2 receivers, transmitter, microphone), any type | X           | -                         |
| V5283   | Assistive listening device, personal fm/dm neck, loop induction receiver                                      | X           | -                         |
| V5284   | Assistive listening device, personal fm/dm, ear level receiver  | X           | -                         |
| V5285   | Assistive listening device, personal fm/dm, direct audio input receiver                                       | X           | -                         |
| V5286   | Assistive listening device, personal blue tooth fm/dm receiver  | X           | -                         |
| V5287   | Assistive listening device, personal fm/dm receiver, not otherwise specified                                  | X           | -                         |
| V5288   | Assistive listening device, personal fm/dm transmitter assistive listening device                             | X           | -                         |
| V5289   | Assistive listening device, personal fm/dm adapter/boot coupling device for receiver, any type                | X           | -                         |
| V5290   | Assistive listening device, transmitter microphone, any type  | X           | -                         |
| V5298   | Hearing aid, not otherwise classified   | X           | -                         |
| V5299   | Hearing service   | -           | X                         |
| V5336   | Repair communication device   | X           | -                         |
| V5362   | Speech screening  | X           | -                         |
| V5363   | Language screening  | X           | -                         |
| V5364   | Dysphagia screening   | X           | -                         |
| END OF DATA   |   |             |                           |

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